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November 6, 2026

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

Dear Secretary Kennedy:

On behalf of the Alaska Department of Health (the Department), I am pleased to submit an application for the new Alaska Traditional Health Care Practices Section 1115 demonstration, with a requested effective date of December 31, 2026. The demonstration is a critical component of Alaska's ongoing efforts to expand access to culturally appropriate Medicaid service options for Alaska Native and American Indian (AN/AI) Medicaid beneficiaries.

Through this demonstration, Alaska seeks authority to provide Medicaid coverage of traditional health care practices (THCPs) delivered to eligible AN/AI Medicaid beneficiaries. Provision of THCPs under the demonstration will enable Tribal health programs across the Alaska Tribal Health System (ATHS) to further support whole-person health and wellness and complement provider-led health care teams.

The Department has incorporated strategies to strengthen THCPs into Alaska's approved application for Rural Health Transformation Program (RHTP) funding and has begun awarding these funds to Tribal organizations as part of its RHTP Year 1 awards. Approval of this Section 1115 demonstration will help ensure that federal RHTP investments into these services are sustainable over the long term.

This application was informed and developed through close collaboration with Tribal partners. The Department and the Alaska Native Health Board jointly convened the Tribal-State Traditional Healing Workgroup, which brought together Department staff and representatives from Tribes and Tribal Health Organizations to inform and develop the demonstration application. Tribal partners were pivotal and actively engaged throughout the development of this application and supportive of the THCP coverage proposed through this demonstration.

Thank you for your consideration of this demonstration request. We look forward to working with your staff throughout the review process to reach approval. If you have any questions, please contact Christal Hays, at doh.thcp.1115@alaska.gov.

Sincerely,

[redacted]

Commissioner of Health

Alaska
Department of Health

Alaska Traditional Health Care Practices 1115 Demonstration

November 6, 2026

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Executive Summary

Alaska is seeking approval of a new five-year Section 1115 demonstration, the Alaska Traditional Health Care Practices Demonstration, to authorize Medicaid coverage of traditional health care practices (THCPs) for Alaska Native and American Indian (AN/AI) Medicaid beneficiaries. Through this demonstration, Alaska intends to expand access to culturally appropriate care, support the integration of THCPs into preventive health care, and strengthen Tribal health programs' ability to meet the needs of AN/AI Medicaid beneficiaries. The demonstration would enable Tribal health programs across the Alaska Tribal Health System to provide regionally defined THCPs that support whole-person health and wellness and complement provider-led health care teams. Building on existing Tribal programs and emerging evidence demonstrating positive health outcomes and reduced emergency department utilization, the demonstration would establish a sustainable Medicaid financing pathway for THCPs while preserving beneficiary access to all other covered Medicaid benefits. The Department proposes that this demonstration would be effective from December 31, 2026, to December 31, 2031, with coverage of THCPs beginning no earlier than January 1, 2028.

Section I. Background

Alaska is home to 229 of 575 federally recognized Tribes, representing more than 180,000 Tribal and Alaska Native/American Indian (AN/AI) members,[1] almost 80,000 of whom were enrolled in Medicaid at the end of state fiscal year (SFY) 2026. These Tribes and their Tribal Health Organizations (THOs) cover an area that makes up around a fifth of the United States' land mass (see Figure 1).



Figure 1

The Alaska Tribal Health System (ATHS) is made up of the Tribes and THOs that deliver care to AN/AI people across the State (see *Figure 2* and *Appendix A*). The 229 Tribes in Alaska have unique experiences and traditions for health and well-being. The regions in which they operate reflect a complex history of the traditional people, practices, and languages found across the expanse of Alaska (*see Figure 3)*. The ATHS works as a comprehensive system of care to ensure AN/AI people can access health care even in the State's vast, roadless regions.

[1] Bureau of Indian Affairs. Alaska Region. Source: Alaska Region.

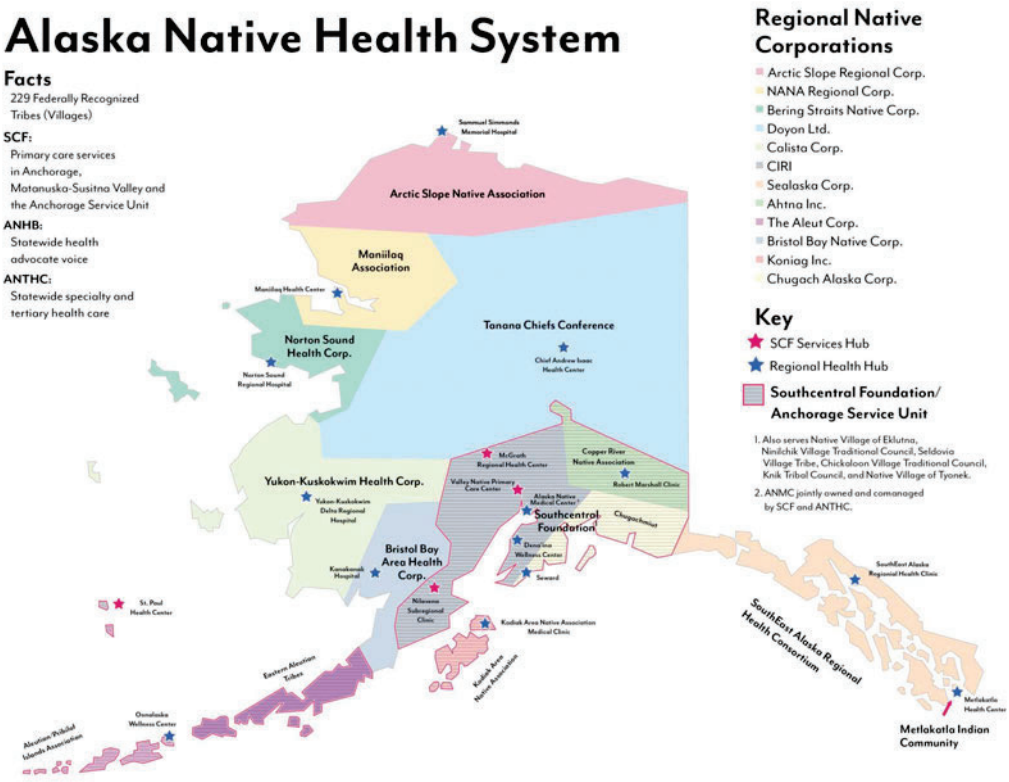


Figure 2

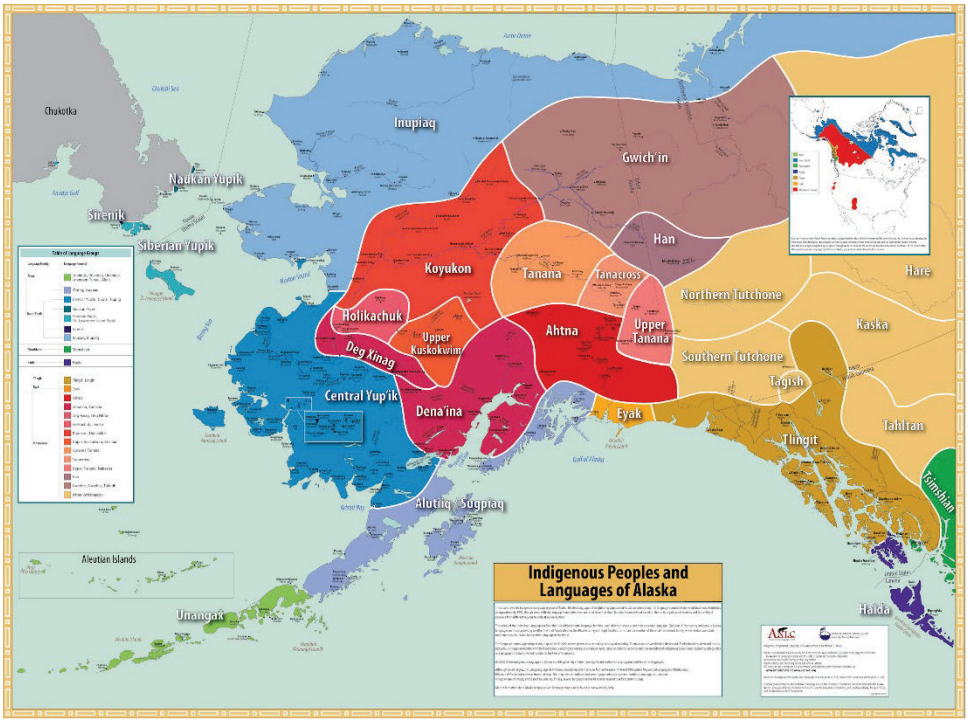


Figure 3

Alaska's Tribes offer traditional health care practices (THCPs) based on principles that have been traditionally used in Tribal communities since time immemorial. THCPs embody a whole-person approach to health and wellness and are validated utilizing the process that has been established by the Tribes. The array of possible covered THCPs is broad given the regional nature of the ATHS and wide-ranging histories of Tribes across the State. THCPs could include ceremonial practices, physical body work, counseling sessions based in traditional approaches, group work in learning and talking circles on traditional skills, knowledge, and practices, as well as traditional nutritional education.

Analyses from the National Council of Urban Indian Health (NCUIH), as well as from an Alaska-based THO, Southcentral Foundation (SCF), indicate positive health outcomes from interactions with THCPs. For example, NCUIH found a moderate to major impact on mental health outcomes through a meta-analysis of peer-reviewed scientific studies that evaluated THCPs.[2] SCF, across two evaluations several years apart, found that their patients who utilized THCP services had decreased utilization of the emergency department, including among those with highly complex care needs.[3]

The Indian Health Care Improvement Act[4] authorizes the Indian Health Service (IHS), Tribes, and THOs to provide THCPs, and further contains several sections noting the importance of offering these services and incorporating them into various preventive service categories. While Congress granted the IHS and Tribal health programs the ability to bill Medicaid, THCPs are not a universally covered Medicaid service; they are typically only covered when a state has an approved 1115 demonstration authorizing these services.

Tribes and THOs across Alaska have created and independently sustained THCP programs. However, these programs are limited by the financial resources of the Tribe or THO in which they operate. The Department has recognized the value these services provide and incorporated strategies to strengthen THCPs into Alaska's approved application for Rural Health Transformation Program (RHTP) funding.[5] The Department's planned use of RHTP funds reflects the Department's commitment to expanding access to culturally appropriate care by supporting THCPs, strengthening traditional healer capacity, and further integrating these services into the broader health care delivery system. The Department has begun awarding these funds to Tribal organizations as part of its RHTP Year 1 awards.[6] Centers for

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[2] NCUIH. Recent Trends in Third-Party Billing at Urban Indian Organizations: Thematic Analysis of Traditional Healing Programs at Urban Indian Organizations and Meta-Analysis of Health Outcomes. (2023). Source: Recent Trends in Third-Party Billing at Urban Indian Organizations.

[3] SCF, unpublished data, Southcentral Foundation Data Resources Program Evaluation team completed evaluations of the SCF Traditional Health Care Practices Clinic in 2017 and 2025. These evaluations examined patient-reported changes in pain and changes with patient utilization of other SCF services. These services include primary care visits, specialty care visits, emergency room visits, and behavioral health visits.

[4] *Indian Health Care Improvement Act*, Pub. L. No. 94-437, as amended by Pub. L. No. 117-58.

[5] Alaska Department of Health. CMS Rural Health Transformation Program (CMS-RHT-26-001) Response: State of Alaska. (2025). Source: CMS Rural Health Transformation Program (CMS-RHT-26-001) Response.

[6] Alaska Department of Health. RHTP Year 1 Funding Announcements. (2026). Source: Awards Notice.

Medicare & Medicaid Services (CMS) approval of this Section 1115 demonstration application will ensure that federal RHTP investments into these services are sustainable over the long term.

The Department and its Tribal partners believe that the incorporation of Medicaid-covered THCPs will enhance the delivery of whole-person care within the ATHS.

Section II. Program Description

To sustain and increase access to THCPs, Alaska is seeking a new Section 1115 demonstration, titled the Alaska Traditional Health Care Practices (ATHCP) Demonstration, to authorize Medicaid coverage of THCPs for Medicaid beneficiaries who are AN/AI.

A. Goals and Objectives

The primary objective of this demonstration application is to sustainably provide culturally appropriate Medicaid service options for AN/AI Medicaid beneficiaries by covering traditionally grounded care services within the ATHS to support whole-person health and wellness. By providing these services in a complementary fashion with provider-led health care teams, AN/AI Medicaid beneficiaries can achieve wellness and healing for ailments and afflictions.

The goal of the THCP demonstration is to allow Medicaid coverage of THCPs within the Alaska Tribal Health System to maintain and sustain recipients' whole-person health and wellness.

B. Beneficiary Eligibility

To be eligible to obtain THCPs under this demonstration, individuals must meet the following criteria:

- Meet the definition of Alaska Native/American Indian, defined as "Indians or Indian" in 25 U.S.C. § 1603(13);[7]

[7] *Indian Health Care Improvement Act* § 4(25), Pub. L. No. 94-437, as amended by Pub. L. No. 117-58, codified at 25 U.S.C. § 1603(13). For reference, the definition of "Indians or Indian" is: *"any person who is a member of an Indian tribe, as defined in subsection (d) hereof, except that, for the* purpose of sections 1612 and 1613 of this title, *such terms shall mean any individual who*

(A), irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or

(B) is an Eskimo or Aleut or other Alaska Native, or

- Be enrolled in Medicaid; and
- Be eligible to receive services by or through a Qualified Entity.

A Qualified Entity is defined as a Tribal health program, using the definition in 25 U.S.C. § 1603(25).[8]

With this demonstration, the Department does not propose any changes to Alaska's Medicaid eligibility; the standards and methodologies for eligibility remain set forth under the State Plan.

C. Benefit Coverage

Each Qualified Entity will establish and document processes to define covered THCPs, limitations, exclusions, and medical necessity requirements for its facilities.

Eligible beneficiaries will be informed of treatment options and recommendations specific to their diagnosis or condition, including non-THCP treatment options. Facilities will document their respective procedure(s) about these process(es) and will make such documentation available upon request. THCPs will not limit, reduce, jeopardize, or adversely affect a beneficiary's access to any other Medicaid services for which they would otherwise be eligible to receive.

D. Cost Sharing

Services will be subject to the same cost sharing as other clinic visits. AN/AI individuals, however, are exempt from cost sharing requirements, and thus the Department does not anticipate that any cost sharing will be collected for these services.

E. Implementation

The Department will work in partnership with Tribes and THOs to develop additional implementation strategies and requirements to ensure fiscal responsibility, program integrity, and supportive access to culturally appropriate care. As the State Medicaid Agency, the Department will oversee the service oversight requirements including those established in the Special Terms and Conditions (STCs) issued by CMS.

(C) is considered by the Secretary of the Interior to be an Indian for any purpose, or
(D) is determined to be an Indian under regulations promulgated by the Secretary."

[8] *Indian Health Care Improvement Act* § 4(25), Pub. L. No. 94-437, as amended by Pub. L. No. 117-58, codified at 25 U.S.C. § 1603(25). For reference, the definition of "Tribal Health Program" is: "an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)."

The demonstration will operate statewide and be open to Qualified Entities for Medicaid beneficiaries who are AN/AI, as described in Subsection B above.

Delivery System

All THCPs will be delivered through Alaska's fee-for-service Medicaid program. Alaska is not seeking to make any changes to its Medicaid delivery system through this demonstration.

Provider Qualifications

THCPs covered under this demonstration may only be provided by or through facilities operated by Qualified Entities that are enrolled as Medicaid providers. To deliver THCPs, Qualified Entities will employ or contract with THCP practitioners (sometimes also referred to as traditional healers or Tribal doctors). The Qualified Entities must be enrolled in Medicaid, but the THCP practitioners will not be required to individually enroll in Medicaid.

Prior to billing for THCPs under the demonstration, the Department will require that Qualified Entities attest that they have developed and will maintain processes to identify and certify THCP practitioners. These processes must include provider standards and criteria for evaluating that an individual practitioner is qualified to provide the service, respective to their facility(ies) and cultural practices. Criteria may include education, traditional knowledge, or other requirements that THCP practitioners must possess. The Department will require that Qualified Entities make these processes, standards, and criteria available to the Department upon request. The array of THCPs provided by an individual THCP practitioner will be in accordance with established and accepted THCPs identified by the Qualified Entity.

As the Department and THOs engage in planning for implementation, the Department may put forth additional requirements for Qualified Entities.

Payment for THCPs

The Department is seeking to claim Federal Financial Participation when Qualified Entities provide THCPs to eligible AN/AI Medicaid beneficiaries. Medicaid reimbursement will be available only for THCPs that a participating Qualified Entity has identified as covered for its region and that satisfy all applicable demonstration, documentation, and billing requirements. Reimbursement will be provided only for services delivered by or received through a facility operated by a Qualified Entity, but there is no requirement that reimbursement be limited solely to services delivered within the four walls of a facility operated by a Qualified Entity. Reimbursement will be equivalent to the outpatient All-Inclusive Rate. Payment for THCPs is limited to one claim per day, per beneficiary.

Consistent with CMS's longstanding interpretation of section 1905(b) of the Social Security Act, the Department anticipates receiving a 100 percent federal medical assistance percentage (FMAP) for all expenditures on the services for which coverage is authorized under this demonstration, as defined in Subsection C above (Benefit Coverage).

Timeline for Implementation

The Department requests a new five-year demonstration effective December 31, 2026, through December 31, 2031. Recognizing the operational considerations associated with standing up a new benefit, as described in more detail below, the Department intends to implement Medicaid coverage of THCPs no sooner than January 1, 2028.

Operational Implementation

Upon approval and implementation of THCPs into the Medicaid service array, Qualified Entities will notify the Department in advance of billing for the services. Qualified Entities will submit eClaims in the Medicaid Management Information System (MMIS). Claims must include an ICD-10 Diagnostic Code and a code for the THCP services. Systems programming changes are required to add the claim code for THCPs, and it will take time to activate the code in the system.

To promote smooth implementation, the Department will develop and update applicable manuals and materials during the preparation period, utilizing Tribal Consultation.

Section III. Demonstration Hypothesis and Evaluation

Through an independent evaluator, and informed by Tribal Consultation processes, the Department will develop a plan to evaluate the hypothesis indicated below. This hypothesis will be analyzed for the demonstration population. The Department, with Tribal Consultation, will identify validated performance measures that assess the impact of the demonstration on these populations. The Department will submit the evaluation plan to CMS for approval in accordance with CMS's STCs and will conduct and submit ongoing monitoring reports as required by CMS.

