



STATE OF WASHINGTON
— OFFICE OF GOVERNOR BOB FERGUSON —

September 24, 2026

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Dr. Oz:

I am pleased to submit this application on behalf of the State of Washington for a new Medicaid Section 1115 demonstration waiver to affirm our shared commitment to Tribal sovereignty by recognizing traditional health care practices as an essential component of the Indian health care delivery system.

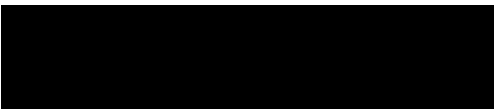
This request acknowledges that generations ago, traditional health care practices and holistic healing systems made up the foundational component of Tribal health systems across the country. Washington seeks this waiver to reimburse traditional health care services in Medicaid. Upon full implementation, we anticipate more than 17,000 individuals enrolled in Medicaid to benefit from these services annually.

The development of this waiver honors the federal trust responsibility and the government-to-government relationship that exists among the 29 federally recognized Tribes and the Federal Government. Health Care Authority leadership and my staff have been engaging with Washington's Tribal Nations about this application through workgroup discussions, public forums, listening sessions all leading up to official roundtables and consultations throughout the last year. Through every engagement with Tribes, one thing has been made clear to my team – these services offer American Indian and Alaska Native (AI/AN) people access to care that reflects their culture, values, and ways of healing.

Washington seeks to be among the forefront of states supporting access to traditional healing, and subsequently, strengthening trust in the health care system and recognizing the importance of Indigenous knowledge. We know that these services will improve health outcomes for AI/AN people and address the significant life expectancy gaps in comparison to the rest of the state's population.

The State of Washington appreciates your review of this application and looks forward to CMS endorsing and partnering with us to uphold Tribal sovereignty and improve health outcomes for Native people.

Respectfully,



Bob Ferguson
Governor

Washington state Section 1115 Traditional Health Care Practices Demonstration

Application

Washington state Section 1115 Traditional Health Care Practices Demonstration application

Acknowledgements

In partnership with Tribes, Indian health care providers, and other Tribal partners, the Health Care Authority will submit a Section 1115 Traditional Health Care Practices demonstration application to the Centers for Medicare & Medicaid Services in September 2026. Health Care Authority's Office of Tribal Affairs leads the development and coordination of this effort.



Washington State Health Care Authority
Office of Tribal Affairs

Office of Tribal Affairs
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Section I: program description

Introduction and request

The Health Care Authority (HCA), in partnership with Tribes in Washington state, request approval of a Section 1115 demonstration (waiver) from the Centers for Medicare & Medicaid Services (CMS). The demonstration is grounded in [HCA's 2025–2027 budget proviso](#), which supports the development and submission of a **Traditional Health Care Practices demonstration waiver**.

Under this demonstration, certain types of facilities in Washington state can provide traditional health care services as “qualifying facilities.” This includes:

- Indian Health Service (IHS) facilities
- Tribal facilities
- Urban Indian Health Organizations (UIHOs), depending on state funding from the Legislature¹

When an eligible Apple Health (Medicaid)² or Children’s Health Insurance Program (CHIP) beneficiary receives traditional health care practices from or through a qualifying facility, Medicaid will reimburse the facility for providing those services.

This demonstration builds off the [2022–23 Washington State Indian Health Improvement Advisory Plan](#), which outlines the state’s commitment to strengthening Tribal-state partnerships. Through collaborative policy and program design, Tribes and the state can keep working toward:

- Improving access to essential care.
- Supporting Tribal capacity to deliver services, including traditional health care practices.

The demonstration also aligns with [CMS’ framework](#) for approval of such waivers³ and their recent actions to apply innovative approaches to expand access to care for American Indian and Alaska Native (AI/AN) communities.⁴

This demonstration is limited to authorizing coverage of and federal financial participation for traditional health care practices and will not modify or impact any other aspect of the State’s Medicaid program.

Background

The [World Health Organization](#) describes traditional health care practices as:

...the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in

¹ IHS or Tribal facilities are defined by 42 Code of Federal Regulations (CFR) Section 137.10. UIHOs are defined in 25 United States Code (U.S.C.) Section 1603. Inclusion of UIHOs is dependent on state funding from the Legislature and, if state funding is not provided, on establishment of care coordination agreements with an IHS or Tribal facility.

² In Washington State, Medicaid is called Apple Health.

³ [Centers for Medicare and Medicaid Services. All-Tribes Webinar – Traditional Health Care Practices & Section 1115 Demonstrations](#). Published October 2024. Accessed September 2025.

⁴ [Centers for Medicare and Medicaid Services. CMS Expands Tribal Health Access with Approval of Medicaid State Plan Amendments in Minnesota, New Mexico, Oregon, South Dakota, Washington, and Wyoming](#). Press Release. Published June 2025. Accessed September 2025.

the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.”

Traditional health care practices leverage a holistic, whole-person approach to care that includes a person’s physical, spiritual, and emotional well-being, and affirms a person’s identity and place within their Tribal community.⁵ These practices include a range of personalized treatments used by Indigenous healers to treat acute or chronic conditions and promote health and well-being.

Notably, several studies have shown that traditional health care practices can result in positive health outcomes by helping to improve mental health symptoms, outcomes, and quality of life, including those with substance use disorder (SUD).^{6,7,8}

AI/AN people have long-valued traditional health care practices as an essential component of supporting the health and healing of people and communities. Traditional health care practices — or Traditional Indian Medicine as it is commonly referred to in Washington state — have been an integral part of the traditions of Tribes.

Many Tribal leaders and community members have long advocated for recognition of the value of such practices — including sustainable funding — that can help ensure and expand timely access to this essential source of care.

Today, Tribal communities carry out their own forms of traditional health care practices, which are accessed and provided privately, or in coordination with Tribal programs and/or Western health care service organizations. To date, traditional health care practices have been supported primarily through IHS appropriations, Tribal resources, various pilot programs, and grant funding.

The Traditional Health Care Practices demonstration is designed to allow Washington state to support and sustain these practices and show the positive effects of providing coverage for traditional health care services. The state acknowledges the importance among Tribes in maintaining their protection of sacred knowledge involving the provision of traditional health care practices and is supportive of this value. The state’s goal is to ultimately improve the health and well-being of Tribal communities.

CMS has acknowledged in other Section 1115 demonstration approvals that providing states and Tribes the option to include traditional health practices as a Medicaid benefit can enhance access to this type of care. So, Washington state is seeking the required authority from CMS to cover these services for eligible Apple Health and CHIP beneficiaries.

Through this application, the state will continue to collaborate with Tribal partners to further develop, refine, and finalize details — including eligible services, benefits, and types of providers covered — under Washington’s Traditional Health Care Practices demonstration.

⁵ [Canadian Pharmacists Journal. Li, Reanne. Indigenous identity and traditional medicine: Pharmacy at the crossroads.](#) Published 2017. Accessed August 2025.