The Department will conduct ongoing monitoring of this demonstration and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

Table 1: Hypothesis and Measure

Hypothesis	Measure	Data Sources	Evaluation Approach
Alaska Native/American Indian Medicaid beneficiaries receiving services from a Qualified Entity (as defined in Section II) will have increased access to Tribally appropriate care, including traditional health care practices.	Recipients will utilize traditional health care practice services.	MMIS claims for traditional health care practice services and, as applicable, other administrative data.	Informed by Tribal Consultation, the independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.

Section IV. Projected Enrollment and Budget Neutrality

As described in more detail below, Alaska anticipates that this demonstration in its entirety will be "deemed" budget neutral, consistent with how CMS has treated other states' Section 1115 demonstrations with approval to cover THCPs. In other words, as CMS indicates in other states' approval letters, "This expenditure authority is not likely to increase overall expenditures beyond what those expenditures could have been without the demonstration."[9] CMS's rationale for this budget neutrality treatment is as follows:

- "The expenditure authority is limited to practices that are delivered by or through certain facility types that are defined by the Indian Health Care Improvement Act and Indian Self-Determination and Education Assistance Act (laws that stem from the unique government-to-government relationship between the federal government and Indian Tribes)."

[9] Centers for Medicare & Medicaid Services. Approval of request to amend the demonstration titled "Arizona Health Care Cost Containment System (AHCCCS)." (2024). Source: Project Number 11-W-00275/9.
Centers for Medicare & Medicaid Services. Approval of request to amend the demonstration titled "California Advancing and Innovating Medi-Cal (CalAIM)." (2024). Source: Project Numbers 11-W-00193/9 and 21-W-00077/0.
Centers for Medicare & Medicaid Services. Approval of request to amend the demonstration titled "New Mexico Turquoise Care." (2024). Source: Project Number 11-W-00285/6.
Centers for Medicare & Medicaid Services. Approval of request to amend the demonstration titled "Oregon Health Plan (OHP)." (2024). Source: Project Number 11-W-00415/10 and 21-W-00073/10.
Centers for Medicare & Medicaid Services. Approval of request to amend the demonstration titled "Traditional Healing Demonstration." (2026). Source: Project Number 11W-00513/8.

- It is "limited to coverage for Medicaid beneficiaries who are able to receive services from those facilities."
- "This expenditure authority will not expand the Medicaid-eligible populations, and CMS anticipates that the Medicaid payment rate for most of these services will be the IHS All-Inclusive Rate that is published annually in the Federal Register."

Projected Enrollment

The projected average annual Medicaid enrollment for individuals eligible for THCPs under this demonstration is presented in Table 2 below. This corresponds to the estimated average number of AN/AI individuals enrolled in Alaska's Medicaid program at the end of SFY 2026 and projected to each demonstration year (DY) using a 0.7 percent annual growth rate.

Table 2: Average Annual Eligibility Projection for Individuals Eligible for THCPs Under Demonstration

Traditional Health Care Practices	**DY 1** *(12/31/26–12/30/27)*	**DY 2** *(12/31/27–12/30/28)*	**DY 3** *(12/31/28–12/30/29)*	**DY 4** *(12/31/29–12/30/30)*	**DY 5** *(12/31/30–12/31/31)*
Average Eligibility	80,335	80,897	81,463	82,033	82,608

Demonstration Financing and Budget Neutrality

Table 3 below includes the projected number of individuals who will utilize services through the ATHCP demonstration, their per-member per-month (PMPM) costs, and total expenditures associated with this demonstration. As described above, the Department intends to launch Medicaid coverage of THCPs no earlier than January 1, 2028. The Department intends to use demonstration year (DY) 1, beginning December 31, 2026, as a planning year as the Department partners with Tribes and THOs to stand up the infrastructure to bill Medicaid for THCP services and the Department develops related operational guidance and institutes required systems changes. As such, the demonstration budget neutrality projections assume no utilization in DY 1.

Table 3: Number of Individuals Projected to Use Traditional Health Care Practices and Associated Expenditures

		DY 1	**DY 2**	**DY 3**	**DY 4**	**DY 5**
Traditional Health Care Practices	Member Months	0	5,314	7,222	8,812	10,013
	Unique Annual Utilizers	0	1,156	1,572	1,918	2,179

		DY 1	DY 2	DY 3	DY 4	DY 5
	PMPM Costs	$0	$2,779.34	$2,963.89	$3,160.69	$3,370.56
	Total Expenditures	$0	$14,769,406	$21,405,190	$27,851,990	$33,749,403

As noted above, the Department projects that this demonstration is not likely to increase overall Medicaid expenditures beyond what those expenditures could have been without the demonstration. Consistent with other states, the Department projects that THCPs will be budget neutral.

Section V. Proposed Expenditure and Waiver Authority

The Department requests the following proposed expenditure and waiver authority to operate this demonstration.

Expenditure Authority

The Department is seeking expenditure authority for THCPs received through a Tribal health program as defined in 25 U.S.C. § 1603(25), by AN/AI Medicaid beneficiaries who are able to receive services by or through a Qualified Entity.

Waiver Authority

Comparability; Freedom of Choice. Section 1902(a)(23), Section 1902(a)(10)(B).

To the extent necessary to allow the Department to offer the coverage described in the expenditure authority only if the covered THCPs are received through a Tribal health program as defined in 25 U.S.C. § 1603(25) by AN/AI Medicaid beneficiaries who are able to receive services delivered by or through these Qualified Entities, as defined in Section II above.

Section VI. Public Notice and Tribal Consultation

Public Notice and Public Comment Process

Public Comment Process

In accordance with 42 CFR § 431.08,[10] the Department posted the draft ATHCP demonstration application for public comment on October 5, 2026. In compliance with

[10] 42 CFR 431.408: State Public Notice Process. Source: Part 431 – State Organization and General Administration

federal rules, the Department operated a 30-day public comment period from October 5, 2026, through November 4, 2026. The Department invited the public to submit written comments on the draft demonstration application during this public comment period via email and mail, in addition to oral comments during public hearings (see additional detail below). The Department considered these comments when finalizing the application for submission to CMS in November 2026.

The Department posted a copy of the application and other demonstration-related information on the ATHCP demonstration website and made a hard copy of the application available at Department of Health – Office of the Commissioner, 3601 C Street, Suite 902, Anchorage, AK 99503.

The Department logged the comments and feedback it received during the public comment period, and Appendix D includes a summary of the public comments received and the Department's responses. Appendix E includes a copy of all written public comments submitted to the Department.

Public Notice

On October 5, 2026, the Department posted public notice about the State's intent to submit the THCP 1115 demonstration application on the ATHCP demonstration website. The full public notice is also included in Appendix B.

The *Anchorage Daily News* posted an abbreviated public notice on October 7, 2026. This is the newspaper of widest circulation in Anchorage, the only city in Alaska with a population of 100,000 or more.[11] The abbreviated public notice that was published is included in Appendix B and can also be viewed on the Anchorage Daily News' website.

The Department certifies that it used the Alaska Online Public Notices mailing list, comprised of all subscribers to the Department's notices, to provide electronic notice of the proposed demonstration request. The Department sent the notice to all subscribers on October 5, 2026. A copy of this electronic notice can be found in Appendix B.

Public Website

To ensure the public could access information about the proposed demonstration, the Department maintained a public-facing ATHCP demonstration website. The draft demonstration application was posted on the demonstration website on October 5, 2026. As required by 42 CFR 431.408(a)(2)(i),[12] the Department included information on the

[11] 42 CFR 431.408: State Public Notice Process. Source: Part 431 – State Organization and General Administration.
[12] 42 CFR 431.408(a)(2)(i). Source: Statement of public notice and public input procedures.

public notice process, public input process, planned hearings, and the demonstration application. The website included instructions for the public to submit comments about the draft application, although the public comment period is now closed, as shown in Appendix B. The Department maintained the website throughout the entire public comment process and continues to make it publicly available.

Public Hearings

The Department certifies that it convened two public hearings for members of the public to provide oral comments on the demonstration application draft more than twenty days prior to submitting the demonstration application to CMS. Specifically, the Department held the following hearings open to the public:

- **First Public Hearing**

  October 14, 2026, 3:00 – 4:00 PM AKT

  Alaska Office Building, 350 Main Street, 4th Floor, Conference Room/Ste. 404, Juneau, AK 99801

  Telephonic and Web conference capabilities were also provided via Zoom

- **Second Public Hearing**

  October 16, 2026, 3:00 – 4:00 PM AKT

  Frontier Building, 3601 C Street, 8th Floor, Conference Room/Ste. 898, Anchorage, AK 99503

  Telephonic and Web conference capabilities were also provided via Zoom

Tribal Consultation

The Department conducted Tribal Consultation on the proposed demonstration in accordance with § 431.408(b)[13] and Alaska's approved Medicaid State Plan Tribal Consultation Policy.[14] Consistent with that policy, the Department sought advice and review from Tribal health programs regarding the proposed demonstration before submitting this application to CMS.

Before initiating the formal Tribal Consultation and written comment period, the Department collaborated with Tribal health representatives through the Tribal-State Traditional Healing Workgroup (the Workgroup), with support from the Alaska Native Health

[13] 42 CFR 431.408(b). Source: Tribal consultation and seeking advice from Indian health providers and urban Indian organizations.
[14] Alaska Medicaid State Plan. 1.4 Tribal Consultation. Source: Tribal Consultation Requirements

Board (ANHB) to inform and develop the demonstration application. The Workgroup was composed of a representative group of the Department's Tribal partners across the state, including THOs currently providing THCPs or interested in providing them in the future. Tribal partners were overall supportive of the THCP coverage and the Department's pursuit of the demonstration. The ANHB coordinated with interested Tribes and THOs and provided regular updates to Tribes interested in the initiative.

The Workgroup developed the initial draft of the demonstration application, after which the Department and Workgroup members revised the application based on further discussions. The Workgroup met on July 24, August 14, August 28, and September 28, 2026, to discuss THCP demonstration design and implementation considerations. During meetings, the Workgroup proposed edits and provided feedback on the demonstration application. The Department considered every comment and suggestion made by Workgroup members and integrated changes where there was consensus into the final demonstration application accordingly. The Department also coordinated general demonstration development timelines, processes, and next steps with Tribal partners through Workgroup meetings, emails, and calls throughout the application development process.

A budget neutrality sub-Workgroup comprised of Workgroup members with relevant expertise also met with the Department on August 21, September 10, September 15, and September 24, 2026, to review and discuss the proposed enrollment, utilization, expenditure, and implementation assumptions. Based on this input, the Department and its actuary generated and revised the assumptions around Qualified Entity enrollment and beneficiary service utilization built into the budget neutrality modeling.

Given this level of collaboration and partnership to date, the Department suggested, and Tribal Workgroup members supported, an expedited Tribal Consultation period for this demonstration, shortened to 30 days, rather than the usual 60 days, to occur from October 5, 2026, through November 4, 2026. The ANHB provided a letter in support of shortening the Tribal Consultation period, dated October 2, 2026 (see Appendix C).

To launch the Tribal Consultation period, on October 5, 2026, the Department provided formal written notice of the proposed demonstration through a Dear Tribal Leader Letter to ANHB (see Appendix C). The notice described the purpose and content of the proposed demonstration, anticipated impact on Medicaid-eligible AN/AI beneficiaries, Tribal health programs, and the IHS, and outlined the mechanism and timeline for submitting comments.

Tribal health programs did not make a formal request for Consultation with the Department.

Summary of Public and Tribal Comment Received

The Department received sixteen comments on the proposed ATHCP demonstration, including one oral comment provided during the second public hearing. Of the 15 written comments, 13 were submitted by Tribal partners.

All commenters expressed support for the demonstration and establishing Medicaid reimbursement for THCPs. Commenters emphasized:

- The importance of THCPs in supporting culturally responsive, whole-person care and sustaining and expanding access to THCP services;
- Support for preserving Tribal self-determination and flexibility in how and where THCPs are defined and delivered;
- Support for including THCP initiatives within the Rural Health Transformation Program and the State's commitment to strengthening traditional healing across the ATHS;
- Appreciation for the Department's collaboration with Tribes and THOs in developing the demonstration; and
- The need for additional implementation guidance and technical assistance to support Tribal health programs in preparing for THCP billing, documentation, and other implementation requirements.

Commenters also provided recommendations regarding beneficiary eligibility, referrals and care coordination, delivery and reimbursement, workforce development, demonstration evaluation, and implementation. Numerous commenters recommended that the Department broaden beneficiary eligibility to align with other CMS-approved THCP demonstrations. Commenters also emphasized the importance of continued engagement with Tribes and THOs as the demonstration is implemented.

The Department appreciates the thoughtful feedback received and looks forward to continued partnership with Tribes, THOs, and other partners as the demonstration moves forward.

Appendix D summarizes the public and Tribal comments received by recommendation or theme and provides the Department's responses.

The full set of comments is included in Appendix E.

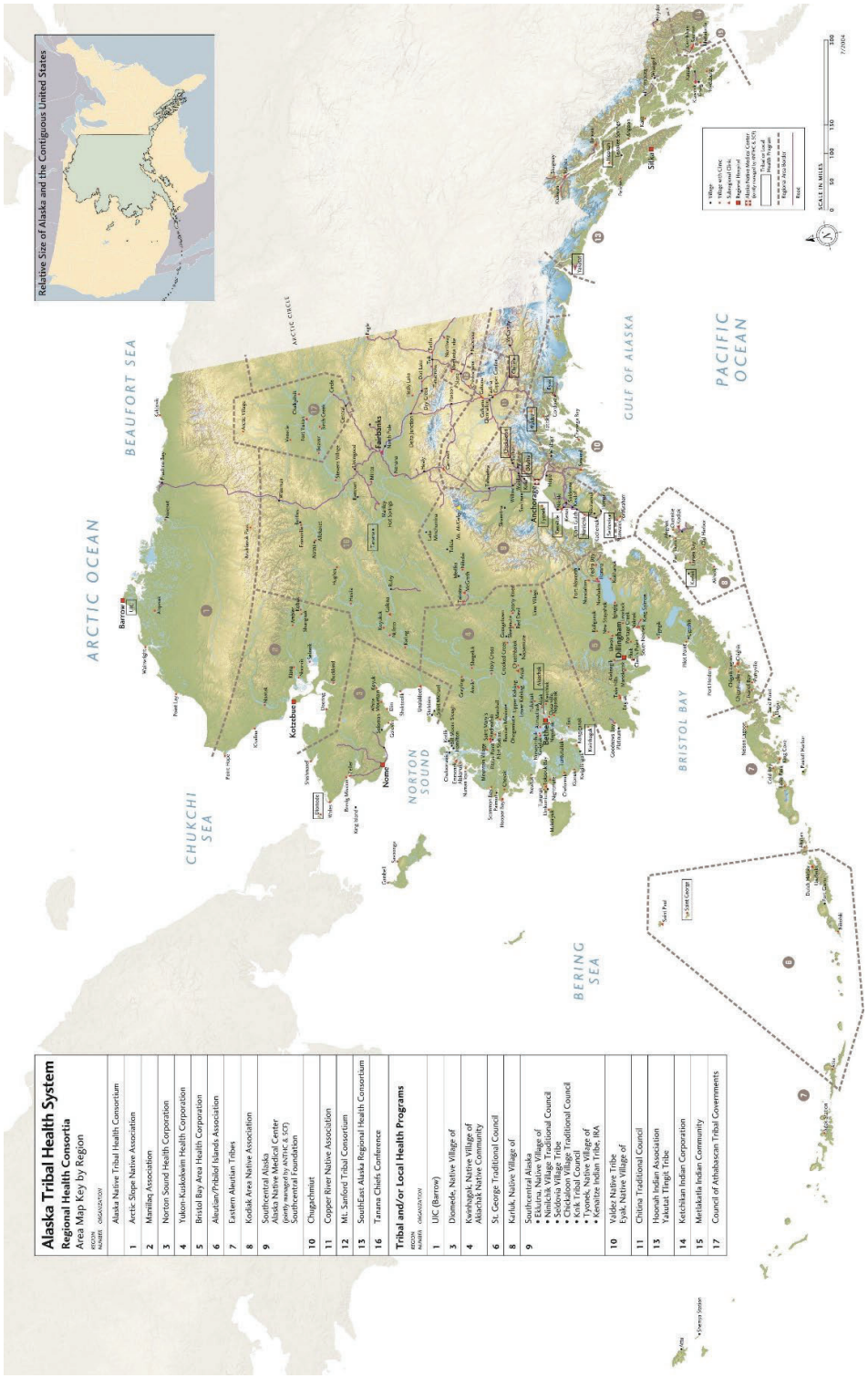
Section VII. Demonstration Administration

Alaska's Medicaid program is administered by Deputy Commissioner Emily Ricci, Medicaid Director, Alaska Department of Health.

[redacted]

Emily Ricci
State Medicaid Director/Deputy Commissioner
Email Address: Emily.ricci@alaska.gov

Appendix A: Detail of the Alaska Tribal Health System



Appendix B: Public Notice

Full Public Notice

Full Public Notice, posted on October 5, 2026:
https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=225405

Notice of Public Comment for Proposed Alaska Traditional Health Care Practices 1115 Demonstration Application

Agency Action: Application for a Section 1115 Demonstration

The State of Alaska's Department of Health (the Department) hereby gives notice that it intends to seek approval from the Centers for Medicare & Medicaid Services (CMS) for a five-year Section 1115 demonstration to provide coverage of traditional health care practices (THCPs).

Subject of Demonstration: The Department is seeking a Section 1115 demonstration, titled the Alaska Traditional Health Care Practices (ATHCP) demonstration to authorize federal Medicaid coverage for THCPs delivered by or through Tribal health programs to Alaska Medicaid beneficiaries who are Alaska Native or American Indian (AN/AI). The Department is soliciting public comment on this request prior to submitting the demonstration application to CMS.

Program Description

The Department seeks a Section 1115 demonstration to allow for Medicaid coverage of THCPs for Medicaid beneficiaries who are AN/AI. THCPs are practices based on principles that have been traditionally used in Tribal communities since time immemorial. THCPs embody a whole-person approach to health and wellness and are validated utilizing the process that has been established by the Tribes. The Department proposes that this demonstration will be effective from December 31, 2026, through December 31, 2031, with Medicaid coverage of THCPs beginning no earlier than January 1, 2028.

Goals and Objectives

The primary objective of this proposed demonstration is to sustainably provide culturally appropriate Medicaid service options for AN/AI Medicaid beneficiaries by covering traditionally grounded care services within the Alaska Tribal Health System (ATHS) to support whole-person health and wellness. By providing these services in a complementary fashion with provider-led health care teams, AN/AI Medicaid beneficiaries can achieve wellness and healing for ailments and afflictions.