⁶ [National Council of Urban Indian Health. Traditional Healing.](#) Accessed August 2025.

⁷ [Hewson, P., Rowold, J., Sichler, C., & Walter, W. Are healing ceremonies useful for enhancing quality of life? Journal of Alternative and Complementary Medicine.](#) Published May 2014. Accessed August 2025.

⁸ [Nortje, G., Oladeji, B. D., Gureje, O., & Seedat, S. Effectiveness of traditional healers in treating mental disorders: a systematic review. The Lancet Psychiatry.](#) Published February 2016. Accessed August 2025.

Demonstration goals and objectives

Washington state's demonstration aims to ensure that people receiving care by or through a qualifying facility have access to traditional health care services. This can help support and sustain improved health, wellness, and well-being in Native communities. Through continued collaboration and partnership with Tribes in the state, HCA aims to strengthen the delivery of traditional health care practices as a Medicaid benefit. Specific goals of the demonstration include:

- Affirm Tribal Sovereignty by recognizing traditional health care practices as an essential component of the AI/AN health system in Washington state.
- Expand people's access to traditional health care practices provided by or through qualified facilities in Washington state.
- Integrate traditional health care practices into the broader continuum of care, complementing Western medical practices with options that reflect AI/AN cultures, values, and connectedness.
- Improve health outcomes for AI/AN people and increase the use of traditional health care practices in Native communities.

Implementation approach and proposed timeline

If CMS approves, Washington state will implement the demonstration statewide and launch the proposed benefit as soon as possible. To enable this, HCA will engage in implementation planning activities following waiver submission and in parallel to negotiations with CMS for waiver approval. The state asks to operate the demonstration for five years from the date of approval.

Section II: demonstration eligibility

To receive traditional health care services under the Traditional Health Care Practices demonstration, a person must meet the following criteria:

1. Be a Medicaid or CHIP beneficiary.
2. Be able to receive services delivered by or through a qualifying facility.

Note: this demonstration will not affect Apple Health or CHIP eligibility requirements, and there are no enrollment limits for those who meet the eligibility criteria above. Table 1 shows more information on Apple Health and CHIP eligibility groups who are affected.

Table 1: who is eligible for services, if they meet the demonstration criteria

Eligibility group	Social Security Act and CFR citations	Income level
Adults aged 19-64	42 CFR 435.119	At or below 133% Federal Poverty Level (FPL)
Parents and other caretaker relatives	42 CFR 435.110	This is a standard dollar amount (Aid to Families with Dependent Children (AFDC) amount from pre-Affordable Care Act (ACA))

Eligibility group	Social Security Act and CFR citations	Income level
		See the Washington Apple Health Income and Resource Standards chart .
Pregnant and 12-months postpartum people	42 CFR 435.116 Social Security Act 1903(v)(4) and 2107(e)(1)(N)	At or below 210% FPL for pregnancy At or below 193% FPL for postpartum
Children under the age of 19	42 CFR 435.118	At or below 210% FPL for Medicaid
	42 CFR 457.320	At or below 260% FPL for CHIP Tier 1
		At or below 312% FPL for CHIP Tier 2
Aged, blind, or disabled people	42 CFR 435.120, 42 CFR 435.122, 42 CFR 435.130, 42 CFR 435.132 42 CFR 435.134, 42 CFR 435.211 435.138	Below Supplemental Security Income (SSI) level
Foster care children and former foster care youth under the age of 26	42 CFR 435.150	Not applicable
	42 CFR 435.145	

Section III: demonstration benefits and cost-sharing requirements

Benefits

To be reimbursed, traditional health care practices must be provided by practitioners or providers who are employed by or contracted with a qualifying facility. This ensures the practices are provided by qualified practitioners at facilities that are enrolled as Medicaid and CHIP providers. Covered services may include a range of Tribally defined traditional health care practices. Washington state will work with Tribes individually to identify and refine the specific services to be provided under the demonstration.

Because some practices may include religious or spiritual elements, Washington state will attest to the following as a condition for federal matching funds:

- Secular alternatives (e.g., preventive care, primary care, pharmacy, mental health, substance use disorder services) will be available per the state plan, 1115 demonstration(s), or 1915 waiver(s), in compliance with federal law.

- Beneficiaries will have a genuine, independent choice to use other Apple Health and CHIP-covered services for any condition.
- Traditional practices will not limit or jeopardize access to other covered services or settings. Access will not be denied based on prior use of traditional care.

Cost-sharing

There are no changes to cost-sharing proposed under this demonstration, which is consistent with the provisions of the approved state plan.

Section IV: delivery system

Under the demonstration, traditional health care practices will be delivered by or through “qualifying facilities” which include IHS facilities, Tribal facilities and, depending on state funding from the Legislature, UIHOs. In the absence of funding, HCA will work on options for Tribes to enter care coordination agreements with UIHOs. Traditional health care practices must be provided by practitioners or providers who are employed by or contracted with a qualifying facility. Qualifying facilities are responsible for making the following determinations (including documentation of the determination) to HCA, upon request.

- Determining that each provider, practitioner, or staff member employed by or contracted with the facility who is providing traditional health care practices:
 - Is qualified to provide traditional health care practices to the facility’s patients.
 - Has the necessary experience and appropriate training.
- Establishing its methods for determining whether employees or contractors are qualified to provide traditional health care practices.
- Billing Apple Health or CHIP for traditional health care practices provided only by employees or contractors qualified to provide those services.
- Providing documentation to HCA about these activities, upon request.

Services under the demonstration will be reimbursed through fee-for-service. Consistent with CMS’s approach and approval in other states, and in accordance with Washington’s approved [State Plan Amendment](#) that exempts Tribal and IHS services from requirements that services be furnished inside of a clinic, traditional health care practices can be delivered in any relevant location — such as a clinic, the patient’s home, or sacred or ceremonial sites — and still be eligible for reimbursement.

Section V: demonstration enrollment, financing and budget neutrality

Washington state has estimated the projected enrollment impact, expected financial expenditures, and budget neutrality considerations associated with the waiver. Because traditional health care practices would be a new demonstration, historic enrollment and budgetary data are not applicable.

Projected enrollment

Table 2: annual estimated number of eligible people who will receive traditional health care practice services

Demonstration year 1 (DY1)	DY2	DY3	DY4	DY5
1,710	6,842	10,263	13,684	17,105

Projected expenditures

Table 3: annual projected computable expenditures

DY 1	DY2	DY3	DY4	DY5
\$16,954,129	\$67,816,514	\$101,724,772	\$135,633,029	\$169,541,286

This funding model is based on an overall utilization rate of 40%, including a ramp-up by DY (10%, 40%, 60%, 80%, 100% respectively) and an average utilization of 12 visits annually.

Budget neutrality

Consistent with CMS's approach and approval in other states, HCA expects the demonstration to be budget-neutral and not be subject to a specific budget neutrality expenditure sub-limit. The state will conform to the general monitoring and reporting requirements, as required under the demonstration, and will continue to be held accountable to the overall budget neutrality expenditure limit of the demonstration.

See the special terms and conditions (STCs) from states with approved waivers, including [Arizona](#), [California](#), [New Mexico](#), and [Oregon](#).

Table 4: compliance with budget neutrality requirements

	DY 1	DY2	DY3	DY4	DY5
Traditional health care practices services	\$16,954,000	\$67,816,000	\$101,725,000	\$135,634,000	\$169,541,000

Historically, CMS engages states in budget neutrality negotiations on Section 1115 waivers. In states with approved waivers, CMS has assumed budget neutrality for Traditional Health Care Practices waivers.

Waiver and expenditure authorities

Table 5: waiver authorities

Waiver authority	Use for authority
Section 1902(a)(10)(B) – Amount, Duration, and Scope of Services	To allow the state to offer coverage of traditional health care practice services that may not be

Waiver authority	Use for authority
Section 1902(a)(17) – Comparability	available to all Apple Health beneficiaries in the same eligibility group.
Section 1902(a)(23)(A) – Freedom of Choice	To permit the state to limit the provision of traditional health care practice services to specific, qualified providers (e.g., IHS, Tribal, or UIHO facilities).
Section 1902(a)(1) – State wideness	To allow the state to phase in implementation geographically or by population, if needed, rather than requiring uniform, statewide implementation.

Table 6: expenditure authorities

Expenditure authority	Use for authority
Expenditures Related to Traditional Health Care Practices – Title XIX and XXI	Expenditures for traditional health care practices received through IHS facilities, facilities operated by Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act, or facilities operated by UIHOs under Title V of the Indian Health Care Improvement Act, by Apple Health or CHIP beneficiaries who can receive services provided by or through these facilities.

Section VI: evaluation approach and demonstration hypotheses

Washington state will contract with an independent evaluator to assess the impact and effectiveness of the demonstration. HCA will also work collaboratively with Tribes to define evaluation priorities, outcomes, and appropriate performance measures that reflect Indigenous values and community-defined indicators of impact and contribution to wellness while seeking to ensure protection of Tribes' sacred knowledge in the development of monitoring and evaluation protocol. When possible, the state will select proposed measures from nationally recognized sources and national measure sets.

HCA will develop an evaluation plan, with support from the independent evaluator, and submit the plan for CMS approval. Washington state will conduct ongoing monitoring of the demonstration and comply with all reporting requirements throughout the demonstration period, as required by CMS.

Washington state proposes the following hypotheses and evaluation approaches to include as part of the evaluation design. These hypotheses and approaches are subject to change and will be further defined as HCA works with CMS to develop an evaluation design consistent with the STCs and CMS policies.

Table 7: hypothesis and evaluation

Hypothesis	Anticipated measure(s)	Data source(s)	Evaluation approach
Coverage of traditional health care practices will increase access to and use of traditional health care practice services among eligible Apple Health and CHIP beneficiaries.	Demonstrated increased use of traditional healing services	Administrative claims data	The independent evaluator will use quantitative and qualitative methods, including quasi-experimental comparisons. Utilization trends will be compared annually and against a baseline population from the 4 years before implementation.

Section VII: compliance with public notice and Tribal Consultation

See Appendix E, which summarizes Washington’s public notice process, including a summary of feedback received through tribal consultation and public comment. The summary includes changes applied to the application based on input received, in addition to responses to the comments received.

Section VIII: demonstration administration

Name and Title: Lena Nachand, Tribal Liaison – Medicaid Transformation

Phone: (360) 622-1237

Email: lena.nachand@hca.wa.gov

Appendices

The following appendices outline the CMS public notice requirements that HCA met during the public comment period. Some appendixes may provide a link, text, or both (e.g., Appendix B).

Appendix A: abbreviated notice

- [Washington State Register notice](#)

Appendix B: full notice

- [Executive summary](#)
- [Traditional Health Care Practices waiver page](#)

Note: the webpage language is copy/pasted below **as it was on November 5**, the first day of the public comment period. Some links:

- Have been updated with more current material since November 5.
- May be broken because an event has already occurred (e.g., public hearing Zoom and call-in information).

Traditional Health Care Practices waiver

The Health Care Authority (HCA) and Tribal partners are pursuing a Section 1115 waiver for Washington state that focuses on spiritual, cultural, and traditional healing in Native communities.

On this page

- [About the waiver](#)
- [Public hearings \(webinars\)](#)
- [Additional opportunities for Tribes](#)
- [How to provide public comment](#)
- [Resources](#)

Share your thoughts on Washington state's Traditional Health Care Practices waiver

We invite you to provide public comment on our [draft application for a Traditional Health Care Practices waiver](#). This is a five-year Section 1115 waiver available through the Centers for Medicare & Medicaid Services (CMS).

The public comment period begins Wednesday, November 5 and ends Friday, December 5, 2025.

About the waiver

We believe American Indian/Alaska Native (AI/AN) people should have access to traditional health care — also known as Traditional Indian Medicine — to support their health and well-being. Together with Tribes, we can strengthen traditional health care as an Apple Health (Medicaid) benefit and strengthen Native communities.

Read the executive summary, which provides a full description of the waiver.

[Our goals](#)

Washington state is seeking CMS approval to implement a waiver to:

- Affirm Tribal Sovereignty by recognizing traditional health care practices as an essential component of the AI/AN health system in Washington state.
- Expand people’s access to traditional health care practices provided by or through qualified facilities in Washington state.
- Integrate traditional health care practices into the broader continuum of care, complementing Western medical practices with options that reflect AI/AN cultures, values, and connectedness.
- Improve health outcomes for AI/AN people and increase the use of traditional health care practices in Native communities.

If approved, the waiver could begin as soon as July 1, 2026.

Background

American Indian and Alaska Native (AI/AN) people have long recognized that traditional health care practices are essential to healing and wellness. The 29 federally recognized Tribes in Washington state have rooted these practices—often called Traditional Indian Medicine—in their cultures.

For years, Tribes have championed the recognition of these valued practices and worked toward sustainable funding to expand and ensure timely access to this vital care.

How the waiver will work

If CMS approves the waiver, it will allow certain types of facilities to provide traditional health care services as “qualifying facilities,” including:

- Indian Health Service (IHS) facilities
- Tribal facilities
- Urban Indian Health Organizations (UIHOs), depending on state funding from the Legislature

When a qualifying facility provides traditional health care services to an eligible Apple Health or Children’s Health Insurance Program (CHIP) enrollee, Medicaid will reimburse (pay) that facility for the service. Such services must be provided by practitioners or providers who are employed by or contracted with a qualifying facility.

Qualifying facilities that receive Medicaid reimbursement (payment) for providing traditional health care **is a significant step** in:

- Improving access to culturally relevant, holistic care
- Addressing health disparities
- Promoting health equity
- Helping preserve cultural practices

It also empowers Tribes to provide whole-person care, which better serves their communities through a stronger, more effective health care system for AI/AN people.