Specific goals include:

- Allow Medicaid coverage of THCPs within the ATHS to maintain and sustain recipients' whole-person wellness
- Incorporate THCPs into preventive health care

Beneficiary Eligibility

To be eligible to obtain THCPs under this demonstration, individuals must meet all of the following criteria:

- Meet the definition of AN/AI, defined as "Indians or Indian" in 25 U.S.C. § 1603(13);
- Be enrolled in Medicaid; and
- Be eligible to receive services by or through a Qualified Entity.

A Qualified Entity is defined as a Tribal health program, using the definition in 25 U.S.C. § 1603(25).

With this demonstration, the Department does not propose any changes to Alaska's Medicaid eligibility; the standards and methodologies for eligibility remain set forth under the State Plan.

Benefit Coverage and Cost Sharing

Benefit Coverage

A broad array of THCPs exist in Alaska Native traditions given the regional nature of the ATHS and wide-ranging histories of Tribes across the state. They could include ceremonial practices, physical body work, counseling sessions based in traditional approaches, group work in learning and talking circles on traditional skills, knowledge, and practices, as well as traditional nutritional education.

Each Qualified Entity will establish and document processes to define covered THCPs, limitations, and exclusions, and medical necessity requirements at their facilities. THCPs will not limit, reduce, jeopardize, or adversely affect a beneficiary's access to any other Medicaid services for which they would otherwise be eligible to receive.

Cost Sharing

Services will be subject to the same cost sharing as other clinic visits. AN/AI individuals, however, are exempt from cost sharing requirements, and thus the Department does not anticipate that any cost sharing will be collected for these services.

Implementation

Delivery System

Alaska is not seeking to make any changes to its Medicaid delivery system through this demonstration.

Payment for THCPs

The Department is seeking to claim Federal Financial Participation when Qualified Entities provide THCPs to eligible AN/AI Medicaid beneficiaries. Medicaid reimbursement will be available only for THCPs that a participating Qualified Entity has identified as covered for its region and that satisfy all applicable demonstration, documentation, and billing requirements. Reimbursement will be provided only for services delivered by or received through a facility operated by a Qualified Entity, but there is no requirement that reimbursement be limited solely to services delivered within the four walls of a facility operated by a Qualified Entity. Reimbursement will be equivalent to the outpatient All-Inclusive Rate.

THCPs covered under this demonstration may only be provided by or through facilities operated by Qualified Entities that are enrolled as Medicaid providers. To deliver THCPs, Qualified Entities will employ or contract with THCP practitioners (sometimes also referred to as traditional healers or Tribal doctors). The Qualified Entities must be enrolled in Medicaid, but the THCP practitioners will not be required to individually enroll in Medicaid.

Hypothesis and Evaluation

Through an independent evaluator, and informed by Tribal consultation processes, the Department will develop a plan to evaluate the hypothesis indicated below in Table 1. The Department, with Tribal consultation, will identify validated performance measures that assess the impact of the demonstration on these populations. The Department will submit the evaluation plan to CMS for approval in accordance with CMS's Special Terms and Conditions and will conduct and submit ongoing monitoring reports as required by CMS.

Table 1: Hypothesis and Measure

Hypothesis	**Measure**	**Data Sources**
Alaska Native/American Indian Medicaid beneficiaries receiving services from a Qualified Entity will have increased access to Tribally appropriate care, including traditional health care practices.	Recipients will utilize traditional health care practice services.	Medicaid Management Information System claims for traditional health care practice services and, as applicable, other administrative data.

Projected Enrollment and Annual Aggregate Expenditures

The Department anticipates that this demonstration in its entirety will be "deemed" budget neutral, consistent with how CMS has treated other states' Section 1115 demonstrations with approval to cover THCPs. In other words, this demonstration is not likely to increase overall Medicaid expenditures beyond what those expenditures could have been without the demonstration.

The projected average annual enrollment for individuals eligible for THCPs under this demonstration is presented in Table 2 below. This corresponds to the estimated average number of AN/AI individuals enrolled in Alaska's Medicaid program at the end of SFY 2026 and projected to each demonstration year (DY) using a 0.7 percent annual growth rate.

Table 2: Average Annual Eligibility Projection for Individuals Eligible for THCPs Under Demonstration

Traditional Health Care Practices	**DY 1** *(12/31/26–12/30/27)*	**DY 2** *(12/31/27–12/30/28)*	**DY 3** *(12/31/28–12/30/29)*	**DY 4** *(12/31/29–12/30/30)*	**DY 5** *(12/31/30–12/31/31)*
Average Eligibility	80,335	80,897	81,463	82,033	82,608

Table 3 below includes the projected number of individuals who will utilize services through the ATHCP, their per-member per-month (PMPM) costs, and total expenditures associated with this demonstration.

Table 3: Number of Individuals Projected to Use THCPs and Associated Expenditures

		DY 1	DY 2	DY 3	DY 4	DY 5
Traditional Health Care Practices	Member Months	0	5,314	7,222	8,812	10,013
	Unique Annual Utilizers	0	1,156	1,572	1,918	2,179
	PMPM Costs	$0	$2,779.34	$2,963.89	$3,160.69	$3,370.56
	Total Expenditures	$0	$14,769,406	$21,405,190	$27,851,990	$33,749,403

Consistent with CMS's longstanding interpretation of section 1905(b) of the Social Security Act, the Department anticipates the Department will receive a 100 percent federal medical assistance percentage for all expenditures on the services for which coverage is authorized under this demonstration.

Proposed Waiver and Expenditure Authority

The Department requests the following proposed expenditure and waiver authority to operate the demonstration.

Expenditure Authority

The Department is seeking expenditure authority for THCPs received through a Tribal health program as defined in 25 U.S.C. § 1603(25), by AN/AI Medicaid beneficiaries who are able to receive services delivered by or through a Qualified Entity.

Waiver Authority

Comparability; Freedom of Choice. Section 1902(a)(23), Section 1902(a)(10)(B). To the extent necessary to allow the Department to offer the coverage described in the expenditure authority above only if the covered THCPs are received through a Tribal health program as defined in 25 U.S.C. § 1603(25) by AN/AI Medicaid beneficiaries who are able to receive services delivered by or through these Qualified Entities.

Section 1115 Demonstration Application Public Comment Process

The 30-day public comment period for the proposed Section 1115 demonstration application is from **October 5, 2026, through November 4, 2026.** All comments must be received no later than **5**

p.m. Alaska Time on November 4, 2026, to be assured consideration prior to submission of the ATHCP Demonstration application to CMS.

The full draft of the demonstration application is attached to this notice. All information regarding the proposed demonstration application can be found on the Department website at: https://health.alaska.gov/en/services/alaskas-traditional-health-care-practices-1115-demonstration-waiver/. The Department will update this website throughout the public comment process.

Hard copies of the demonstration application are available at:

Department of Health – Office of the Commissioner
3601 C Street, Suite 902, Anchorage, AK 99503

Public Comment Process

To submit public comments on the Section 1115 demonstration application, please send them via email to doh.thcp.1115@alaska.gov or mail them to:

Department of Health
Commissioner's Office
Attn: Christal Hays
3601 C Street, Suite 902
Anchorage, AK 99503

Public comments and additional information will be posted and updated regularly on the web throughout the duration of the public comment period here:

https://health.alaska.gov/en/services/alaskas-traditional-health-care-practices-1115-demonstration-waiver/.

Public Hearing Schedule

The public is also welcome to attend or call into the following public hearings to learn more about the demonstration application, ask questions, and provide public comments:

Public Hearing #1

- Date & Time: Wednesday, October 14, 2026, from 3–4 p.m. AKT
- Location: Alaska Office Building, 350 Main Street, 4th Floor, Conference Room/Ste. 404, Juneau, AK 99801
- Virtual Option:
- Join by Web: https://manatt.zoom.us/j/93797059648?pwd=a9ZcbbqZhsNpSHFGNsCZPM57hbTHKI.1; or
- Join by Phone (U.S. Toll-free): 833.928.4608
- Meeting Details:

- Meeting ID: 937 9705 9648
- Passcode: 996936

Public Hearing #2

- Date & Time: Friday, October 16, 2026, from 3–4 p.m. AKT
- Location: Frontier Building, 3601 C Street, 8th Floor, Conference Room/Ste. 898, Anchorage, AK 99503
- Virtual Option:
- Join by Web: https://manatt.zoom.us/j/98713551968?pwd=6aMv8PCGiQBHCkTCqtA8dqbrX68qMy.1; or
- Join by Phone (U.S. Toll-free): 833.928.4610
- Meeting Details:
- Meeting ID: 987 1355 1968
- Passcode: 927995

Individuals with disabilities who require special accommodations in order to attend these public meetings should contact doh.thcp.1115@alaska.gov to ensure that any necessary accommodations can be provided.

After reviewing comments received during the state public comment period, the Department will submit the demonstration application to CMS. Interested parties will also have an opportunity to provide comments during the federal public comment period following CMS publication of the application.

Abbreviated Public Notice

Abbreviated Public Notice in *Anchorage Daily News*, published October 7, 2026:



ABBREVIATED NOTICE OF GENERAL PUBLIC INTEREST
Department of HealthState of Alaska
PROPOSED ALASKA TRADITIONAL HEALTH CARE PRACTICES
1115 DEMONSTRATION APPLICATION

This abbreviated public notice provides information of public interest regarding a proposed Section 1115 demonstration application that the Alaska Department of Health (the Department) intends to submit to the federal Centers for Medicare & Medicaid Services (CMS).

Through the proposed Alaska Traditional Health Care Practices (ATHCP) 1115 demonstration, Alaska seeks federal authority to provide Medicaid coverage for traditional health care practices (THCPs) for eligible Alaska Native and American Indian (AN/AI) Medicaid beneficiaries receiving services through participating Tribal health programs within the Alaska Tribal Health System (ATHS). The primary objective of this demonstration is to sustainably provide culturally appropriate Medicaid service options for AN/AI Medicaid beneficiaries to support whole-person health and wellness. All proposed requests are subject to CMS approval. The State proposes that this demonstration would be effective from December 31, 2026, to December 31, 2031, with Medicaid coverage of THCPs beginning no sooner than January 1, 2028.

A copy of the proposed demonstration application and full public notice, both posted on October 5, 2026, are available on the Department website at:
https://health.alaska.gov/en/services/alaskas-traditional-health-care-practices-1115-demonstration-waiver/. You may request a copy of the proposed ATHCP 1115 demonstration application and/or a copy of submitted public comments related to the ATHCP application by sending a written request to the mailing or email address listed below.

Public Review and Comment Process
The 30-day public comment period for the proposed Section 1115 demonstration application is from October 5, 2026, through November 4, 2026. All comments must be received no later than 5:00 PM Alaska Time on November 4, 2026, to be assured consideration prior to submission of the ATHCP application to CMS.

All information regarding the proposed demonstration application can be found on the Department website at: https://health.alaska.gov/en/services/alaskas-traditional-health-care-practices-1115-demonstration-waiver/. The Department will update this website throughout the public comment process.

Hard copies of the demonstration application are available at:
Department of Health – Office of the Commissioner
3601 C Street, Suite 902, Anchorage, Alaska 99503
Written comments may be submitted by email or mail:
Email: doh.thcp.1115@alaska.gov
Mail:
Department of Health
Commissioner's Office
Attn: Christal Hays
3601 C Street, Suite 902
Anchorage, AK 99503

The Department will also hosE the following public hearings to solicit stakeholder
comments. The public hearings will include options for in-person and remote
participation.

Public Hearing #1
• Date & Time: Wednesday, October 14, 2026, from 3:00 – 4:00PM AKT

• Location: Alaska Office Building, 350 Main Street, 4th Floor, Conference Room/Ste. 404, Juneau, AK 99801

• Virtual Option:
o Join by Web:
https://manatt.zoom.us/j/93797059648?pwd=a9ZcbbqZhsNpSHFGNsCZPM57hbTHKl.1; or
o Join by Phone (US Toll-free): 833-928-4608
o Meeting Details:
* Meeting ID: 937 9705 9648
* Passcode: 996936

Public Hearing #2
• Date & Time: Friday, October 16, 2026, from 3:00 – 4:00PM AKT

• Location: Frontier Building, 3601 C Street, 8th Floor, Conference Room/Ste. 898, Anchorage, AK 99503

• Virtual Option:
o Join by Web:
https://manatt.zoom.us/j/98713551968?pwd=6aMv8PCGiQBHCkTCqtA8dqbrX68qMy.1; or
o Join by Phone (US Toll-free): 833-928-4610
o Meeting Details:
* Meeting ID: 987 1355 1968
* Passcode: 927995

Individuals with disabilities who require special accommodations to participate in a public hearing should contact doh.thcp.1115@alaska.gov to request assistance. After reviewing comments received during the state public comment period, the Department will submit the demonstration application to CMS. Interested parties will also have an opportunity to provide comments during the federal public comment period following CMS publication of the application.

/S/
Emily Ricci
Deputy Commissioner, Medicaid Director
Department of Health

Pub: Oct. 7, 2026

Abbreviated Public Notice available at:

https://marketplace.adn.com/marketplace/advert/-ABBREVIATED-NOTICE-OF-GENERAL-PUBLIC-INTERESTDepartment-of-HealthState-of-General_24456

ABBREVIATED NOTICE OF GENERAL PUBLIC INTEREST

Department of Health
State of Alaska

PROPOSED ALASKA TRADITIONAL HEALTH CARE PRACTICES
1115 DEMONSTRATION APPLICATION

This abbreviated public notice provides information of public interest regarding a proposed Section 1115 demonstration application that the Alaska Department of Health (the Department) intends to submit to the federal Centers for Medicare & Medicaid Services (CMS).

Through the proposed Alaska Traditional Health Care Practices (ATHCP) 1115 demonstration, Alaska seeks federal authority to provide Medicaid coverage for traditional health care practices (THCPs) for eligible Alaska Native and American Indian (AN/AI) Medicaid beneficiaries receiving services through participating Tribal health programs within the Alaska Tribal Health System (ATHS). The primary objective of this demonstration is to sustainably provide culturally appropriate Medicaid service options for AN/AI Medicaid beneficiaries to support whole-person health and wellness. All proposed requests are subject to CMS approval. The State proposes that this demonstration would be effective from December 31, 2026, to December 31, 2031, with Medicaid coverage of THCPs beginning no sooner than January 1, 2028.

A copy of the proposed demonstration application and full public notice, both posted on October 5, 2026, are available on the Department website at: Alaska Traditional Health Care Practices 1115 Demonstration Waiver. You may request a copy of the proposed ATHCP 1115 demonstration application and/or a copy of submitted public comments related to the ATHCP application by sending a written request to the mailing or email address listed below.

Public Review and Comment Process

The 30-day public comment period for the proposed Section 1115 demonstration application is from October 5, 2026, through November 4, 2026. All comments must be received no later than 5:00 PM Alaska Time on November 4, 2026, to be assured consideration prior to submission of the ATHCP application to CMS.

All information regarding the proposed demonstration application can be found on the Department website at: Alaska Traditional Health Care Practices 1115 Demonstration Waiver. The Department will update this website throughout the public comment process.

Hard Copies and Written Comments

Hard copies of the demonstration application are available at:

Department of Health - Office of the Commissioner
3601 C Street, Suite 902
Anchorage, Alaska 99503

Written comments may be submitted by email or mail:

Email: doh.thcp.1115@alaska.gov

Mail:
Department of Health
Commissioner's Office
Attn: Christal Hays
3601 C Street, Suite 902
Anchorage, AK 99503

The Department will also host the following public hearings to solicit stakeholder comments. The public hearings will include options for in-person and remote participation.

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- Virtual Option:
- Join by Web: Zoom meeting link
- Join by Phone (US Toll-free): 833-928-4608
- Meeting ID: 937 9705 9648
- Passcode: 996936

Public Hearing #2

- Date & Time: Friday, October 16, 2026, from 3:00 - 4:00 PM AKT
- Location: Frontier Building, 3601 C Street, 8th Floor, Conference Room/Ste. 898, Anchorage, AK 99503
- Virtual Option:
- Join by Web: Zoom meeting link
- Join by Phone (US Toll-free): 833-928-4610
- Meeting ID: 987 1355 1968
- Passcode: 927995

Individuals with disabilities who require special accommodations to participate in a public hearing should contact doh.thcp.1115@alaska.gov to request assistance. After reviewing comments received during the state public comment period, the Department will submit the demonstration application to CMS. Interested parties will also have an opportunity to provide comments during the federal public comment period following CMS publication of the application.

/s/
Emily Ricci
Deputy Commissioner, Medicaid Director
Department of Health

Circulation of Public Notice to Electronic Mailing List

On October 5, 2026, the Department sent the full public notice to all subscribers of Alaska Online Public Notices.