Whole-person care considers a person’s entire well-being, including physical health, mental and emotional health, substance use, spiritual and cultural needs, and social factors.

Examples of traditional health care practices

This could include drumming, talking circles, sweats, spiritual counseling, rites of passage ceremonies, cultural guidance for traditional plant and food gathering, preparation and preservation, and more.

Why this waiver is so important

The waiver is one way we can ensure Tribes are recognized — and paid — for providing traditional health care services. This waiver also builds off the [2023 Washington State Indian Health Improvement Advisory Plan](#). We remain committed to strengthening Tribal-state partnerships, improving access to essential care for AI/AN people, and supporting Indian health care development.

Public hearings (webinars)

In partnership with Lummi Nation and Yakama Nation, we will offer two public hearings to share information about the waiver. During the hearings, attendees will have an opportunity to ask questions and provide input. Attendees can attend in person, join virtually, or call in.

Public hearing schedule

Tribe/Host	Date and time	Location	Zoom and call-in information
Yakama Nation	Friday, November 14, 2025 1–2:30 p.m.	Legends Casino Hotel 580 Fort Road Toppenish, WA 98948	Join on Zoom Meeting ID: 817 3643 0815

			Call in: 1-253-215-8782 (Tacoma) 1-253-205-0468 (U.S.) See more information on how to join.
Lummi Nation	Wednesday, November 19, 2025 1–2:30 p.m.	2616 Kwina Road Bellingham, WA 98226	Join on Zoom Meeting ID: 875 6272 8945 Call in: 1-253-215-8782 (Tacoma) 1-253-205-0468 (U.S.) See more information on how to join.
OTA	Friday, December 5, 2025 2:30–4 p.m.	626 8 th Avenue SE Olympia, WA 98501	Join on Zoom Meeting ID: 817 1259 2459 Call in: 1-253-215-8782 (Tacoma) 1-253-205-0468 (U.S.) See more information on how to join
OTA	Tuesday, December 9, 2025 10:30 a.m.–noon	626 8 th Avenue SE Olympia, WA 98501	Join on Zoom Meeting ID: 846 7243 0072 Call in: 1-253-215-8782 (Tacoma) 1-253-205-0468 (U.S.) See more information on how to join

Additional opportunities for Tribes

In December 2025, we will also offer a listening session and Tribal Consultation for Tribes to share their input.

Note: You must be officially chosen by your Tribal Council as an elected official or appointed representative to participate in government-to-government discussions with the state.

Listening session and Tribal Consultation schedule

Meeting type	Date and time	Zoom and call-in information
OTA listening session Attendees can join virtually or call in.	Thursday, December 11, 2025 10–11 a.m.	Join on Zoom Meeting ID: 845 3876 0381 Call in: 1-253-215-8782 (Tacoma) 1-253-205-0468 (U.S.) See more information on how to join.
OTA Tribal Consultation Attendees can attend in person, join virtually, or call in.	Tuesday, December 16, 2025 10:30 a.m.–noon. Health Care Authority Cherry Street Plaza Eagle Conference Room 552 626 8th Avenue SE Olympia, WA 98501	
OTA Tribal Roundtable Attendees can attend in person, join virtually, or call in.	March 30, 2026 2–4 p.m. Health Care Authority Cherry Street Plaza Sue Crystal Conference Room 626 8th Ave. SE Olympia, WA 98501	Join on Teams Call in: 1 564-999-2000 (Olympia) 1-833-322-1218 United States Phone conference ID: 315 029 114# See more information on how to join.

How to provide public comment

Share your input by:

- Attending a public hearing (see dates and times above).
- [Emailing us](#).
- Mailing us or dropping off at:
 Health Care Authority, Office of Tribal Affairs
 Regarding: Traditional Health Care Practices waiver public comment
 Attention: Lena Nachand
 P.O. Box 45502
 Olympia, WA 98504-5502

Note: If physically dropping off your comments at HCA, you can leave with the front desk/reception. [View our visitor map with parking instructions](#). Please [email our waiver team](#) if you need a hard-printed copy of the application.

The deadline to provide public comment is Friday, December 5 at 5 p.m. (Pacific).

We strongly encourage early submissions.

[Who can provide input](#)

Public comment is open to anyone who would like to share input, especially Tribal Nations, Indian health care providers, UIHOs, Tribal health organizations, and Native-serving organizations. We also encourage health care and social service providers, hospitals and health systems, community-based organizations, the public, and anyone else interested in sharing their input.

[How we'll use your input](#)

Input we receive will help us learn more about people's thoughts on reimbursing traditional health care services. It will also help inform our state's waiver application. After we submit the application to CMS, we'll provide a summary of the comments we received during the public comment period.

Resources

- [Traditional Health Care Practices waiver draft application](#)
- [Executive summary](#)
- Dear Tribal Leader Letters (DTLLs):
 - [Initial letter about HCA's intent to apply for a Traditional Health Care Practices waiver](#)
 - [Tribal public comment notice](#)
 - [Tribal public comment notice extension](#)
 - [Tribal Roundtable for the 1115 waiver to reimburse Traditional Health Care Practices](#)
 - [Traditional Health Care Practices 1115 Waiver next steps](#)
 - [Urgent Tribal Vote Requested - Traditional Health Care Practices \(THCP\) Section 1115 Waiver Submission and Rapidly Evolving CMS Budget Rules](#)
- [Public comment notice](#)

- [Get updates on our waiver work](#)

Contact

Email: [HCA waiver team](#)

Appendix C: Dear Tribal Leader Letters (DTLLs)

- [Traditional Health Care Practices 1115 Waiver next steps](#) (March 19)
- [Tribal Roundtable for the 1115 waiver to reimburse Traditional Health Care Practices \(THCP\)](#) (January 21)
- [Tribal public comment notice extension](#) (December 1)
- [Tribal public comment notice](#) (October 30)
- [Initial letter about HCA's intent to apply for a Traditional Health Care Practices waiver](#) (August 19)

Appendix D: announcements and screenshots

Announcements

- On the HCA homepage:
 - [Public comment period extended for WA's Traditional Health Care Practices waiver](#) (December 1) – this announcement remained visible on the HCA homepage (in the Announcements feed) until after December 20
 - [Public comment period open for Traditional Health Care Practices waiver](#) (November 20)
 - [Traditional Medicine Meets Modern Systems: Tribal Health Innovation](#) (November 14)
 - [Traditional Health Care Practices 1115 waiver public notice](#) (October 22)

Note: the webpage language is copy/pasted below as it was on **December 1**, the first day of the extended public comment period. Some links:

- Have been updated with more current material since December 1.
- May be broken because an event has already occurred (e.g., public hearing Zoom and call-in information).
- Through GovDelivery:
 - [Reminder about tomorrow's Tribal Consultation for Traditional Health Care Practices waiver](#) (December 15)
 - [Don't miss this week's public hearing on WA's Traditional Health Care Practices waiver](#) (December 8)
 - [Public comment period extended for WA's Traditional Health Care Practices waiver](#) (December 1)
 - [Change in location for Wednesday's Traditional Health Care Practices waiver public hearing](#) (November 17)
 - [Want to learn more about WA's Traditional Health Care Practices waiver? Attend one of our public hearings!](#) (November 12)
 - [Public comment now open](#) (November 5)

Screenshots

Image 1: December 1 announcement on HCA homepage

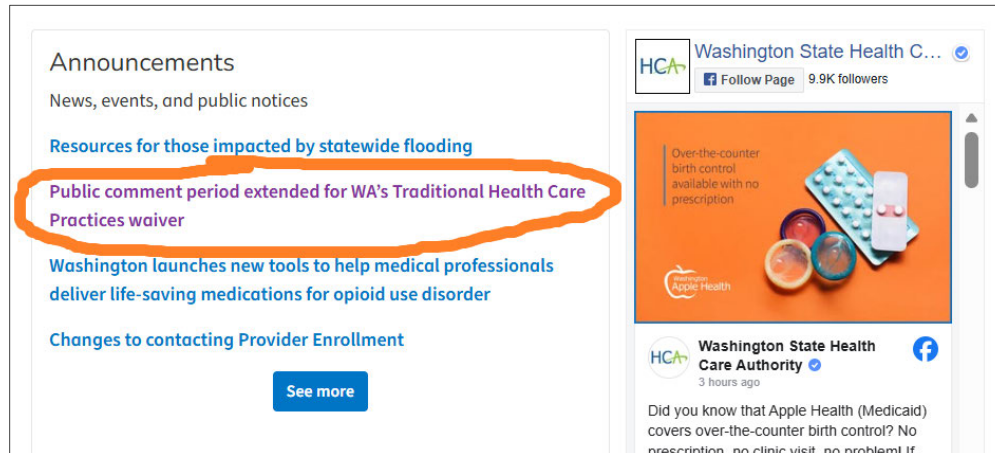


Image 2: December 1 announcement on HCA Announcements page

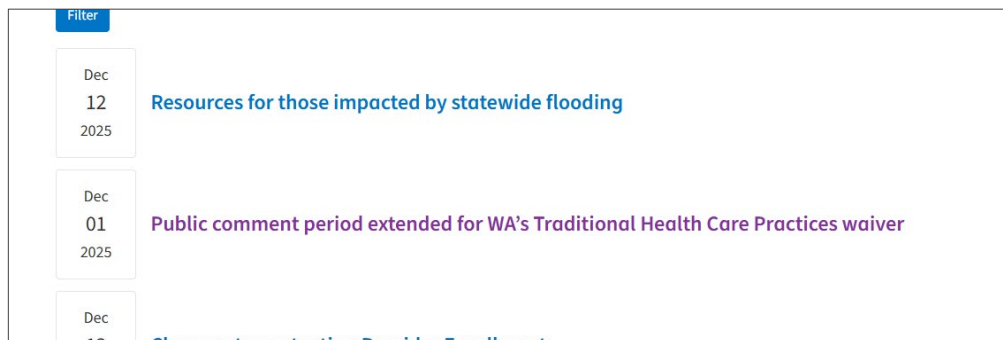


Image 3: November 20 announcement on HCA homepage

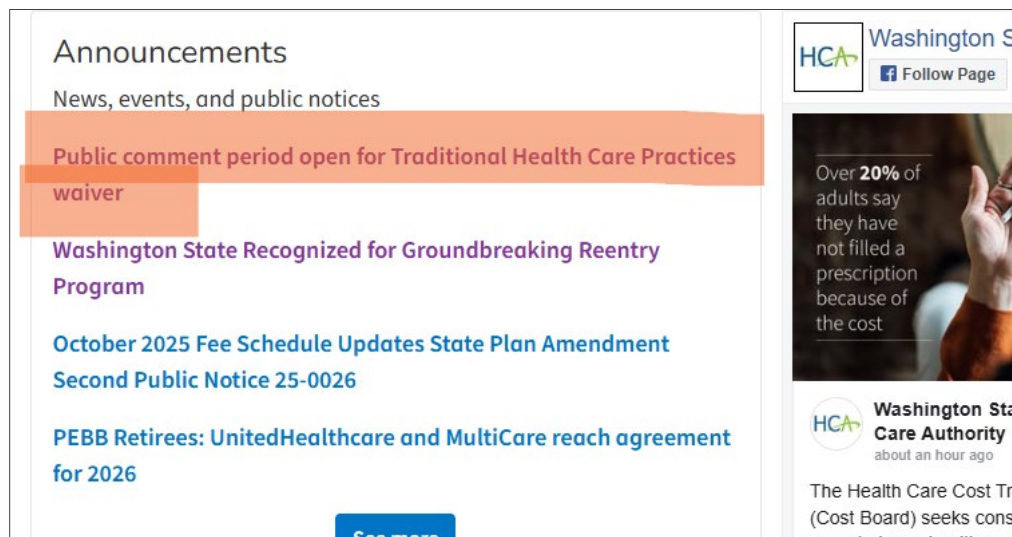
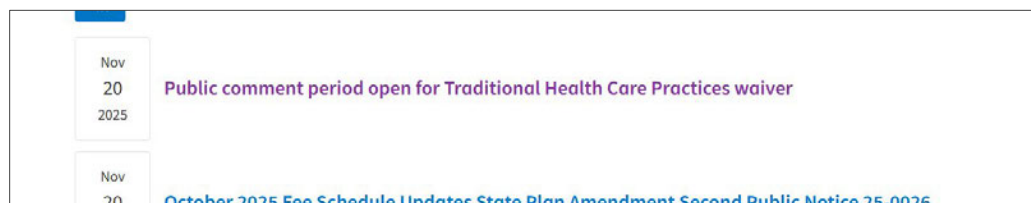


Image 4: November 20 announcement on HCA Announcements page



Appendix E – summary of public notice and Tribal consultation

The state conducted a formal public comment period from November 5 to December 20 to solicit feedback about the draft waiver application.⁹ The public comment period lasted 45 days in total. HCA held four public hearings to provide information on the waiver and capture public comments. The state also held one Tribal Listening Session and one Tribal Consultation.¹⁰ In addition, the public had the opportunity to share comment by email (via HCADLTraditionalWaiver@hca.wa.gov) and traditional mail during the formal public comment period. HCA's Office of Tribal Affairs facilitated the public forums and Tribal engagement sessions.

HCA's [Traditional Health Care Practices application webpage](#) and an announcement linked on HCA's homepage provided links to all public materials, including summary materials and information related to public comment and public hearings. Materials from the public hearings are also available on the traditional health care practices application webpage. See Appendix A, B, C, and D for all required notices and additional announcements.

In addition to robust engagement and feedback received during the public hearings, Tribal Listening Session and Tribal Consultation, the state received over 30 individual written responses and letters during the public comment period with multiple suggestions, questions, and comments of support.