From: Alaska Online Public Notices
To: [redacted]
Subject: Alaska Online Public Notices for 10/5/2026
Date: Monday, October 5, 2026 5:53:16 PM

Thank you for your interest in Alaska Online Public Notices

New Notices Published on 10/5/2026:

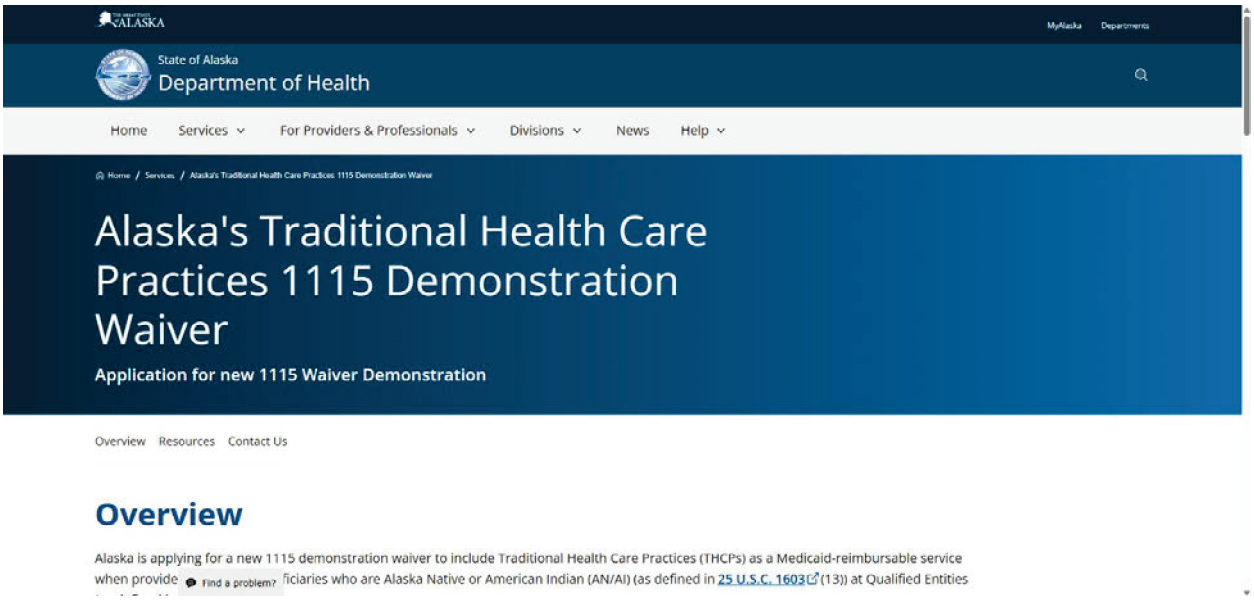
- **Boards and Commissions (Commerce, Community, and Economic Development)** BOARD OF PHYSICAL THERAPY AND OCCUPATIONAL THERAPY - PT SCOPE MODERNIZATION WORK GROUP MEETING
- **Procurement (Administration)** RFP #110426 Digital Procurement Platforms with Related Services for Operational Goods
- **Procurement (Administration)** RFP #110526 Parking Infrastructure Operations and Management Services
- **Procurement (Administration)** RFP #111026 Laboratory and Science Equipment, Supplies, and Related Technology and Services
- **Procurement (Fish and Game)** ADF&G Request for Information (RFI) - Sitka Office Carpet Replacement
- **Public Notices (Commerce, Community, and Economic Development)** Alaska Energy Authority Bradley Lake Expansion Project (BLXP) - Industry Day, Wednesday, October 21, 2026, 8:00 am – 12:00 pm Public Meeting Notice
- **Public Notices (Commerce, Community, and Economic Development)** DISPOSAL OF AN INTEREST IN MUNICIPAL TRUST LAND IN TATITLEK, ALASKA
- **Public Notices (Natural Resources)** ADL 422894 Application for Easement Development Matthew Hall
- **Public Notices (Natural Resources)** Notice of Decision - ADL 234634 - Copper River Watershed Project - Eyak Lake Weir; Cordova, AK
- **Public Notices (Natural Resources)** NOTICE OF PERMIT EXTENSION FOR WATER RIGHT LAS 13742
- **Public Notices (Natural Resources)** Notice of ROW Lease Conversion Requests - AKLNG PTTL & AKLNG Mainline
- **Public Notices (Natural Resources)** Requesting Comment on Dingell Act Native Allotment Relinquishment Off the Denali Highway
- **Public Notices (Transportation and Public Facilities)** ADA-32658 M&P Food Services LLC - Addition of Storage Space
- **Public Notices (Transportation and Public Facilities)** ADA-32720 Northstar Holdings, LLC, Application for Successive Land Lease
- **Public Notices (Transportation and Public Facilities)** ADA-72364 Proposal to Extend a State Airport Land Lease at Bettles Airport
- **Public Notices (Transportation and Public Facilities)** ADA-72365 Proposal to Extend a State Airport Land Lease at Bettles Airport
- **Public Notices (Transportation and Public Facilities)** DOT&PF Notice of Geotechnical Investigation: Haines Highway Restoration MP 2.3 to 3.7
- **Public Notices (Transportation and Public Facilities)** DOT&PF Notice to Begin Engineering & Environmental Studies: Haines Highway Restoration MP 2.3 and 3.7
- **Public Notices (Health)** Notice of 1115 Demonstration Application – Alaska Traditional Health Care Practices 1115 Demonstration Waiver
- **Regulations (Labor and Workforce Development)** ALRA Board Adoption of Regulation Changes and Responses to Public Questions

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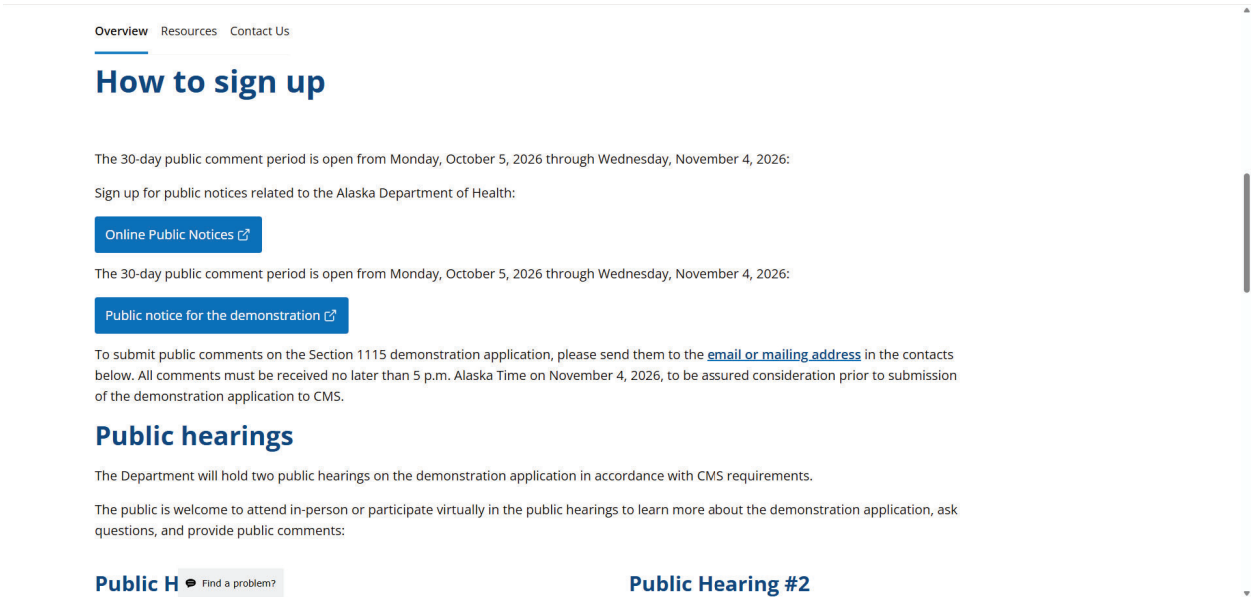
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ATHCP Demonstration Website

Website Link: https://health.alaska.gov/en/services/alaskas-traditional-health-care-practices-1115-demonstration-waiver/



Below is a screenshot from the website with instructions for the public to submit comments on the draft application.



Appendix C: Tribal Consultation

Letter Supporting 30-Day Tribal Consultation Period

ALASKA NATIVE HEALTH BOARD

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION
ARCTIC SLOPE NATIVE ASSOCIATION
BRISTOL BAY AREA HEALTH CORPORATION
CHICKALOON VILLAGE TRADITIONAL COUNCIL
CHUGACHMIUT
COPPER RIVER NATIVE ASSOCIATION
COUNCIL OF ATHABASCAN TRIBAL GOVERNMENTS
EASTERN ALEUTIAN TRIBES
KARLUK IRA TRIBAL COUNCIL
KENAITZE INDIAN TRIBE
KETCHIKAN INDIAN COMMUNITY
KODIAK AREA NATIVE ASSOCIATION
MANILAQ ASSOCIATION
METLAKATLA INDIAN COMMUNITY
MT. SANFORD TRIBAL CONSORTIUM
NATIVE VILLAGE OF CHITINA
NATIVE VILLAGE OF EKLUTNA
NATIVE VILLAGE OF EYAK
NATIVE VILLAGE OF TYONEK
NINILCHIK TRADITIONAL COUNCIL
NORTON SOUND HEALTH CORPORATION
SELDOVIA VILLAGE TRIBE
SOUTHCENTRAL FOUNDATION
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM
TANANA CHIEFS CONFERENCE
YAKUTAT TLINGIT TRIBE
YUKON-KUSKOKWIM HEALTH CORPORATION

Alaska Native Health Board
THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

907.729.7510 907.729.7506 • 4000 Ambassador Drive (ANHB Office) • Anchorage, Alaska 99508 • www.anhb.org

October 2, 2026

Heidi Hedberg, Commissioner
Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503a

RE: Alaska Section 1115 Medicaid Demonstration Waiver Application for Traditional Health Care Practices

Dear Commissioner Hedberg,

The Alaska Native Health Board (ANHB)[1] appreciates our relationship with you and the Department of Health (the Department) and our work through the Tribal Medicaid Task Force. We have appreciated the Department's commitment to meet with Tribes and Tribal Health Organizations through a State-Tribal Traditional Healing Workgroup on a proposed section 1115 Medicaid Demonstration Waiver.

This section 1115 Demonstration Waiver is not only important for supporting access to Traditional health care practices for Alaska Native and American Indian people, but it also works to meet sustainability for valuable investments made through the Centers for Medicare and Medicaid Services (CMS) Rural Health Transformation Program into Alaska Native Traditional healing programs across the Alaska Tribal Health System (ATHS).

Because of the Department-Tribal discussions that occurred in preparing this section 1115 Medicaid Demonstration Waiver for Traditional health care practices to submit to CMS, we respectfully request you submit the items on an expedited basis to take advantage of current budget neutrality requirements. In light of these facts, we support a 30-day Tribal consultation period to expedite submission to CMS.

Should you have any questions concerning our letter, please contact the ANHB at anhb@anhb.org or (907) 729-7510.

Sincerely,

[redacted]

Chief William F. Smith, Chairman
Alaska Native Health Board
Tribally-Elected Leader of the Valdez Native Tribe

[1] ANHB was established in 1968 to promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System, which is comprised of Tribal health programs that serve all of the 229 Tribes and over 234,000 Alaska Native and American Indian people throughout the state. As the statewide Tribal health advocacy organization, ANHB supports Alaska's Tribes and Tribal health programs to achieve effective consultation and communication with state and federal agencies on matters of concern.

Submission Date: 11/6/2026

Dear Tribal Leader Letter

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Health
OFFICE OF THE COMMISSIONER

Anchorage
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923
Main: 907.269.7800
Fax: 907.269.0060

Juneau
350 Main Street, Suite 404
Juneau, Alaska 99801
Main: 907.465.3030
Fax: 907.465.3068

October 5, 2026

Dear Tribal Health Leaders,

On behalf of the Alaska Department of Health (the Department) and in keeping with the responsibility to conduct Tribal consultation, I am writing to inform you of a proposed 1115 demonstration application to authorize federal Medicaid coverage of traditional health care practices (THCPs) provided by the Alaska Tribal Health System (ATHS). The demonstration application was developed in collaboration and partnership with the Tribal-State Traditional Healing Workgroup. Consultation on the proposed demonstration coincides with public comment.

Purpose and content of the proposed demonstration:

The Department intends to submit an application for a new five-year 1115 demonstration to seek approval from the Centers for Medicare & Medicaid Services (CMS) to authorize Medicaid coverage of THCPs delivered by participating Qualified Entities within the ATHS. Qualified Entities are defined as a Tribal health program, using the definition in 25 U.S.C. §1603(25). THCPs covered under this demonstration may only be provided by or through facilities operated by Qualified Entities that are enrolled as Medicaid providers.

The Department proposes that this demonstration will be effective from December 31, 2026, through December 31, 2031, with Medicaid coverage of THCPs beginning no earlier than January 1, 2028.

Anticipated impact on Medicaid-eligible Alaska Native/American Indian beneficiaries:

This demonstration application intends to help sustainably provide culturally appropriate Medicaid service options for AN/AI Medicaid beneficiaries by covering traditional health care practices within the ATHS to support whole-person health and wellness. To be eligible to obtain THCPs under this demonstration, individuals must meet all of the following criteria:

- Meet the definition of Alaska Native/American Indian, defined as "Indians or Indian" in 25 U.S.C. §1603(13);
- Be enrolled in Medicaid; and
- Be eligible to receive services by or through a Qualified Entity, as defined above.

The projected average annual enrollment for individuals eligible for THCPs under this demonstration is outlined below, corresponding to the estimated number of AN/AI individuals enrolled in Alaska's Medicaid program each year of the demonstration using a 0.7 percent annual growth rate.

Traditional Health Care Practices	**DY 1** *(12/31/26–12/30/27)*	**DY 2** *(12/31/27–12/30/28)*	**DY 3** *(12/31/28–12/30/29)*	**DY 4** *(12/31/29–12/30/30)*	**DY 5** *(12/31/30–12/31/31)*
Average Eligibility	80,335	80,897	81,463	82,033	82,608

The table below includes the projected number of individuals who will utilize services through the ATHCP demonstration, their per-member per-month (PMPM) costs, and total expenditures associated with this demonstration.

		DY 1	**DY 2**	**DY 3**	**DY 4**	**DY 5**
Traditional Health Care Practices	Member Months	0	5,314	7,222	8,812	10,013
	Unique Annual Utilizers	0	1,156	1,572	1,918	2,179
	PMPM Costs	$0	$2,779.34	$2,963.89	$3,160.69	$3,370.56
	Total Expenditures	$0	$14,769,406	$21,405,190	$27,851,990	$33,749,403

The Department projects that this expenditure demonstration is not likely to increase overall Medicaid expenditures beyond what those expenditures could have been without the demonstration.

Anticipated impact on Tribal health programs and the Indian Health Service:

Medicaid coverage of THCPs will enable the Indian Health Service, Tribes, and Tribal organizations to sustain and expand access to THCPs.

Mechanism and timeline for comment:

The 30-day public comment period for the proposed Section 1115 demonstration application is from **October 5, 2026, through November 4, 2026**. Written comments or questions regarding the proposed demonstration application are due no later than **5 p.m. AKT on November 4, 2026**. If seeking a meeting regarding the proposed changes, please provide a written request within 15 days of the date of this letter. The public is also welcome to attend or call into two public hearings to learn more about the demonstration application, ask questions, and provide public comments.

Public comment runs concurrent with this Tribal consultation. Information about the public comment period and related public hearings can be found at this link: https://health.alaska.gov/en/services/alaskas-traditional-health-care-practices-1115-demonstration-waiver/.

Over the past several months, Department staff and Tribal health representatives facilitated the Tribal-State Traditional Healing Workgroup (the Workgroup), with the help of the Alaska Native Health Board (ANHB), to inform and develop the demonstration application, including general design and implementation considerations and review of demonstration request drafts. Representatives from Tribes and Tribal Health Organizations were pivotal and actively engaged in the Workgroup. The Department coordinated with Tribal partners through Workgroup meetings, emails, and calls. Demonstration request drafts were coordinated in partnership with Tribal partners and the Department. The Workgroup met on July 24, August 14, August 28, and September 28, 2026, to prepare, edit, and finalize the application draft.

Given this level of collaboration and partnership to date, the Department suggested and Tribal workgroup members supported an expedited Tribal consultation period for this demonstration, shortening it to 30 days, rather than the usual 60 days, to take place from October 5, 2026, through November 4, 2026. The ANHB has provided a letter in support of the shortening of the consultation period, dated October 2, 2026, attached below.

Please direct all written correspondence to Christal Hays, Alaska Department of Health, 3601 C Street, Suite 902, Anchorage, AK 99503, or doh.thcp.1115@alaska.gov.

Sincerely,

Christal Hays

Medicaid State Plan Coordinator

Enclosures: Alaska Traditional Health Care Practices 1115 Demonstration

Dear Tribal Leader Letter Transmission

Below is a copy of the correspondence with the notice of Tribal Consultation provided on October 5, 2026.

From: Hays, Christal A (DOH) **On Behalf Of** DOH COMM THCP (DOH sponsored)
Sent: Monday, October 5, 2026 3:49 PM
To: anhb@anhb.org; Ciampa, Francesca [redacted]; Davis, Winn [redacted] Roberts, Jim C [redacted]; Moreau-Johnson, Gennifer L [redacted]; Martin, Monique R [redacted]
Cc: Ricci, Emily K (DOH) [redacted]; Van Kirk, Leah R (DOH) [redacted]; Keilman-Cruz, Lynne N (DOH) [redacted]; Carson, Jenn L (DOH) [redacted]; Rosario, Amaris C (DOH) [redacted]; DOH COMM THCP (DOH sponsored) <doh.thcp.1115@alaska.gov>
Subject: Notice of Tribal Consultation - 1115 THCP application

Dear ANHB,

Please see the notice for tribal consultation and 1115 Demonstration application for Alaska's Traditional Health Care Practices 1115 Demonstration (ATHCP) wavier.

Per the agreement with tribal health entities, tribal consultation opportunity will close at 30 days, rather than 60 days. This opportunity for tribal consultation runs concurrently with public notice.

We greatly appreciate your efforts and partnership on this project, and look forward to receiving tribal consultation comment.

Sincerely,

Alaska's Traditional Health Care Practices 1115 Demonstration

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Appendix D: Response to Public and Tribal Comments

The Department of Health (the Department) values the comments and time organizations spent reviewing the proposed Traditional Health Care Practices 1115 Demonstration to include Traditional Health Care Practices (THCPs) as a Medicaid-covered service when provided to eligible beneficiaries at Qualified Entities.

The Department received 15 written comments, 13 of which were submitted by Tribal partners. Written comments were received from: Southcentral Foundation, Native Village of Chitina, Bristol Bay Area Health Corporation, Native Village of Kotzebue, Council of Athabascan Tribal Governments, Norton Sound Health Corporation, Native Village of Eyak Ilanka Community Health Board, Ninilchik Traditional Council, Ketchikan Indian Community, Tanana Chiefs Conference, Alaska Native Health Board, Kenaitze Indian Tribe, Aleutian Pribilof Islands Association, Alaska Mental Health Trust Authority, and the Kin Support Program – Haa Yatx'u Saani.

Southcentral Foundation also provided one oral comment during the public hearings.

The following information represents a record of public and Tribal comments and the Department's responses regarding the proposed demonstration.

General Public and Tribal Comments

All sixteen comments received (fourteen from Tribal partners and two from other commenters) expressed support for the application, emphasizing that Medicaid reimbursement for THCPs would help sustain and expand access to culturally responsive, whole-person care. Commenters also appreciated the Department's collaborative approach with Tribes and THOs and the opportunity to strengthen and integrate THCPs within the broader Alaska Tribal Health System.

> Department Response
>
> The Department thanks commenters for the support for Alaska's Traditional Health Care Practices demonstration and supports the comments noting the demonstration's potential to improve health outcomes for eligible Medicaid beneficiaries. The Department looks forward to continuing to work with Tribes, THOs, and other partners as the demonstration moves forward.