Overall, there is significant support for the THCP waiver application. The state has summarized, below, similar comments, organized into common themes for clarity and understanding. HCA also summarized the changes made to the final renewal application in response to the public comments.

Public notice

On November 5, HCA published a [public comment period notice](#) via the Washington State Register and [Traditional Health Care Practices waiver page](#). This formally began the public comment period. That same day, HCA [sent an announcement](#) via GovDelivery¹¹ to notify potentially interested people about the demonstration and public comment period. The announcement included:

⁹ Washington initiated a formal 30-day public comment period from November 5 to December 5, 2025 and subsequently extended the comment period to December 20, 2025.

¹⁰ The Tribal Consultation was initially scheduled to take place on December 16, 2025, but due to a state of emergency caused by flooding across Washington state, the Consultation was rescheduled to January 9, 2026.

¹¹ GovDelivery is HCA's self-subscribing mass email system. Through GovDelivery, people can subscribe to receive announcements, alerts, and notices that pertain to specific topics. HCA sends announcements about the Traditional Health Care Practices waiver to subscribers of the waiver, Tribal partners, Tribal providers, behavioral health providers, and more topics. More than 14,000 people receive these announcements.

- The public hearing dates.
- A link to the draft application and other key resources for understating the demonstration.
- Ways for people to provide input.

To encourage feedback and comply with accessibility rules, people were able to access the draft application online ([on the waiver page](#)) or request a hard copy.

To notify Tribal partners and others about the public comment period extension and additional public hearings, HCA:

- Updated the demonstration materials.
- Sent announcements via [GovDelivery](#) and [HCA website](#) and a [Dear Tribal Leader Letter \(DTLL\)](#).

Tribal notice

On October 30, 2025, HCA notified Tribal leaders about the state's application and [comment period](#) for the Traditional Health Care Practices demonstration. On December 1, HCA notified Tribes regarding the comment period extension. In the DTLL, HCA encouraged input from Tribes and shared the public hearing and Tribal Listening and Consultation dates. On December 16, HCA sent a DTLL to notify Tribes that the Tribal Consultation had been rescheduled to take place on January 9, 2026, due to widespread flooding in Washington state.

Additional communication

Along with the communications described above, HCA shared other announcements and social media posts, encouraging interested people to attend a public hearing or share their input about the demonstration. [View the GovDelivery announcements sent throughout November and December.](#)

In addition, HCA provided a link for people to subscribe to the [Traditional Health Care Practices waiver topic](#) in GovDelivery on the [waiver page](#) and demonstration materials.

Public hearings

In partnership with Lummi Nation and Yakama Nation, HCA held two [public hearings](#) in November in geographically diverse areas of Washington state. In December, HCA hosted two additional hearings. Public hearings provided attendees with an opportunity to ask questions, provide input, and attend in person, join virtually, or call in.

Tribal Engagement and Consultation

In August 2025, HCA sent a DTLL to Tribal leaders about the [Traditional Health Care Practices Workgroup](#). HCA invited Tribes to identify representatives to join the workgroup and share their input on demonstration design. Throughout the summer and fall of 2025, HCA continued to meet with Tribes and UIHOs to gather feedback about traditional health care services being provided within Native communities.

Concurrently with the public comment period, and in addition to the public hearings described above, HCA offered a listening session in December and Consultation in January for Tribes to share their input. HCA's goals for these meetings — in addition to listening to Tribal partners — was to receive Tribes' formal acceptance of the final draft application before submitting to CMS. Following the Tribal

Consultation in January 2026, HCA held three additional Tribal Roundtable meetings to finalize and advance the waiver for submission.

Overall, throughout the Listening Session, Roundtables and Consultation discussions, Tribal partners were supportive of the 1115 Waiver as an opportunity to provide reimbursement of traditional health care practices for Tribal communities and make these services and their benefits available to more AI/AN individuals in Washington state. Discussions were robust and included Tribal elected officials and representatives, and state leadership, including HCA, OTA, Governor's Office, and Governor's Office of Indian Affairs.

Feedback from Tribal partners at these sessions focused on how services and providers would be defined under the demonstration — including which practices qualify as traditional health care practices, who is eligible to receive them, and how provider qualifications, credentialing, and referrals would be established — with consistent emphasis on deferring these decisions to Tribes in accordance with sovereignty and self-determination. Discussion also covered topics related to financing and operations, including enrollment and utilization assumptions, reimbursement rates for Tribal facilities and UIHOs, the state's financing approach, billing codes and documentation procedures, and the need for administrative and infrastructure funding to support implementation. Across topics, commenters underscored the importance of protecting sacred cultural and spiritual knowledge, allowing services to be delivered outside clinic settings, ensuring sustainability, and continuing Tribal engagement and collaborative evaluation.

Summarized feedback from the Listening Session, Roundtables, and Consultation are listed below.

Demonstration enrollment, financing, and eligibility

1. Many discussions about the financing model options took place and most questions involved reimbursement rates for nonbeneficiaries and the local share. HCA has ensured that all options are based on the All-Inclusive Rate and proposed the option for Tribes to attest to the Certified Public Expenditure for the local share with continual negotiation opportunities.
2. There was discussion about if Urban Indian Health Organizations would be reimbursed for THCP services. HCA assured that it is possible if UIHOs enter into care coordination agreements with a Tribe(s).
3. Inquiries about what utilization rates are needed by the state from the ITU system? HCA indicated that anything that has a general state fund impact is needed.
4. Discussion about how the waiver is impacted by the new rules for HR1 occurred. HCA explained that beginning January 2027, waivers will be certified and there are changes with determining budget neutrality.

Billing and payment

5. Matters about the fee schedule rate and how this figure was determined were discussed. HCA had reviewed these rates from other states with a waiver and since there isn't historic data for THCP services, the rate for spiritual counseling is used as a placeholder.
6. The focus in the discussion involved UIHOs, Managed Care Organizations, and how the billing process works. HCA affirmed the coordinated care agreement, attestation, and certified public expenditure processes for this proposed demonstration.

Tribal engagement

7. Tribal engagement inquiries were discussed, e.g., outreach from HCA in the application development, timeliness of announcements, ensuring that the decision makers are informed. In addition to having HCAs leadership present at the sessions and acknowledging concerns, HCA affirmed that the outreach timeline and demonstration documents are available and accessible.

Summary of changes

The following list summarizes changes the state made within the application based on comments received during the public comment period. These changes are also noted within the comments and responses listed in the Summary of Feedback section below.

- Noted HCA's commitment to ensuring protection of Tribes' sacred spiritual knowledge and protocols in the development of program requirements, including related to billing, claiming and related documentation, and monitoring and evaluation processes.
- Highlighted that THCPs can be provided outside of clinic settings.
- Clarified that HCA's implementation planning activities will begin immediately following waiver submission and take place in parallel with negotiations with CMS for waiver approval.