Beneficiary Eligibility

Numerous commenters recommended aligning beneficiary eligibility criteria with the eligibility criteria in CMS-approved applications for other states. Specifically, commenters requested that instead of eligibility being limited to individuals who are Alaska Native or American Indian (AN/AI), the eligible population include any

Medicaid beneficiary able to receive services delivered by or through a Qualified Entity.

Department Response

The Department thanks commenters for the recommendation to align beneficiary eligibility with other approved states. Given state budget considerations, the Department intends to maintain the proposed beneficiary eligibility in the application.

Referrals and Care Coordination for THCPs

Two Tribal comments requested clarification regarding how referrals and care coordination for THCPs will work across Tribes and THOs, including whether they will be treated similarly to other Medicaid-covered services. One commenter noted that cross-facility referrals may be necessary to ensure comprehensive care involving THCPs given that not all Tribes and THOs offer the full extent of THCPs needed in the community, and another commenter asked the Department to confirm that each Qualified Entity sets its own referral pathways.

Department Response

The Department thanks the commenters for the recommendations to provide clarification on referrals and care coordination and appreciates the importance of referrals and care coordination in supporting access to THCPs across the Alaska Tribal Health System. The Department intends to work with Tribes and THOs during implementation to further clarify processes for referrals and care coordination for THCPs. Accordingly, the Department is not making any changes to the demonstration application.

Delivery of THCPs

Numerous commenters expressed support for the provision in the application that enables flexibility in where THCPs may be delivered, including outside the four walls of a facility operated by a Qualified Entity. Commenters noted that THCPs may appropriately be provided in a variety of settings, including during times of transition and end-of-life care.

Department Response

The Department thanks the commenters for the expressed support for allowing reimbursement for THCPs delivered outside the four walls of a facility operated by a Qualified Entity.

One Tribal comment requested clarification regarding the settings in which THCPs may be delivered. Specifically, the commenter requested confirmation that THCPs

identified by a Qualified Entity may be provided in group-based and other community settings, including settings outside of a clinical facility.

Department Response

The Department thanks the commenter for the request for clarification. The Department recognizes that a variety of settings may be appropriate for the delivery of THCPs and intends to work with Tribes and THOs during implementation to further clarify THCP service delivery requirements. Accordingly, the Department is not making any changes to the demonstration application.

Tribal Self-Determination

Numerous Tribal commenters expressed support for the demonstration's approach to Tribal self-determination and requested that the Department continue to respect Tribal self-determination throughout implementation if the demonstration is approved by CMS. Specifically, one commenter recommended that the demonstration only be submitted if it retains the provisions that allow Tribal health programs enrolled as Qualified Entities to establish and document processes to define covered THCPs, limitations, exclusions, and medical necessity requirements for facilities, as well as identifying and certifying THCP practitioners.

Department Response

The Department thanks the commenters for the expressed support for Tribal self-determination and does not intend to change self-determination pathways. Additionally, the Department looks forward to partnership and information sharing during implementation with Qualified Entities in defining covered THCPs and establishing processes to identify and certify THCP practitioners.

Tribal Consultation on Additional Qualified Entity Requirements

Two Tribal comments emphasized that Tribal authorities and THO governing bodies are best positioned to establish requirements for THCPs and traditional healers based on the needs and practices of the communities they serve. Commenters recommended that, if the Department develops additional requirements for Qualified Entities (e.g., related to traditional healer qualification standards, billing codes, etc.), it do so through Tribal Consultation.

Department Response

The Department thanks the commenters and agrees that Tribal Consultation is important to the development of any additional process specifications to operationalize THCPs and traditional healer qualification standards. The

Department is committed to engaging Tribes and THOs through both formal and informal Tribal Consultation during implementation of the demonstration.

RHTP Investments in THCPs

Numerous commenters expressed support for the inclusion of THCP initiatives within the Rural Health Transformation Program (RHTP). Commenters noted that these investments demonstrate the State's commitment to strengthening traditional healing across the Alaska Tribal Health System and supporting the continued growth of these services. Several commenters also emphasized the importance of Medicaid coverage in supporting the long-term sustainability of THCPs beyond one-time funding opportunities and recognizing traditional healing as a component of whole-person care.

Department Response

The Department thanks the commenters for their support of investments in THCPs through the RHTP. The Department appreciates the recognition of the complementary role that RHTP investments and Medicaid coverage can play in supporting the continued growth and sustainability of traditional healing services across Alaska.

Workforce Development Integration

One Tribal comment recommended that Qualified Entities be permitted to recognize tiered THCP practitioner levels, such as apprentices, assistants, and trainees, and allow THCPs to be delivered by these practitioners under appropriate mentorship or supervision. The commenter also recommended aligning implementation of the demonstration with RHTP workforce investments to support apprenticeships, mentorship, training, and development of a sustainable traditional healing workforce.

Department Response

The Department thanks the commenter for the recommendations regarding THCP workforce development. As described in the demonstration application, Qualified Entities will have flexibility to establish processes for identifying and certifying THCP practitioners consistent with their own cultural knowledge, practices, and community needs. The Department also appreciates the potential for RHTP investments to support development of the traditional healing workforce. Accordingly, the Department is not making any changes to the demonstration application.

Evaluation, Data Sovereignty, and Outcomes

One Tribal comment recommended expanding the demonstration evaluation by adding an evaluation hypothesis focused on the demonstration's preventive care goal and assessing outcomes associated with THCPs in addition to utilization, including measures related to emergency department use, behavioral health follow-up, and engagement and retention in substance use disorder treatment. The commenter also recommended incorporating Tribal data sovereignty principles into the evaluation, including data-sharing agreements with Qualified Entities, co-design of qualitative evaluation methodology, use of an independent Tribal evaluator, and review of Tribe- or facility-specific findings prior to publication. The commenter also recommended limiting documentation that Qualified Entities may be required to provide to the Department regarding THCP practitioner certification to information necessary for Medicaid program integrity, without requiring disclosure of ceremonial, sacred, or otherwise protected traditional knowledge.

Department Response

The Department thanks the commenter for the recommendations regarding the demonstration evaluation. The Department will coordinate with Tribes and THOs on the evaluation approach post-demonstration approval.

Implementation and Ongoing Partnership

One Tribal comment recommended continued Tribal engagement in implementation of the demonstration, including Tribal Consultation in the development of additional Qualified Entity requirements, billing codes, provider manuals, and documentation standards. The commenter also expressed support for the proposed January 1, 2028, implementation date while recommending earlier implementation if system readiness allows. The commenter requested that the Department provide technical assistance to support Tribes and THOs in preparing for THCP billing, documentation, and practitioner certification.

Department Response

The Department thanks the commenter for the recommendations regarding implementation of the demonstration. The Department is committed to continued engagement with Tribes and THOs throughout implementation, including through Tribal Consultation as appropriate. The Department also appreciates the importance of supporting Qualified Entities in preparing to participate in the demonstration and intends to provide technical assistance and implementation guidance (e.g., manuals) to Tribes and THOs. The Department does not anticipate system readiness to begin Medicaid coverage of THCPs earlier than January 1, 2028.

Appendix E: Public and Tribal Comments

NATIVE VILLAGE OF CHITINA
P.O. Box 31, Chitina, AK 99566
T: 907-823-2215
Fax: 907-823-2285
tribaladministrator@tsedina.org

October 13, 2026

Heidi Hedberg, Commissioner
Department of Health
State of Alaska
3601 C Street, Suite 902
Anchorage, AK 9503

RE: Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Wavier

Dear Commissioner Hedberg,

The Native Village of Chitina offers the following comments in support of the Department of Health's (DOH) Medicaid Section 1115 Demonstration Application covering Traditional Health Care Practices (THCP). The Department's efforts to pursue Medicaid coverage for these vital wellness services are deeply appreciated. This work represents a meaningful step toward recognizing and sustaining Indigenous systems of health and wellness that have supported Alaska Native people for generations.

The Native Village of Chitina recognizes the importance of Traditional/Tribal Outreach (T/TO) and Traditional Healing Programs as essential components of culturally grounded health care. For generations, Alaska Native people have relied on traditional teachings, subsistence practices, Elders, cultural mentors, and traditional healers to support physical, emotional, mental, and spiritual wellness. These services strengthen identity, connection to community, intergenerational knowledge transfer, and healing from historical trauma. Traditional healing approaches often complement western medical services by addressing the whole person and promoting prevention, resilience, recovery, and long-term wellness. Establishing Medicaid reimbursement for Traditional Health Care Practices will help Tribal governments and Tribal Health Organizations sustain and expand these programs, increase access to culturally appropriate care, support Tribal self-determination in health service delivery, and ensure that traditional knowledge and healing practices remain available for future generations.

The collaborative approach the Department has taken throughout the development of this application is commendable. The care and commitment shown by department and division

leaders, as well as the diligence of DOH subject matter experts, has been apparent since the start of this process. Continued partnership between the State of Alaska and the Alaska Tribal Health System will help to ensure that these Traditional health care practices are sustained for generations to come.

We offer an additional recommendation for consideration related to beneficiary eligibility. The Department should align this section in the waiver application with the language recently approved in the THCP applications from Maine and Utah. The language in those applications closely follows the framework which CMS has developed for Traditional health care practices and is reflected in all THCP 1115 waivers. This language makes it clear that the eligible population for THCP services includes any Medicaid beneficiary able to receive services delivered by or through Tribal facilities.

Additionally, the application's recognition that Tribes and Tribal Health Organizations should have the flexibility to determine how these services are developed, delivered, and administered based on their own cultural teachings, traditions and community needs is appreciated. This approach respects Tribal sovereignty and acknowledges the diversity of traditional knowledge and the breadth of healing practices that exist across Alaska. The language recognizing that traditional health services may be provided outside of a clinical setting, when appropriate, will help ensure that individuals can receive services where they are most comfortable, including during times of transition and end-of-life care.

The inclusion of Traditional Health Care Practice initiatives within the Rural Health Transformation Program demonstrates the State's commitment to strengthening Traditional healing across the Alaska Tribal Health System. Securing approval from the Centers for Medicare and Medicaid Services (CMS) will help ensure that investments made through one-time funding opportunities can evolve into sustainable, long-term services. Medicaid coverage will not only support the continued growth of these programs but also further recognize Traditional healing as an essential component of whole-person care.

Thank you for your leadership and partnership in advancing this important work. Traditional health care practices have guided Indigenous wellness for thousands of years. This waiver presents an important opportunity to ensure these practices remain accessible for future generations while improving health outcomes and strengthening the overall system of care. The Native Village of Chitina strongly supports the State's application to CMS for section 1115 Medicaid demonstration waiver coverage of Traditional health care practices.

If you have any questions, please contact Corina Ewan, President at [redacted]

Sincerely,

[redacted]

Corina Ewan, President

Transmitted via email to: doh.thcp.1115@alaska.gov

October 20, 2026

Commissioner's Office: Traditional Health Care Practices 1115 Demonstration Waiver
Attn: Christal Hays
Alaska Department of Health, Commissioner's Office
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Alaska Traditional Health Care Practices 1115 Demonstration

Dear Ms. Hays:

The Bristol Bay Area Health Corporation (BBAHC) writes to provide comment on the proposed Alaska Traditional Health Care Practices Demonstration (Demonstration) that will authorize Medicaid coverage of traditional health care practices (THCPs) for Alaska Native and American Indian (AN/AI) Medicaid beneficiaries, if approved by the Centers for Medicaid and Medicare Services (CMS). BBAHC strongly supports the expansion of Medicaid coverage of THCPs for AN/AI Alaska Medicaid beneficiaries. We appreciate the opportunity to comment on the proposed Demonstration and its potential impact on our region and patients. We recommend that the Department submit the proposed Demonstration Waiver to CMS for approval, consistent with the following recommendations and requests set forth below.

Background

BBAHC was created in 1973 to provide health care services to Alaska Natives of Southwest Alaska. BBAHC began operating and managing the Kanakanak Hospital and the Bristol Bay Service Unit for the Indian Health Service (IHS) in 1980 and was the first tribal organization to do so under the Indian Self-Determination and Education Assistance Act (ISDEAA). Our service region currently covers approximately 35,000 square miles and BBAHC is responsible for providing health care to the people of more than 28 Alaska Native villages. Our mission is to provide quality health care with competence, compassion, and sensitivity.

The Demonstration Will Support Whole-Person Health and Wellness

BBAHC supports the submission of Demonstration to CMS so that Medicaid reimbursement will be available to help "enable Tribal health programs across the Alaska Tribal Health System to provide regionally defined THCPs that support whole-person health and wellness and complement provider-led health care teams."[1] We agree with the Department of Health (Department) that THCPs support whole-person health and wellness and that expanding Medicaid coverage for THPS will help "AN/AI Medicaid beneficiaries . . . achieve wellness and healing for ailments and afflictions."[2] Alaska's Tribes, Tribal

[1] State of Alaska Department of Health, *Alaska Traditional Health Care Practices 1115 Demonstration* 3 (Oct. 5, 2026).
[2] *Id.* at 7.

Health Organizations (THOs) and our traditional healers have long maintained and offered THCPs in our communities, but the ability of Tribes and THOs to offer THCPs in a clinical setting has been limited by the financial resources available to us.[3] Providing reimbursement for THCPs provided to AN/AI Medicaid beneficiaries will help provide the funding needed to sustainably "expand[] access to culturally appropriate care by supporting THCPs, strengthen[] traditional healer capacity, and further integrat[e]these services into the broader health care delivery system."[4]

We urge the Department to retain the Demonstration's proposal to provide Medicaid reimbursement for TCHPs delivered outside the four walls of a facility operated by a Qualified Entity when it is submitted to CMS for approval.[5] While many THCPs can be provided in a clinical or facility setting, many others cannot. For example, certain THCPs must be provided outside at specific locations or in a community setting. Reimbursement for THCPs provided outside of the four walls of a facility is necessary to properly support the provision of THCPs to address whole-person health and wellness. It is also consistent with federal regulations regarding Medicaid reimbursement for Tribal clinical services.[6]

The Department Must Ensure that the Demonstration Respects Tribal Self-Determination

BBAHC appreciates the extent to which the Department worked with Tribes and THOs to develop the Demonstration. Tribal self-determination is critical to the successful delivery of health services to AN/AIs, especially in federally supported health programs through which the United States' trust obligation to our people is met.[7] The Department must continue to respect Tribal self-determination throughout implementation if the Demonstration is approved by the CMS. Accordingly, we strongly recommend that the Demonstration only be submitted if it retains the authority for Tribal Health Programs (THP) enrolled as Qualified Entities in the Medicaid program to "establish and document processes to define covered THCPs, limitations, exclusions, and medical necessity requirements for its facilities."[8] The Demonstration must also maintain the authority of such THPs to develop and maintain processes to identify and certify THCP practitioners.[9]

Tribal authorities and THO governing bodies, as appropriate for the community, are the correct entities to govern the provision of THCPs. As the Department notes, THCPs are based on "principles that have been traditionally used in Tribal communities since time immemorial . . . and are validated utilizing the process that has been established by the Tribes."[10] As a result, many traditional healers do not have provider credentials matching Medicaid provider types because such credentials are not necessary to demonstrate the efficacy of their treatments. Many THCPs are also regional or Tribal-specific and may not be used throughout the Alaska Tribal Health System (ATHS). This means that only Tribal authorities and THO governing bodies from the communities served by the enrolled Qualified Entity, not Department or CMS officials, will have the knowledge required to define THPCs, determine medical

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[3] *Id.*
[4] *Id.* at 6
[5] *Id.* at 9.
[6] *See* 42 C.F.R. § 440.90(c).
[7] *See generally* 25 U.S.C. § 1602(3).
[8] State of Alaska Department of Health, *Alaska Traditional Health Care Practices 1115 Demonstration* 8 (Oct. 5, 2026).
[9] *Id.* at 9.
[10] *Id.*at 6.

necessity requirements and set appropriate qualifications for credentialing traditional healers.

We are encouraged by the Department's commitment to working "in partnership with Tribes and THOs to develop additional implementation strategies and requirements to ensure fiscal responsibility, program integrity, and supportive access to culturally appropriate care."[11] However, we note that the Department also states that it may put forth additional requirements for Qualified Entities setting qualification standards for traditional healers. We urge the Department to do so only through proper Tribal Consultation.[12]

The Department Should Revise the Demonstration to Permit All Beneficiaries to Receive THCPs

BBAHC strongly recommends that the Department revise the Demonstration to permit all Alaska Medicaid beneficiaries to receive THCPs under the Demonstration. As currently drafted, an individual must "[m]eet the definition of Alaska Native/American Indian, defined as "Indians or Indian" in 25 U.S.C. § 1603(13)," to be eligible to receive THPCs under the Demonstration.[13] This approach is inconsistent with the ways in which Tribes and THOs approach healthcare in our communities, and the rights of Tribes and THOs to determine who is eligible for healthcare services at facilities we operate pursuant to the ISDEAA.[14] It is also inconsistent with the framework CMS established for Section 1115 demonstrations regarding THCPs.[15] The Department should remove the requirement that a beneficiary be an AN/AI to receive services through this Demonstration and instead only require that the beneficiary be enrolled in Medicaid and be eligible to receive services by or through a Qualified Entity.[16]

The Department Should Clarify the Process for Care Coordination Involving THCPs

BBAHC requests that the Department clarify the processes and procedures by which Tribes and THOs may work together to provide THCPs to our patients. As you know, the ATHS operates a complex, state-wide, hub and spoke system to ensure AN/AI patients can access necessary health services no matter where they live. Just as with other clinical services, it may not be possible for all Tribes and THOs to offer the full extent of THCPs needed in their community. It will likely be necessary to refer patients across facilities to ensure comprehensive care involving THCPs. The Department should clarify if referrals and care coordination for THCPs will be treated in a similar many to other reimbursable Medicaid services and, if not, engage in Tribal Consultation to develop a system that makes THCPs accessible to all AN/AI Medicaid beneficiaries.

Conclusion

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[11] *Id.* at 8-9.
[12] *Id.* at 9.
[13] *Id.* at 7.
[14] *See* 25 U.S.C. § 1680c.
[15] Centers for Medicare & Medicaid Services, *All Tribes Webinar – Traditional Health Care Practices & Section 1115 Demonstrations* (Oct. 31, 2024), https://www.cms.gov/files/document/20241031atcslides.pdf (stating that "[e]ligible beneficiaries include any Medicaid beneficiary able to receive services delivered by or through IHS facilities, Tribal facilities, or (if included) urban Indian organization (UIO) facilities. **This includes non-AI/AN beneficiaries able to receive services delivered by or through these facilities.") (emphasis added)**
[16] State of Alaska Department of Health, *Alaska Traditional Health Care Practices 1115 Demonstration* 7 - 8 (Oct. 5, 2026).

Thank you for the opportunity to provide written comments on the proposed Alaska Traditional Health Care Practices Demonstration. Should you have any comments or questions regarding our recommendations, you may contact Jennifer DeWinee, Executive Vice President/Chief Operations Officer at [redacted]

Sincerely,
BRISTOL BAY AREA HEALTH CORPORATION

[redacted]

Robert J. Clark
President/Chief Executive Officer
[redacted]

c: Jennifer DeWinne, Executive Vice President/Chief Operations Officer, BBAHC
Nick Johnson, Chair, BBAHC

NATIVE VILLAGE OF KOTZEBUE
PO Box 296, Kotzebue, Alaska 99752
(907) 442-3467 • www.kotzebueira.org
Tribal Government serving the Iñupiaq people of Qikiqtaġruk.

October 27, 2026

Heidi Hedberg, Commissioner
State of Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Waiver

Dear Commissioner Hedberg,

The Native Village of Kotzebue is aware that the State of Alaska Department of Health (Department) intends to submit an application for a new five-year 1115 demonstration to seek approval from the Centers for Medicare & Medicaid Services (CMS) to authorize Medicaid coverage of Traditional Health Care Practices (THCPs) delivered by participating Qualified Entities within the Alaska Tribal Health System. Our Tribal Citizens participate in THCPs as both providers and clients, and these practices have been central to our Citizens health care for millennia.

The Department's efforts to pursue Medicaid coverage for these vital wellness services are deeply appreciated. This work represents a meaningful step toward recognizing and sustaining Indigenous systems of health and wellness that have supported Alaska Native people for generations.

We support the additional recommendation for the Department to align the eligibility section in the waiver application with the language recently approved in the THCP applications from Maine and Utah. This language makes it clear that the eligible population for THCP services includes any Medicaid beneficiary able to receive services delivered by or through Tribal facilities.

Additionally, we applaud the Department for recognizing that Tribes and Tribal Health Organizations should have the flexibility to determine how these services are developed, delivered, and administered, including outside of a clinical setting, as appropriate.

The inclusion of Traditional Health Care Practice initiatives within the Rural Health Transformation Program demonstrates the State of Alaska's commitment to strengthening Traditional healing across the Alaska Tribal Health System. Securing approval from CMS will help ensure that investments made through one-time funding opportunities can evolve into sustainable, long-term services. Medicaid coverage will not only support the continued growth of these programs but also further recognize Traditional healing as an essential component of whole-person care.

The Native Village of Kotzebue supports the State of Alaska Department of Health application to CMS for section 1115 Medicaid demonstration waiver coverage of Traditional health care practices.

Thank you for your leadership and partnership in advancing this important work.

Sincerely,

[redacted]

Carl Jennings
Executive Director

cc: Toni Raye Bergan, Chair, Native Village of Kotzebue
Members of the Native Village of Kotzebue Tribal Council

Council of Athabascan Tribal Governments
P.O. Box 309
Fort Yukon, Alaska 99740
(907) 662-2460
"Protecting and enhancing our tribal members, communities & culture through self-governance"

October 27, 2026

Heidi Hedberg, Commissioner
State of Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Waiver

Dear Commissioner Hedberg,

The Council of Athabascan Tribal Governments offers the following comments in support of the Department of Health's Medicaid Section 1115 Demonstration Application covering Traditional Health Care Practices (THCP). The Department's efforts to pursue Medicaid coverage for these vital wellness services are deeply appreciated. This work represents a meaningful step toward recognizing and sustaining Indigenous systems of health and wellness that have supported Alaska Native people for generations.

The collaborative approach the Department has taken throughout the development of this application is commendable. The care and commitment shown by Department and Division leaders, as well as the diligence of Department subject matter experts, has been apparent since the start of this process. Continued partnership between the State of Alaska and the Alaska Tribal Health System will help to ensure that Traditional Health Care Practices are sustained for generations to come.

We offer an additional recommendation for consideration related to beneficiary eligibility. The Department should align this section in the waiver application with the language recently approved in the THCP applications from Maine and Utah. The language in those applications closely follows the framework that the Centers for Medicare and Medicaid Services (CMS) has developed for Traditional Health Care Practices, which is reflected in the THCP 1115 waivers CMS has approved to date. This language makes it clear that the eligible population for THCP services includes any Medicaid beneficiary able to receive services delivered by or through Tribal facilities.

Additionally, the application's recognition that Tribes and Tribal Health Organizations should have the flexibility to determine how these services are developed, delivered, and administered based on their own cultural teachings, traditions and community needs is appreciated. This approach respects Tribal sovereignty and acknowledges the diversity of traditional knowledge and the breadth of healing practices that exist across Alaska. The language recognizing that

traditional health services may be provided outside of a clinical setting, when appropriate, will help ensure that individuals can receive services where they are most comfortable, including during times of transition and end-of-life care.

The inclusion of Traditional Health Care Practice initiatives within the Rural Health Transformation Program demonstrates the State's commitment to strengthening Traditional healing across the Alaska Tribal Health System. Securing approval from CMS will help ensure that investments made through one-time funding opportunities can evolve into sustainable, long-term services. Medicaid coverage will not only support the continued growth of these programs but also further recognize Traditional healing as an essential component of whole-person care.

Thank you for your leadership and partnership in advancing this important work. Traditional health care practices have guided Indigenous wellness for thousands of years. This waiver presents an important opportunity to ensure these practices remain accessible for future generations while improving health outcomes and strengthening the overall system of care. The Council of Athabascan Tribal Governments strongly supports the State's application to CMS for section 1115 Medicaid demonstration waiver coverage of Traditional health care practices.

If you have any questions, please contact myself at [redacted]

Sincerely,

[redacted]

Melinda Peter
Health Director
Council of Athabascan Tribal Governmemts

October 20, 2026

Heidi Hedberg, Commissioner
State of Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Waiver

Dear Commissioner Hedberg,

On behalf of Norton Sound Health Corporation (NSHC), this letter is submitted in response to the Tribal consultation regarding the proposed Alaska Traditional Health Care Practices (THCP) Section 1115 Demonstration Waiver Application.

NSHC is a tribally owned and operated tribal health care organization serving the Bering Strait Region of northwestern Alaska. Through our health system and partnerships with the federally recognized Tribes within our service area, NSHC is committed to improving the health and well-being of our people through comprehensive, culturally responsive health services.

NSHC's support for this demonstration is informed by our longstanding commitment to Traditional Healing services. For more than 20 years, NSHC has maintained a Tribal Healing Program with the support and guidance of our Board of Directors. Through this program, NSHC employs Tribal Healers who provide culturally grounded healing services throughout the Bering Strait Region and supports the continuation of traditional healing practices through the mentorship and training of future healers. Our experience has demonstrated the value of Traditional Healing as an essential component of whole-person care and the importance of sustainable funding mechanisms to ensure these services remain available for future generations.

NSHC supports the State of Alaska's submission of the THCP Section 1115 Demonstration Waiver application. The proposed demonstration represents an important opportunity to recognize and strengthen traditional healing practices as an integral component of health and wellness for Alaska Native people. Traditional healing has long played a vital role in promoting physical, emotional, mental, and spiritual well-being within our communities. The demonstration provides a pathway for these services to be sustained and expanded through Medicaid reimbursement while preserving Tribal authority over the design and delivery of traditional healing services.

NSHC appreciates the State's commitment to developing the demonstration in collaboration with Tribal partners and recognizes the extensive work undertaken by Tribal Health Organizations, Tribal leaders, and the Tribal-State Traditional Healing Workgroup to advance this effort. The proposed framework appropriately acknowledges that traditional health care practices differ

across Tribal communities and allows services to be delivered in a manner that reflects local customs, teachings, and cultural values.

The flexibility provided under the demonstration is particularly important for rural Alaska. Healing practices often occur outside traditional clinical environments and may involve cultural activities, subsistence-based teachings, language revitalization, community gatherings, and intergenerational knowledge sharing. The ability of Tribal Health Organizations to determine the appropriate structure and implementation of services is essential to ensuring that care remains culturally relevant and community-driven.

NSHC respectfully offers one recommendation for consideration as the application moves forward. We encourage the State to align beneficiary eligibility language with other federally approved traditional healing demonstrations by clearly recognizing eligibility for Medicaid beneficiaries receiving services through Tribal health programs. Consistency with previously approved demonstrations may support implementation and help ensure broad access to culturally appropriate services.

The THCP demonstration represents a significant step toward advancing health equity and supporting culturally grounded care throughout Alaska. Establishing a sustainable reimbursement mechanism for traditional healing services will strengthen Tribal health systems, preserve traditional knowledge, and expand access to services that are valued by Alaska Native communities.

NSHC appreciates the opportunity to provide comments and respectfully urges the State of Alaska to move forward with submission and implementation of the Traditional Health Care Practices Section 1115 Demonstration Waiver.

Sincerely,

[redacted]

Angie Gorn
President, CEO
Norton Sound Health Corporation

Southcentral Foundation

Vision
A Native Community that enjoys physical, mental, emotional and spiritual wellness.

Mission
Working together with the Native Community to achieve wellness through health and related services.

Customer-Owners
Over 70,000 Alaska Native and American Indian People

Community Served
Anchorage Service Unit and 55 Tribes to Include:
Anchorage
Matanuska Susitna Borough
Chickaloon
Chitina
Eklutna
Igiugig
Iliamna
Kenaitze
Knik
Kokhanok
McGrath
Newhalen
Ninilchik
Seldovia
St. Paul Island
Tyonek

Services Offered
Over 90 Community-Based Programs Including:
Medical
Behavioral
Dental
Specialty
Co-Manage the Alaska Native Medical Center

Board of Directors
Karen Caindec, Chair
Lisa Wade, Vice Chair
Thomas Huhndorf, Secretary
Terry Simpson, MD, Treasurer
R. Greg Encelewski
Roy M. Huhndorf
Carol Gore
Sandra Haldane, RN
Jessie Marrs, MD

President and CEO
April Kyle, MBA

Tribal Authority
Cook Inlet Region, Inc.

October 19, 2026

Heidi Hedberg, Commissioner
Department of Health
State of Alaska
3601 C Street, Suite 902
Anchorage, AK 9503

RE: Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Wavier

Dear Commissioner Hedberg,

Southcentral Foundation (SCF) offers the following comments in support of the Department of Health's (DOH) Medicaid Section 1115 Demonstration Application covering Traditional Health Care Practices (THCP). SCF's Traditional Healing Clinic has been offering care services, grounded in traditional knowledge and practice, for decades. DOH's pursuit of Medicaid coverage for these vital wellness services is deeply appreciated.

The collaborative approach to building the foundations of this application is commendable. The care and consideration of department and division leaders, as well as the diligence of DOH subject-matter experts, has been apparent since the start of this process. Working together, the State of Alaska and the Alaska Tribal Health System will help ensure these traditional healthcare practices are sustained for generations to come.

SCF offers an additional recommendation for consideration related to beneficiary eligibility. This section in the waiver application may need to be updated based on the recently approved language found within the THCP applications from Maine and Utah. The language in those applications follows closely the framework which CMS has developed for traditional healthcare practices and is reflected in all THCP 1115 waivers. This language makes it clear that the eligible population for THCP services includes any Medicaid beneficiary able to receive services delivered by or through Tribal facilities.

Additionally, the application's recognition that Tribes and Tribal Health Organizations should have the flexibility to determine how these services are developed, delivered, and administered based on their own cultural teachings, traditions and community needs is appreciated. This approach respects Tribal sovereignty and acknowledges the diversity of traditional knowledge and the breadth of healing practices that exist across Alaska. The language recognizing that traditional health services may be

provided outside of a clinical setting, when appropriate, will help ensure that individuals can receive services where they are most comfortable, including during times of transition and end-of-life care.

The inclusion of Traditional Health Care Practice initiatives within the Rural Health Transformation Program demonstrates the State's commitment to strengthening Traditional healing across the Alaska Tribal Health System. Securing approval from the Centers for Medicare and Medicaid Services (CMS) will help ensure that investments made through one-time funding opportunities can evolve into sustainable, long-term services. Medicaid coverage will not only support the continued growth of these programs but also further recognize Traditional healing as an essential component of whole-person care.

Once again, thank you for your work and DOH's efforts in bringing forward this waiver application and your partnership in working with the Alaska Tribal Health System to sustain traditional healthcare practices that have guided Indigenous wellness for thousands of years. Southcentral Foundation firmly supports the state's application to CMS for section 1115 Medicaid demonstration waiver coverage of traditional healthcare practices.

If you have any questions, please contact me at [redacted]

Sincerely,

[redacted]

April Kyle, MBA
President and CEO

Ilanka Community Health Center
PO Box 2290
705 Second Street
Cordova, AK 99574

10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

October 27, 2026

Heidi Hedberg, Commissioner
State of Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Waiver

Dear Commissioner Hedberg,

Native Village of Eyak (NVE) Ilanka Community Health Board (ICHB) offers the following comments in support of the Department of Health's Medicaid Section 1115 Demonstration Application covering Traditional Health Care Practices (THCP). The Department's efforts to pursue Medicaid coverage for these vital wellness services are deeply appreciated. This work represents a meaningful step toward recognizing and sustaining Indigenous systems of health and wellness that have supported Alaska Native people for generations.

NVE is in the process of establishing a centra ized Traditional Healing Department that will unify current cultural and wellness activities such as foraging, Talking Circles, traditional drumming and dancing, plant-based healing practices, ceremonies, and storytelling. These services, presently offered across multiple NVE departments, will be organized into a cohesive program in collaboration with Ilanka Community Health Center. NVE has documented meaningful benefits resulting from the integration of Traditional Healing activities, noting stronger participation among Tribal Members as well as measurable improvements in overall community health and wellness.

The collaborative approach the Department has taken throughout the development of this application is commendable. The care and commitment shown by Department and Division leaders, as well as the diligence of Department subject matter experts, has been apparent since the start of this process. Continued partnership between the State of Alaska and the Alaska Tribal Health System will help to ensure that Traditional Health Care Practices are sustained for generations to come.

We offer an additional recommendation for consideration related to beneficiary eligibility. The Department should align this section in the waiver application with the language recently approved in the THCP applications from Maine and Utah. The language in those applications closely follows the framework that the Centers for Medicare and Medicaid Services (CMS) has developed for Traditional Health Care Practices, which is reflected in the THCP 1115 waivers CMS has approved to date. This language makes it clear that the eligible population for THCP services includes any Medicaid beneficiary able to receive services delivered by or through Tribal facilities.

Ilanka Community Health Center
PO Box 2290
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Cordova, AK 99574

10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

Additionally, the application's recognition that Tribes and Tribal Health Organizations should have the flexibility to determine how these services are developed, delivered, and administered based on their own cultural teachings, traditions and community needs is appreciated. This approach respects Tribal sovereignty and acknowledges the diversity of traditional knowledge and the breadth of healing practices that exist across Alaska. The language recognizing that traditional health services may be provided outside of a clinical setting, when appropriate, will help ensure that individuals can receive services where they are most comfortable, including during times of transition and end-of-life care.

The inclusion of Traditional Health Care Practice initiatives within the Rural Health Transformation Program demonstrates the State's commitment to strengthening Traditional healing across the Alaska Tribal Health System. Securing approval from CMS will help ensure that investments made through one-time funding opportunities can evolve into sustainable, long-term services. Medicaid coverage will not only support the continued growth of these programs but also further recognize Traditional healing as an essential component of whole-person care.

Thank you for your leadership and partnership in advancing this important work. Traditional health care practices have guided Indigenous wellness for thousands of years. This waiver presents an important opportunity to ensure these practices remain accessible for future generations while improving health outcomes and strengthening the overall system of care. ICHB strongly supports the State's application to CMS for section 1115 Medicaid demonstration waiver coverage of Traditional health care practices.

If you have any questions, please contact Nicole Piche, Ilanka Community Health Center Executive Director at [redacted]

Sincerely,

[redacted]

Tiffany Beedle
Ilanka Community Health Board Chair

Ninilchik Traditional Council
P.O. Box 39070
Ninilchik, Alaska 99639
Phone: 907 567-3313 / Fax: 907 567-3308
E-mail: ntc@ninilchiktribe-nsn.gov
ninilchiktribe-nsn.gov

November 3, 2026

Heidi Hedberg, Commissioner
State of Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Waiver

Dear Commissioner Hedberg,

Ninilchik Traditional Council offers the following comments in support of the Department of Health's Medicaid Section 1115 Demonstration Application covering Traditional Health Care Practices (THCP). The Department's efforts to pursue Medicaid coverage for these vital wellness services are deeply appreciated. This work represents a meaningful step toward recognizing and sustaining Indigenous systems of health and wellness that have supported Alaska Native people for generations. At this time, Ninilchik does not have a formal traditional healing program integrated into our clinic, but we have been discussing how to add it as an option for our patients.

As a Tribal Health Director, I was included in the discussions about this Demonstration Waiver and would like to say that the collaborative approach the Department has taken throughout the development of this application is commendable. The care and commitment shown by Department and Division leaders, as well as the diligence of Department subject matter experts, has been apparent since the start of this process. Continued partnership between the State of Alaska and the Alaska Tribal Health System will help to ensure that Traditional Health Care Practices are sustained for generations to come.

We offer an additional recommendation for consideration related to beneficiary eligibility. The Department should align this section in the waiver application with the language recently approved in the THCP applications from Maine and Utah. The language in those applications closely follows the framework that the Centers for Medicare and Medicaid Services (CMS) has developed for Traditional Health Care Practices, which is reflected in the THCP 1115 waivers CMS has approved to date. This language makes it clear that the eligible population for THCP services includes any Medicaid beneficiary able to receive services delivered by or through Tribal facilities.

This alignment is particularly important to the Ninilchik Traditional Council due to our history of having mixed marriages since the Russians settled in our area. It is common for one spouse to be non-Native and for them to want to participate in traditional healing activities. Excluding them could be detrimental to them healing together as a couple.

Additionally, the application's recognition that Tribes should have the flexibility to determine how these services are developed, delivered, and administered based on their own cultural teachings, traditions and community needs is appreciated. This approach respects Tribal sovereignty and acknowledges the diversity of traditional knowledge and the breadth of healing practices that exist across Alaska. The language recognizing that traditional health services may be provided outside of a clinical setting will help ensure that individuals and groups can receive services where they are most comfortable, including end-of-life care.