Summary of feedback and the state's response

This section contains summarized comments, questions, and suggestions received during the public comment period, and the state's response to that feedback.

Demonstration goals and objectives

1. **Numerous commenters expressed strong support for the THCP waiver and were grateful that HCA is making efforts to proliferate Tribal health practices in the state. Several commenters noted the importance of recognizing and sustaining THCPs and their centrality to Tribal members' health and wellbeing and emphasized that reimbursement will help sustain such practices and advance AI/AN health. Two commenters noted they were encouraged that non-Western approaches to healthcare are being incorporated into broader Medicaid coverage.**

HCA appreciates these commenters for sharing their support for the THCP waiver.

Eligible Beneficiaries

2. **One commenter asked if non-Native individuals will be eligible to receive THCPs.**
We appreciate the inquiry. Consistent with CMS's [framework](#) (see page 10) and approval in other states, eligible beneficiaries are any Medicaid beneficiary able to receive services delivered by IHS, Tribal, or UIHO facilities, inclusive of non-AI/AN individuals. In accordance with Tribes' rights to sovereignty, self-determination, and a distinctions-based approach, HCA will defer to each Tribe and eligible facility to determine which individuals are eligible to receive THCPs through the demonstration from within the group of eligible beneficiaries described above.
3. **One commenter urged the state to ensure that THCPs are widely available to Tribal communities and not limited solely to individuals who have a substance use disorder or other behavioral health condition.**

We appreciate this commenter's sentiment that more people can benefit from THCPs. In accordance with Tribes' rights to sovereignty, self-determination, and a distinctions-based approach, HCA will defer to each Tribe and eligible facility to determine which individuals are eligible to receive THCPs through the demonstration from within the group of eligible beneficiaries described above.

Traditional Health Care Practices

4. **Several commenters asked which services would qualify as THCPs under the demonstration and whether the state or Tribes would define which services would be included, with several commenters noting that Tribes should be able to choose the THCPs they will provide. One commenter noted the importance of cultural rituals and ceremonies that provide emotional comfort and healing practices which include food gathering.**

We agree that Tribes are best positioned to define which THCPs they will offer to the communities they serve and acknowledge that each Tribe has unique traditions that vary from Nation to Nation. HCA will work with Tribes individually to identify and refine the specific services to be provided under the demonstration.

5. **One commenter asked whether receipt of traditional health care services would be tied to medical necessity requirements.**

We appreciate the inquiry. While policies related to medical necessity will be addressed during the implementation planning period, HCA anticipates that Tribes and eligible facilities will develop the policies, procedures, eligible services and related requirements for their THCP programs, including with regard to medical necessity.

6. **Two commenters asked whether THCPs would need to be incorporated into Western-style clinical treatment plans or if the state will allow for flexibility to use a culturally-based documentation model that aligns with the practices and teachings of Tribal people.**

We thank commenters for the question. While policies related to clinical treatment plans and required documentation will be addressed during the implementation planning period, HCA anticipates that Tribes and eligible facilities will develop the policies, procedures, eligible services and related requirements for their THCP programs, including requirements related to incorporation of THCPs in clinical treatment plans.

7. **One commenter requested that the state consider providing coverage for other alternative traditional healthcare practices, such as acupuncture, Chinese herbal medicine, and naturopathy.**

We appreciate this comment and acknowledge the value of alternative types of traditional healing practices. The services that qualify for coverage under the demonstration will be limited to the THCPs developed by Tribes and eligible facilities.

8. **Several commenters noted that cultural practices often occur outside of a clinic setting, and some practices *cannot* occur within a facility. Commenters emphasized that tribal members**

must have the ability to choose where and how to provide and receive services and encouraged the state to include provisions that allow for flexibility in site-of-service requirements.

HCA appreciates these comments and affirms its commitment to ensuring that THCPs can be delivered in culturally appropriate settings. Previous waiver approvals from other states have determined that THCPs are not considered “clinic services” and thus not subject to the “Four Walls” requirement. Additionally, Washington’s approved [State Plan Amendment](#) exempts Tribal and IHS services from requirements that services be furnished inside of a clinic. To solidify these protections, we have taken this input into consideration and made minor revisions to language in the waiver to note flexibility and protections regarding site of care.

Provider/Practitioner

- 9. Several commenters asked which facilities and providers will be eligible to receive reimbursement for THCPs. Two commenters urged the state to ensure that Urban Indian Health Organizations (UIHOs) are included in the Demonstration. One commenter stated that UIHOs serve the fastest-growing Native population in Washington state and expressed concern that making their participation contingent on future legislative funding may run the risks of creating a two-tier Native health system and structurally excluding large numbers of Native patients from access to traditional healing.**

Consistent with CMS’s framework and approval in other states, THCPs must be delivered by or through an IHS facility, Tribal facility or UIHO facility (“qualifying facilities”) to be eligible for reimbursement under the demonstration, and eligible providers and practitioners of these services must be employed by or contracted with a qualifying facility. Qualifying facilities must establish methods for determining whether its employees or contractors are qualified to provide THCPs. In accordance with Tribes’ rights to sovereignty, self-determination, and a distinctions-based approach, HCA will defer to each Tribe and qualifying facility to determine which providers can deliver THCPs. HCA will establish a documentation process in collaboration with Tribes and in accordance with federal requirements.

We appreciate the comment related to UIHOs. HCA’s goal is to be as inclusive as possible regarding the providers eligible to deliver THCPs and the individuals eligible to receive services. Due to budgetary constraints, UIHO inclusion is dependent on legislative funding. HCA may also consider use of care coordination agreements as a possible mechanism for ensuring UIHOs are eligible to provide services under the demonstration. We will continue to collaborate with Tribes to assess mechanisms for including as many facilities and individuals as possible under the demonstration.

- 10. Numerous commenters asked about training, certification, licensure, credentialing, and background check requirements that providers must meet to deliver THCPs. Specifically, commenters asked who would be responsible for defining or approving the qualifications and experience required to provide THCPs; what would be considered “necessary training” for traditional providers under the Demonstration; whether traditional healers or Tribal**

cultural practitioners would be exempt from DOH licensure requirements or if they would be required to hold some form of state-recognized credential; and whether background checks would be required. Several commenters expressed support for allowing Tribes to develop provider qualifications, training requirements and credentialing processes, with one commenter noting concerns that imposing state and federal credentialing requirements may discourage providers from participating and could result in potential claim denials.

The state shares commenters' view that operational and administrative burdens should be minimized as much as possible to ensure that THCP providers feel empowered and are able to successfully participate in the program. In accordance with Tribes' rights to sovereignty, self-determination, and a distinctions-based approach, and in acknowledgement that Tribes are best positioned to identify the traditional healers or Tribal cultural practitioners qualified to provide THCPs to their communities, HCA will defer to each Tribe and qualifying facility to determine which providers can deliver THCPs and establish its own requirements related to qualifications, licensing, credentialing, training and background checks. In collaboration with Tribes and in accordance with federal requirements, HCA will work with Tribes during the implementation planning period to establish a documentation process that describes their methods for determining whether employees or contractors are qualified to provide THCPs.