Thank you for your leadership and partnership in advancing this important work. Traditional health care practices have guided Indigenous wellness for thousands of years. This waiver presents an important opportunity to ensure these practices remain accessible for future generations while improving health outcomes and strengthening the overall system of care. Ninilchik Traditional Council strongly supports the State's application to CMS for section 1115 Medicaid demonstration waiver coverage of Traditional health care practices.

If you have any questions, please contact me at [redacted]

Sincerely,

[redacted]

Jenni Harrison
Tribal Health Director
Ninilchik Traditional Council

KENAITZE
INDIAN
TRIBE

www.kenaitze.org | Phone: 907-335-7200 • FAX: 855-335-8865 | P.O. Box 988 • Kenai, AK 99611

October 29, 2026

SUBMITTED VIA EMAIL TO:
DOH.THCP.1115@ALASKA.GOV

Heidi Hedberg, Commissioner
State of Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503

Re: Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Waiver

Dear Commissioner Hedberg,

The Kenaitze Indian Tribe offers the following comments in support of the Department of Health's (the Department) Medicaid Section 1115 Demonstration Application covering Traditional Health Care Practices (THCP). The Department's efforts to pursue Medicaid coverage for these vital wellness services are deeply appreciated. This work represents a meaningful step toward recognizing and sustaining Indigenous systems of health and wellness that have supported Alaska Native people for generations.

The Kenaitze Indian Tribe Health System is proud to include integrated Traditional Healing services as part of our mission to provide culturally relevant, whole-person healthcare that works towards our collective mission to assure the Kahtnuht'ana Dena'ina thrive forever. Traditional practices are woven seamlessly into many of our health systems programs, and primarily can be experienced in Wellness, Behavioral Health, and Primary Care. The Wellness Department contains a comprehensive Traditional Healing program with multiple key components. Those include: traditional plants as medicine and nutrition, food sovereignty and security, healing touch, dawn prayers, integration of Dena'ina language, various support groups and cultural activities. These services are provided by: a Traditional Healer, a Traditional Wellness Consultant, and a certified healing touch practitioner. Additionally, the Traditional Healer provides culturally relevant consultations to both un'ina and their care teams to collectively form a treatment plan that blends western medicine with traditional practices and values. Our Behavioral Health program also provides a range of traditional practices within their department, including traditional drumming, talking circles, and culturally integrated, and evidence based programs such as the *White Buffalo Recovery Program.*

The collaborative approach the Department has taken throughout the development of this application is commendable. The care and commitment shown by Department and Division leaders, as well as the diligence of Department subject matter experts, has been apparent since the start of this process. Continued partnership between the State of Alaska and the Alaska Tribal Health System will help to ensure that Traditional Health Care Practices are sustained for generations to come.

We offer an additional recommendation for consideration related to beneficiary eligibility. The Department should align this section in the waiver application with the language recently approved in the THCP applications from Maine and Utah.

The language in those applications closely follows the framework that the Centers for Medicare and Medicaid Services (CMS) has developed for Traditional Health Care Practices, which is reflected in the THCP 1115 waivers CMS has approved to date. This language makes it clear that the eligible population for THCP services includes any Medicaid beneficiary able to receive services delivered by or through Tribal facilities.

Additionally, the application's recognition that Tribes and Tribal Health Organizations should have the flexibility to determine how these services are developed, delivered, and administered based on their own cultural teachings, traditions and community needs is appreciated. This approach respects Tribal sovereignty and acknowledges the diversity of traditional knowledge and the breadth of healing practices that exist across Alaska. The language recognizing that traditional health services may be provided outside of a clinical setting, when appropriate, will help ensure that individuals can receive services where they are most comfortable, including during times of transition and end-of-life care.

The inclusion of Traditional Health Care Practice initiatives within the Rural Health Transformation Program demonstrates the State's commitment to strengthening Traditional healing across the Alaska Tribal Health System. Securing approval from CMS will help ensure that investments made through one-time funding opportunities can evolve into sustainable, long-term services. Medicaid coverage will not only support the continued growth of these programs but also further recognize Traditional healing as an essential component of whole-person care.

Thank you for your leadership and partnership in advancing this important work. Traditional health care practices have guided Indigenous wellness for thousands of years. This waiver presents an important opportunity to ensure these practices remain accessible for future generations while improving health outcomes and strengthening the overall system of care. The Kenaitze Indian Tribe strongly supports the State's application to CMS for section 1115 Medicaid demonstration waiver coverage of Traditional health care practices.

If you have any questions, please contact Andrea Jacuk, Kenaitze Tribal Council Office Manager at [redacted]

Sincerely,

[redacted]

Bernadine Atchison
Tribal Council Chair

Ketchikan INDIAN COMMUNITY

OFFICE OF THE PRESIDENT

November 4, 2026

Heidi Hedberg, Commissioner
State of Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503
Attn: Christal Hays, Medicaid State Plan Coordinator
Email: doh.thcp.1115@alaska.gov

Re: **Comments of the Ketchikan Indian Community (KIC) on Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Waiver**

Dear Commissioner Hedberg,

The Ketchikan Indian Community (KIC) offers the following comments in support of the Department of Health's Medicaid Section 1115 Demonstration Application covering Traditional Health Care Practices (THCP).[1] The Department's efforts to pursue Medicaid coverage for these vital wellness services are deeply appreciated. This work represents a meaningful step toward recognizing and sustaining Indigenous systems of health and wellness that have supported Alaska Native people for generations.

KIC is a federally recognized Tribe serving Tlingit, Haida, and Tsimshian people and our relatives in the Ketchikan region. KIC operates more than a dozen regional facilities that provide primary health care, outpatient medication-assisted treatment, housing, and cultural, language, education and workforce development programs, and we carry out our health programs as a Tribal health program under the Indian Self-Determination and Education Assistance Act.[2] KIC also provides accessible veteran services and operates Ketchikan's only low barrier emergency and cold weather shelter to anyone in need, including Native and non-Natives.

In 2025, KIC acquired the 11-acre former Salmon Falls Resort to establish *'Lagahl Tlagáay* Healing and Wellness Center as the first Tribally led addiction healing center and the first residential detox center in Southeast Alaska.[3] *'Lagahl Tlagáay* is a new facility program that

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[1] Alaska Dep't of Health, *Alaska Traditional Health Care Practices 1115 Demonstration* (Draft for Public Comment, Oct. 5, 2026), https://health.alaska.gov/en/services/alaskas-traditional-health-care-practices-1115-demonstration-waiver/ [hereinafter *Draft Application*]; Letter from Christal Hays, Medicaid State Plan Coordinator, Alaska Dep't of Health, to Tribal Health Leaders (Oct. 5, 2026) (opening Tribal consultation and public comment through Nov. 4, 2026).

[2] *Ketchikan Indian Community Launching First Tribal Wellness Center at Salmon Falls Resort*, Alaska Bus. Mag. (Dec. 5, 2025), https://www.akbizmag.com/industry/alaska-native/ketchikan-indian-community-launching-first-tribal-wellness-center-at-salmon-falls-resort/ [hereinafter *Salmon Falls Launch*].

[3] Hunter Morrison, *Ketchikan Indian Community Awarded $5M for Addiction Healing Center*, KRBD (Oct. 23, 2026), https://www.krbd.org/2026/10/23/ketchikan-indian-community-awarded-5m-for-addiction-healing-center/; *Salmon Falls Launch*, *supra* note 1.



Image Courtesy of Ketchikan Museums: KM 81-30-14

KIC operates under our compact with the Indian Health Service, and we look forward to offering THCPs there as a Qualified Entity under this demonstration. In October 2026, the Department awarded KIC $5 million through the Rural Health Transformation Program (RHTP) to renovate the campus and stand up its integrated cultural and healthcare programming.[4] The Center will pair evidence-based treatment with culturally grounded healing, connection to land and water, and traditional knowledge, including access to traditional harvesting grounds, canoe programming, and KIC's future Culture Camp at Naha Bay, and it will serve Alaska Native people and non-Native neighbors alike.[5] Our vision is a continuum in which traditional healing is woven through every stage of care, from prevention and primary care to outpatient and residential treatment, withdrawal management, recovery, reentry, and end-of-life care, and in which the people delivering that care, from Elders and culture bearers to apprentices and peer supporters, are grown from within our own community. Medicaid coverage of THCPs is the sustainable financing pathway that will make that vision durable.

The collaborative approach the Department has taken throughout the development of this application is commendable. The care and commitment shown by Department and Division leaders, as well as the diligence of Department subject matter experts, has been apparent since the start of this process. Continued partnership between the State of Alaska and the Alaska Tribal Health System will help to ensure that Traditional Health Care Practices are sustained for generations to come.

KIC especially appreciates the Department's application's recognition that Tribes and Tribal Health Organizations should have the flexibility to determine how these services are developed, delivered, and administered based on their own cultural teachings, traditions and community needs.[6] This approach respects Tribal sovereignty and acknowledges the expanse of traditional knowledge and the breadth of healing practices that exist across Alaska. The language recognizing that traditional health services may be provided outside of a clinical setting, when appropriate, will help ensure that individuals can receive services where they are most comfortable, including during times of transition and end-of-life care.

The inclusion of Traditional Health Care Practice initiatives within the Rural Health Transformation Program demonstrates the State's commitment to strengthening Traditional healing across the Alaska Tribal Health System.[7] Securing approval from CMS will help ensure

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[4] *Ketchikan Indian Community Awarded Full $5 Million Request for Salmon Falls Healing Center*, Alaska Native News (Oct. 29, 2026), https://alaska-native-news.com/ketchikan-indian-community-awarded-full-5-million-request-for-salmon-falls-healing-center/86909/ [hereinafter *Salmon Falls Award*] (describing a Rural Health Transformation Program subaward from the Department of $5,000,000).

[5] *Salmon Falls Launch*, *supra* note 2; *Salmon Falls Award*, *supra* note 4.

[6] *Draft Application*, *supra* note 1, at 8–10.

[7] Alaska Dep't of Health, *CMS Rural Health Transformation Program (CMS-RHT-26-001) Response: State of Alaska* 12, 25, 28 (rev. Feb. 13, 2026), https://health.alaska.gov/media/bxangqdz/alaska-rhtp-project-narrative-and-supporting-documents.pdf [hereinafter *Alaska RHTP Application*] (committing to "[s]upport and expand existing



Image Courtesy of Ketchikan Museums: KM 81-30-14

that investments made through one-time funding opportunities can evolve into sustainable, long-term services. Medicaid coverage will not only support the continued growth of these programs but also further recognize Traditional healing as an essential component of whole-person care. KIC's RHTP subaward for *'Lagahl Tlagáay* is a direct example: the RHTP is building the place, and this demonstration can sustain the healing that happens there.

In the spirit of partnership, collaboration and shared commitment to our regions, community and strengthening our healthcare systems, KIC respectfully offers the following comments and recommendations. We believe they will strengthen the application before CMS and help Tribes and the Department implement it smoothly together.

1. Beneficiary Eligibility

We offer an additional recommendation for consideration related to beneficiary eligibility. The Department should align this section in the waiver application with the language recently approved in the THCP applications from Maine and Utah.[8] The language in those applications closely follows the framework that the Centers for Medicare and Medicaid Services (CMS) has developed for Traditional Health Care Practices, which is reflected in the THCP 1115 waivers CMS has approved to date.[9] This language makes it clear that the eligible population for THCP services includes any Medicaid beneficiary able to receive services delivered by or through Tribal facilities. As currently drafted, the application limits eligibility to beneficiaries who meet the federal definition of "Indian."[10]

Indigenous Traditional Healing practices within the Tribal health system," including mentorship for traditional healers, and identifying "greater availability of Tribal and Traditional Healing services" as an expected outcome); *see also Draft Application*, *supra* note 1, at 6–7.

[8] Ctrs. for Medicare & Medicaid Servs., *Traditional Healing Demonstration (Utah), Project No. 11-W-00513/8, Approval Letter and Special Terms and Conditions* STC 5.2, at 11 (Sept. 25, 2026), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ut-trdtnl-heal-demo-apprvl-09242026.pdf [hereinafter *Utah THCP Approval*] (eligible beneficiary "[i]s a Medicaid beneficiary, and . . . [i]s able to receive services delivered by or through IHS, Tribal or UIO facilities, as determined by the facility"); Ctrs. for Medicare & Medicaid Servs., *Maine's Whole Person Care Waiver, Project Nos. 11-W-00338/1 & 21-W-01070/1, Approval Letter and Special Terms and Conditions* (Sept. 25, 2026), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/me-WPC-1115-waiver-09252026.pdf [hereinafter *Maine THCP Approval*] (covering "Medicaid beneficiaries who are able to receive services delivered by or through these facilities"); Letter from Daniel Tsai, Deputy Adm'r & Dir., Ctr. for Medicaid & CHIP Servs., to Carmen Heredia, Dir., Ariz. Health Care Cost Containment Sys. (Oct. 16, 2024), https://azahcccs.gov/Resources/Downloads/Federal/CMSApprovalLetterTraditionalHealthCarePractice.pdf (covering "any Medicaid beneficiary who is able to receive services delivered by or through IHS or Tribal facilities").

[9] Letter from Chiquita Brooks-LaSure, Adm'r, Ctrs. for Medicare & Medicaid Servs., to Tribal Leaders (Oct. 16, 2024), https://www.medicaid.gov/medicaid/managed-care/downloads/trbl-ltr-medcad-chip-cvrge-thcp.pdf (stating that the 2024 approvals "serve as a framework for other states").

[10] *Draft Application*, *supra* note 1, at 7–8, 13 (limiting eligibility to individuals who meet the definition of "Indians" in 25 U.S.C. § 1603(13)).



Image Courtesy of Ketchikan Museums: KM 81-30-14

This alignment matters for KIC. Federal law already permits Tribal health programs to serve non-Indian spouses, family members, and other community members,[11] and *'Lagahl Tlagáay* will be open to Alaska Native people and non-Native neighbors alike. As our President has said, "[o]ur culture has always taught us that healing happens together."[12] Aligning with the CMS framework would allow a family in recovery, or a household caring for an Elder at the end of life, to take part in healing together, just as they do in the other services a Tribal facility provides. KIC recognizes that services to non-AN/AI beneficiaries would be matched at the State's regular federal medical assistance percentage rather than at 100 percent, as the approved CMS framework provides,[13] and we welcome the opportunity to work with the Department on the fiscal estimate.

- Recommendation: We respectfully request that Sections II.B and V be revised to cover "any Medicaid beneficiary who is able to receive services delivered by or through a Qualified Entity, as determined by the Qualified Entity," consistent with the CMS Special Terms and Conditions approved for Utah and Maine.
- Recommendation: We ask the Department to confirm that the 100 percent federal medical assistance percentage applies to THCPs furnished to AN/AI beneficiaries, and to state expressly that THCPs furnished through purchased/referred care and care coordination arrangements are included, consistent with the Utah approval and CMS guidance.[14]

2. Traditional Healing Across the Continuum of Care

KIC strongly supports the draft's recognition that THCPs need not be confined to the four walls of a clinic.[15] For our people, healing happens on the land and the water: at fish camp, in the canoe, in the smokehouse, at the bedside of an Elder, and in the ceremonial spaces our communities have always used. The State's RHTP application likewise contemplates Traditional Healing delivered through home visits.[16] Because KIC also operates Ketchikan's only emergency and cold weather shelter and serves veterans, students, and job seekers, traditional healing can

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[11] 25 U.S.C. § 1680c (authorizing services to non-Indian spouses, children, and other otherwise ineligible individuals through Tribal health programs).

[12] *Salmon Falls Award*, *supra* note 4 (quoting KIC President Gloria Burns).

[13] *Utah THCP Approval*, *supra* note 8, STC 5.3, at 11; *see* 42 U.S.C. § 1396d(b) (100 percent federal medical assistance percentage for services received through IHS and Tribal facilities).

[14] *Utah THCP Approval*, *supra* note 8, Approval Letter at 5 ("Purchased/referred care under 25 U.S.C. 1603(5) and 42 CFR 136.21(e) is included in this coverage."); *see* Ctrs. for Medicare & Medicaid Servs., SHO No. 16-002, *Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives* (Feb. 26, 2016).

[15] *Draft Application*, *supra* note 1, at 9–10 ("[T]here is no requirement that reimbursement be limited solely to services delivered within the four walls of a facility operated by a Qualified Entity."); *see also id.* at 6 (THCPs may include "group work in learning and talking circles on traditional skills, knowledge, and practices").

[16] *Alaska RHTP Application*, *supra* note 7, at 25 (contemplating Traditional Healing services delivered through home visits where appropriate).



Image Courtesy of Ketchikan Museums: KM 81-30-14

reach people where they already are, including relatives experiencing unhoused barriers and veterans seeking care. To make this flexibility work for a full continuum of care, including the residential and outpatient services planned at *'Lagahl Tlagáay*, a few clarifications would give Tribes and Department staff a shared understanding from the start.

- Recommendation: We suggest clarifying that the one-claim-per-day limit applies only among THCP claims and does not prevent same-day billing of other medically necessary encounters, so that a beneficiary in residential or outpatient substance use disorder treatment, withdrawal management, behavioral health care, or primary care can also receive a THCP that day.[17]
- Recommendation: We encourage the Department to confirm that the traditional practices a Qualified Entity identifies, including group-based and land- and water-based practices, are covered when furnished as part of a beneficiary's care, whether delivered in a clinic or in community settings such as culture camps, subsistence harvesting and processing, ceremonial spaces, emergency and cold weather shelters, and home and community visits.
- Recommendation: We ask the Department to confirm that each Qualified Entity sets its own referral pathways, including self-referral and referral by Community Health Aides/Practitioners, Behavioral Health Aides/Practitioners, peer support specialists, and THCP practitioners, and that no physician referral is required.[18]

3. Workforce Development Integration

KIC appreciates that the draft leaves practitioner standards to Qualified Entities, does not require THCP practitioners to enroll individually in Medicaid, and allows criteria grounded in traditional knowledge rather than Western credentials.[19] These reflect Tribal best practices, and we encourage the Department to carry them forward in the final application and Special Terms and Conditions. Experience within the Alaska Tribal Health System also shows that the THCP workforce grows best when it is developed deliberately. Southcentral Foundation built its program on an Elders Advisory Council and a tiered Tribal Doctor Training Program, and learned that recruiting healers away from rural communities leaves those communities without

[17] *Draft Application*, *supra* note 1, at 10 ("Payment for THCPs is limited to one claim per day, per beneficiary.").

[18] *Id.* at 8 (each Qualified Entity will define "covered THCPs, limitations, exclusions, and medical necessity requirements"); Utah Dep't of Health & Hum. Servs., *Utah's Medicaid Reform 1115 Demonstration Amendment Request: Native American Health Amendments* § VIII (Nov. 25, 2024) [hereinafter *Utah Amendment Request*] (responding in Tribal consultation that the State "does not intend to restrict referral pathways to a certain way, nor will they limit services").

[19] *Draft Application*, *supra* note 1, at 9; *see* 25 U.S.C. § 1680u (recognizing that the Secretary "may promote traditional health care practices").



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care.[20] KIC intends to follow a "grow our own" approach at *'Lagahl Tlagáay*, building on our existing education and workforce development programs, so that Elders, culture bearers, and apprentices from our own community carry this work forward.

- Recommendation: We suggest clarifying that a Qualified Entity's certification process may recognize tiered practitioner levels, such as apprentice, assistant, and trainee, and that THCPs delivered by those practitioners under the mentorship or supervision of a certified practitioner or Elder council are covered.
- Recommendation: We encourage the Department to align the demonstration with RHTP Initiative #2 (Health Care Access) and Initiative #5 (Strengthen Workforce), so that apprenticeships, mentorship for traditional healers, Elder and culture-bearer training, and orientation for clinical staff funded with one-time RHTP dollars build a Medicaid-billable THCP workforce by January 1, 2028. We would also welcome naming traditional healers alongside CHA/Ps, BHA/Ps, and DHATs in the State's "grow our own" pipelines.[21]
- Recommendation: To honor the trust that sharing traditional knowledge requires, we ask that documentation provided to the Department "upon request" be limited to what program integrity requires, and that Qualified Entities not be asked to disclose ceremonial, sacred, or otherwise protected traditional knowledge.

4. Evaluation, Data Sovereignty, and Outcomes

The draft's evaluation hypothesis focuses on beneficiaries' use of THCP services, measured through claims data,[22] which is a sound starting point. Because the demonstration's second goal is to incorporate THCPs into preventive health care, there is also an opportunity to show what these services achieve. Alaska already has strong evidence to draw on. Southcentral Foundation's 2025 evaluation of 1,409 customer-owners found statistically significant reductions in pain and in primary care and emergency room visits, along with improved self-rated health, and confirmed that the reduction in emergency room use seen in 2017 has been sustained.[23] That evaluation is now summarized in an April 2026 executive summary, which the application could cite.[24]

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[20] Southcentral Found., *Traditional Healing* 3–4, 6 (Nuka Sys. of Care White Paper, 2025) (describing the Traditional Healing Elders Advisory Council, the trainee, assistant, and apprentice levels of SCF's Tribal Doctor Training Program, and the finding that "[r]ecruiting healers from rural areas created a void in their communities").

[21] *Alaska RHTP Application*, *supra* note 7, at 17, 25, 34–36 (Initiative #2, Health Care Access, and Initiative #5, Strengthen Workforce, including "grow our own" pipelines and expanded certification pathways for CHA/Ps and BHA/Ps).

[22] *Draft Application*, *supra* note 1, at 7, 10–11 (Table 1).

[23] John K. Trainor, Southcentral Found. Rsch. Dep't, *Evaluation of Traditional Healing Clinic: Executive Summary* 2–5 (Apr. 21, 2026) (sample of 1,409 customer-owners; statistically significant reductions in self-reported pain, primary care visits, and emergency room visits, and improved self-rated health, at $p<0.0001$).

[24] *Draft Application*, *supra* note 1, at 6 n.3 (citing "SCF, unpublished data").



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- Recommendation: We suggest adding a second hypothesis tied to the preventive care goal, using measures the State already tracks under the RHTP, such as emergency department use, follow-up after behavioral health hospitalization, and engagement and retention in substance use disorder treatment.[25]

- Recommendation: We encourage the Department to affirm Tribal data sovereignty in the application through data-sharing agreements with participating Qualified Entities, Tribal review before Tribe- or facility-specific results are published, qualitative methods co-designed with Tribes, and an independent Tribal evaluator with experience working with Alaska Native communities. This aligns with Utah's application that adopted similar commitments following its Tribal consultation.[26]

- Recommendation: Consider updating the Background section to cite Southcentral Foundation's April 2026 evaluation executive summary, which documents the outcomes described above.

5. Implementation and Ongoing Partnership

The draft notes that the Department may put forth additional requirements for Qualified Entities and will develop manuals, materials, and a THCP claim code during the preparation period.[27] KIC supports this approach and offers the following to keep implementation on schedule and grounded in the partnership that has defined this effort.

- Recommendation: We ask that any additional requirements for Qualified Entities, billing codes, provider manuals, and documentation standards be developed through Tribal consultation and the Tribal-State Traditional Healing Workgroup before they take effect.

- Recommendation: We support the January 1, 2028 coverage date and encourage earlier implementation if MMIS readiness allows, so that Medicaid coverage is in place well before RHTP funding ends and RHTP-funded programs such as *'Lagahl Tlagáay* do not face a financing gap.

- Recommendation: We encourage the use of RHTP technical assistance to help smaller and newer THCP programs build readiness for billing, documentation, and practitioner certification, so that every Tribe that wishes to participate can do so.

Thank you for your leadership and partnership in advancing this important work. Traditional health care practices have guided Indigenous wellness for thousands of years. This waiver

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[25] *Alaska RHTP Application*, *supra* note 7, at 28 (projecting increased follow-up for Medicaid youth after mental health hospitalization and greater use of community-based behavioral health care).

[26] *Utah Amendment Request*, *supra* note 18, § VIII (recording Tribes' concerns about the "invasiveness" of satisfaction surveys and "the importance of data sovereignty," and the State's agreement to rely on administrative data and continue consulting on evaluation methods); *Utah THCP Approval*, *supra* note 8 (requiring the State to capture the perspectives of IHS, Tribal, and UIO facilities through qualitative data collection).

[27] *Draft Application*, *supra* note 1, at 9–10; *see* 42 U.S.C. § 1396a(a)(73); 42 C.F.R. § 431.408(b).



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presents an important opportunity to ensure these practices remain accessible for future generations while improving health outcomes and strengthening the overall system of care. The Ketchikan Indian Community strongly supports the State's application to CMS for section 1115 Medicaid demonstration waiver coverage of Traditional health care practices.

If you have any questions, please contact Emily Edenshaw, Tribal Administrator and CEO, at [redacted]

Háw'aa, Gunalchéesh, N'doyackshn, Thank You for the opportunity to comment and for your commitment to Traditional healing.

Warmest regards,

[redacted]

Gloria *Ilsxileé Sáng* Burns
President
Ketchikan Indian Community



Image Courtesy of Ketchikan Museums: KM 81-30-14

Trust
Alaska Mental Health
Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
alaskamentalhealthtrust.org

November 2, 2026

Attn: Christal Hays
Department of Health, Commissioner's Office
State of Alaska,
3601 C Street, Suite 902
Anchorage, AK 99503
doh.thcp.1115@alaska.gov

RE: Proposed 1115 Demonstration Waiver Application for Traditional Health Care Practices

Dear Ms. Hays,

The Alaska Mental Health Trust Authority (Trust) appreciates the opportunity to comment on the proposed Alaska Traditional Health Care Practices (THCP) 1115 Medicaid Demonstration Waiver. The Trust is a state corporation responsible for administering the Alaska Mental Health Trust and improving the lives of Trust beneficiaries: Alaskans who experience mental illness, substance use disorders, intellectual and developmental disabilities, traumatic brain injuries, and Alzheimer's disease and related dementia.

The proposed waiver supports culturally grounded services such as traditional healing, counseling, healing circles, and wellness practices. The waiver would also expand access to whole-person care and strengthen community-based supports.

This proposal aligns well with both the Trust's Strategic Plan and the Department's *Strengthening the System II: Alaska's Comprehensive Integrated Mental Health Program Plan*. It advances priorities related to prevention and early intervention, treatment and recovery, community-based supports, addressing gaps in care, and partnership with Tribal organizations. It supports culturally responsive approaches that promote resilience, wellness, and recovery while helping individuals receive services in their home communities and in the least restrictive setting appropriate to their needs. The waiver also creates a sustainable financing mechanism for services that many Tribal communities have long provided and valued, strengthening Alaska's behavioral health continuum of care for future generations.

The Trust supports approval of the proposed Traditional Health Care Practices 1115 Demonstration Waiver and appreciates the Department's efforts to improve access to culturally appropriate care for Alaska Native and American Indian Medicaid and Trust beneficiaries. Thank you for your consideration.

Respectfully,

[redacted]

Mary Wilson, MD
Chief Executive Officer

ALASKA NATIVE HEALTH BOARD

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TANANA CHIEFS CONFERENCE
YAKUTAT TLINGIT TRIBE
YUKON-KUSKOKWIM HEALTH CORPORATION
VALDEZ NATIVE TRIBE

Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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November 4, 2026

Heidi Hedberg
Commissioner
Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK, 99503

RE: Tribal Consultation on Alaska's Traditional Health Care Practices 1115 Demonstration Waiver

Dear Commissioner Hedberg,

The Alaska Native Health Board (ANHB)[1] offers the following comments in support of the Department of Health's Medicaid Section 1115 Demonstration Application covering Traditional Health Care Practices (THCP). The Department's efforts to pursue Medicaid coverage for these vital wellness services are deeply appreciated. This work represents a meaningful step toward recognizing and sustaining Indigenous systems of health and wellness that have supported Alaska Native people for generations.

The collaborative approach the Department has taken throughout the development of this application is commendable. The care and commitment shown by Department and Division leaders, as well as the diligence of Department subject matter experts, has been apparent since the start of this process. Continued partnership between the State of Alaska and the Alaska Tribal Health System will help to ensure that Traditional Health Care Practices are sustained for generations to come.

We offer an additional recommendation for consideration related to beneficiary eligibility. The Department should align this section in the waiver application with the language recently approved in the THCP applications from Maine and Utah. The language in those applications closely follows the framework that the Centers for Medicare and Medicaid Services (CMS) has developed for Traditional Health Care Practices, which is reflected in the THCP 1115 waivers CMS has approved to date. This language clarifies that the eligible population for THCP services includes any Medicaid beneficiary able to receive services delivered by or through

[1] ANHB was established in 1968 to promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System, which is comprised of Tribal health programs that serve all of the 229 Tribes and over 234,000 Alaska Native and American Indian people throughout the state. As the statewide Tribal health advocacy organization, ANHB supports Alaska's Tribes and Tribal health programs to achieve effective consultation and communication with state and federal agencies on matters of concern.

Tribal facilities.

Additionally, the application's recognition that Tribes and Tribal Health Organizations should have the flexibility to determine how these services are developed, delivered, and administered based on their own cultural teachings, traditions and community needs is appreciated. This approach respects Tribal sovereignty and acknowledges the diversity of traditional knowledge and the breadth of healing practices that exist across Alaska. The language recognizing that traditional health services may be provided outside of a clinical setting, when appropriate, will help ensure that individuals can receive services where they are most comfortable, including during times of transition and end-of-life care.

The inclusion of Traditional Health Care Practice initiatives within the Rural Health Transformation Program demonstrates the State's commitment to strengthening Traditional healing across the Alaska Tribal Health System. Securing approval from CMS will help ensure that investments made through one-time funding opportunities can evolve into sustainable, long-term services. Medicaid coverage will not only support the continued growth of these programs but also further recognize Traditional healing as an essential component of whole-person care.

Thank you for your leadership and partnership in advancing this important work. Traditional health care practices have guided Indigenous wellness for thousands of years. This waiver presents an important opportunity to ensure these practices remain accessible for future generations while improving health outcomes and strengthening the overall system of care. ANHB strongly supports the State's application to CMS for section 1115 Medicaid demonstration waiver coverage of Traditional health care practices.

If you have any questions, please contact us at anhb@anhb.org or [redacted]

Sincerely,

[redacted]

Chief William F. Smith, Chairman
Alaska Native Health Board

TANANA CHIEFS CONFERENCE
Health Services
Al Ketzler, Sr. Building
201 First Ave, Suite 300
Fairbanks, AK 99701
(907) 452-8251 Fax: 459-3950
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November 4, 2026

Heidi Hedberg, Commissioner
State of Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Waiver

Dear Commissioner Hedberg,

Tanana Chiefs Conference (TCC) appreciates the Department's efforts to pursue Medicaid coverage of Traditional Health Care Practices (THCP) through the Medicaid 1115 Demonstration waiver process. This work represents a meaningful step forward towards recognizing and sustaining Indigenous systems of health and wellness that have supported Alaska Native people for generations.

On behalf of TCC, the health and social services Tribal Consortium serving the Interior of Alaska, we would like to offer the following comments in support of the Department of Health's Medicaid Section 1115 Demonstration Application.

The collaborative approach the Department has taken throughout the development of this application in collaboration with representatives from the Alaska Tribal Health System is commendable. The care and commitment shown by Department and Division leaders, as well as the diligence of Department subject matter experts, has been apparent since the start of this process. Continued partnership between the State of Alaska and the Alaska Tribal Health System will help to ensure that Traditional Health Care Practices are sustained for generations to come.

The application's recognition that Tribes and Tribal Health Organizations should have the flexibility to determine how these services are developed, delivered, and administered based on their own cultural teachings, traditions and community needs is not only appreciated, but demonstrates that the Department recognizes and respects Tribal sovereignty and acknowledges the diversity of traditional knowledge and the breadth of healing practices that exist across Alaska.
The language recognizing that traditional health services may be provided outside of a clinical setting, when appropriate, will also help ensure that individuals can receive services where they are most comfortable, including during times of transition and end-of-life care.

The inclusion of Traditional Health Care Practice initiatives within the Rural Health Transformation Program (RHTP) demonstrates the State's commitment to strengthening Traditional healing across the Alaska Tribal Health System. Tanana Chiefs Conference is one of the recipients of RHTP funding to implement Traditional Healing Practices.
Securing approval from CMS under the 1115 Waiver for Traditional Health Care Practices, will help ensure that investments made through one-time RHTP funding opportunities can evolve into sustainable, long-term services. Medicaid coverage will not only support the continued growth of these programs but also further recognize Traditional healing as an essential component of whole-person care.

Thank you for your leadership and partnership in advancing this important work. Traditional health care practices have guided Indigenous wellness for thousands of years. This waiver presents an important opportunity to ensure these practices remain accessible for future generations while improving health outcomes and strengthening the overall system of care. Tanana Chiefs Conference therefore strongly supports the State's application to CMS for section 1115 Medicaid demonstration waiver coverage of Traditional health care practices.

If you have any questions, please contact Jacoline Bergstrom, at [redacted]

Sincerely,

[redacted]

Jacoline Bergstrom.
Executive Director Health Administrative Services

Holly Handler, Kin Support Program – Haa Yatx'u Saani, Email received on October 16, 2026

From: [redacted]
To: DOH COMM THCP (DOH sponsored)
Subject: Public Comment
Date: Friday, October 16, 2026 4:48:08 PM

[redacted]

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Writing to offer strong support and appreciation for the waiver application. This would be transformational for our communities. The recognition of these healing practices speaks well of our values as a state.

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APIA
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION

With Spirit and Strength

Nov 3, 2026

Heidi Hedberg, Commissioner
State of Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Tribal Consultation for Alaska's Traditional Health Care Practices 1115 Demonstration Waiver

Dear Commissioner Hedberg,

The Aleutian Pribilof Islands Association (APIA) offers the following comments in support of the Department of Health's Medicaid Section 1115 Demonstration Application covering Traditional Health Care Practices (THCP).

APIA is a regional non-profit tribal organization with members consisting of thirteen federally recognized Tribes of the Aleutian Chain and Pribilof Islands. We provide a wide range of services in some of the most remote terrain in the United States. These services include health, education, social, psychological, employment and vocational training, and public safety services.

APIA Behavioral Health Services recognizes the importance of cultural identity, traditional knowledge, and community connections in mental health and recovery. The department supports traditional healing practices rooted in Unangan/Unangas values, including family, community, storytelling, cultural traditions, and connections to the land and sea.
APIA also supports the Alaska Department of Health's Medicaid Section 1115 Demonstration Application for Traditional Health Care Practices (THCP), recognizing the importance of expanding Medicaid coverage for Indigenous wellness services and sustaining traditional systems of healing that have supported Alaska Native people for generations. Through culturally grounded care, APIA strives to honor Unangan/Unangas resilience, strengthen cultural connections, and promote holistic wellness.

The Department's collaborative approach throughout the development of this application is commendable. The care and commitment shown by Department and Division leaders, as well as the diligence of Department subject matter experts, have been apparent since the start of this process. Continued partnership between the State of Alaska and the Alaska Tribal Health System will help to ensure that Traditional Health Care Practices are sustained for generations to come.

We offer an additional recommendation for consideration related to beneficiary eligibility. The Department should align this section in the waiver application with the language recently approved in the THCP applications from Maine and Utah. The language in those applications closely follows the framework that the Centers for Medicare and Medicaid Services (CMS) has developed for Traditional Health Care Practices, which is reflected in the THCP 1115 waivers CMS has approved to date. This language makes it clear that the eligible population for THCP services includes any Medicaid beneficiary able to receive services delivered by or through Tribal facilities.

Additionally, the application's recognition that Tribes and Tribal Health Organizations should have the flexibility to determine how these services are developed, delivered, and administered based on their own cultural teachings, traditions and community needs is appreciated. This approach respects Tribal sovereignty and acknowledges the diversity of traditional knowledge and the breadth of healing practices that exist across Alaska. The language recognizing that traditional health services may be provided outside of a clinical setting, when appropriate, will help ensure that individuals can receive services where they are most comfortable, including during times of transition and end-of-life care.

The inclusion of Traditional Health Care Practice initiatives within the Rural Health Transformation Program demonstrates the State's commitment to strengthening Traditional healing across the Alaska Tribal Health System. Securing approval from CMS will help ensure that investments made through one-time funding opportunities can evolve into sustainable, long-term services. Medicaid coverage will not only support the continued growth of these programs but also further recognize Traditional healing as an essential component of whole-person care.

Thank you for your leadership and partnership in advancing this important work. Traditional health care practices have guided Indigenous wellness for thousands of years. This waiver presents an important opportunity to ensure these practices remain accessible for future generations while improving health outcomes and strengthening the overall system of care. APIA strongly supports the State's application to CMS for section 1115 Medicaid demonstration waiver coverage of Traditional health care practices.

We appreciate the opportunity to provide comments on THCP as this significantly impacts our people. If you have any questions, please contact me at [redacted] or at [redacted]

Sincerely,

[redacted]

Dimitri Philemonof, President/CEO
Aleutian Pribilof Islands Association