11. One commenter requested that the state become more involved in the credentialing process, sharing their view that some level of standardization would help mitigate provider turnover and confusion that may result from changes in Tribal leadership.

At this time, HCA is not planning to implement a statewide credentialing process for THCP providers. The state anticipates allowing each Tribe and eligible facility to determine their credentialing approach. Tribes will be required to document and ensure compliance with their policies and procedures. During the implementation planning period, HCA will work with Tribes and key partners to determine the appropriate level of documentation and policies needed to meet federal requirements and respect Tribes' sovereignty.

12. One commenter asked whether a licensed medical or behavioral health provider would be required to recommend or refer a patient for traditional health care services, or if traditional healers, Community Health Representatives (CHRs), elders, or cultural staff could make referrals. The commenter noted that allowing Tribal cultural authority to make referrals would affirm Tribal sovereignty and align with lived community practice.

HCA affirms its commitment to ensuring that program requirements are in accordance with Tribes' rights to sovereignty and align with lived community practice. HCA will defer to each Tribe and eligible facility to determine their own approach to referrals. During the implementation planning period, HCA will work with Tribes and key partners to determine the appropriate level of documentation and policies needed to meet federal requirements and respect Tribes' sovereignty.

13. One commenter asked if individuals could receive THCPs from providers across state borders (e.g., Idaho), as some Tribal boundaries cross state borders.

HCA appreciates this commenter raising this consideration. Ultimately, eligible providers will be approved by Tribes and eligible facilities such that THCP providers would need to be approved by a Washington state Tribe participating in the demonstration. During the implementation planning period, HCA will develop, in collaboration with Tribes and key partners, a comprehensive billing guide for providers that addresses this issue.

Delivery System Integration

14. One commenter emphasized the importance of integrating THCPs within the broader delivery system structures to ensure scalability and sustainability, including Purchased and Referred Care (PRC) authorization processes, CHR navigation, and Health Home care plans.

HCA appreciates this commenter's concern for systemwide integration to ensure sustainability. During the implementation planning period, HCA will work with Tribes and other key partners to assess mechanisms through which to foster and support integration with existing delivery system structures.

Demonstration enrollment, financing, and eligibility

15. Some commenters asked for additional details on the state's expenditure estimates. Specifically, one commenter asked what ages were included in the enrollment and expenditure estimates. Two commenters asked whether the 12-visit utilization assumption adequately reflects community needs, particularly for services requiring greater frequency or continuity.

Details on the state's expenditure estimates can be found [here](#) (slides 17-19). HCA did not account for different ages in the expenditure estimates, only overall utilization. HCA assumed that individuals would utilize 12 services per year, on average. In developing these estimates, HCA considered a spectrum of service utilization, where some individuals will utilize services frequently, while others may only utilize services a few times a year. As the demonstration continues, the state assumes that utilization and expenditures will increase as more Tribes and organizations participate in the demonstration.

16. One commenter expressed concerns that the state's estimates did not account for sufficient implementation periods, given that the state's expenditure estimates account for utilization in the first two years, which typically serve as planning periods.

HCA acknowledges that it will take time for the state, Tribes and qualifying facilities to plan and build capacity for successful implementation of services under the demonstration. In conversations with Tribes, many Nations are already providing THCPs but are not receiving reimbursement. Initial utilization estimates account for providers who have the infrastructure in place to begin providing and billing for these services shortly after approval.

Administrative Implementation Funding

- 17. Some commenters urged the state to seek funding to support provider implementation of THCPs, including for acquisition and implementation of billing and other IT systems and infrastructure, workforce development (including paid training and apprenticeships), and outreach, education, and community engagement activities.**

The Washington state legislature did not allocate funds to account for administrative costs beyond the evaluation of the waiver. HCA will continue to seek ways to support Tribes in developing the capacity and infrastructure required to successfully implement THCP as a benefit under the demonstration.

Evaluation

- 18. One commenter asked how evaluation of the demonstration will be structured. Another commenter asked if providers will be able to participate in the evaluation.**

Per federal requirements, HCA must contract with an independent evaluator to assess the effectiveness of the waiver's activities. HCA, in consultation with Tribal partners, will procure an Indigenous evaluator once the waiver is approved and work with Tribes to establish evaluation parameters that align with Tribal priorities and meet federal requirements.

- 19. One commenter requested that cost savings associated with the utilization of THCPs be included in the evaluation process.**

HCA will work collaboratively with Tribes to define evaluation priorities, outcomes, and appropriate performance measures that reflect Indigenous values and community-defined indicators of impact and contribution to wellness. HCA plans to include cost savings in the evaluation, once the evaluator is procured and an evaluation plan is developed with input from Tribes and key partners.

Documentation and Oversight

- 20. Several commenters stated the importance of ensuring that any required documentation promotes data and Tribal sovereignty to the maximum extent possible. Commenters urged the state to ensure that Tribes' right to protect their sacred cultural and spiritual knowledge are prioritized when developing protocols, policies, and procedures and to specify that requirements will not require documentation or disclosure of spiritual protocol to state or federal auditors. One commenter noted that Tribes should be permitted to self-determine what are considered protected practices. Another commenter asked the state to allow for attestation-based billing to ensure sacred knowledge is protected.**

HCA acknowledges the critical importance of ensuring that Tribes' sacred cultural and spiritual knowledge is protected and is committed to working with Tribal partners to develop safeguards to protect the integrity of Tribes' cultural practices. We are making minor revisions in the application to reflect this comment. During the implementation planning period, HCA will collaborate with Tribes and key partners to develop policies and procedures that reflect these values.

21. One commenter asked if there will be audits associated with the waiver, and how frequently audits will occur.

HCA will collaborate with Tribes and key partners during the implementation planning period to develop a review process for the policies and procedures developed by Tribes for the provision of THCPs and compliance with those policies and procedures. HCA will seek to design review processes that reduce administrative burden, protect Tribal knowledge and meet federal requirements.

Billing and Payment

22. Several commenters inquired about billing and documentation practices, including which diagnosis, procedure, and facility codes will be used, how this will be incorporated into existing guidance, and if the state will provide training for any new billing procedures (including via the Tribal Compliance and Operations Workgroup).

During the implementation planning period, HCA, in collaboration with Tribes and key partners, will develop more detailed guidance on billing and documentation procedures for THCPs. HCA will seek to simplify billing and documentation practices as much as possible, and structure requirements to ensure safeguarding of Tribes' sacred spiritual knowledge. HCA intends to provide technical assistance to qualifying facilities and Tribal partners on new billing procedures, including via the TCOW Workgroup.

23. Several commenters asked about payment rates. One commenter asked if traditional health care practice services would be considered as a separate encounter and eligible for the encounter rate. One commenter asked whether the encounter rate would be the same for each service or if different Tribes would have a varied rate. One commenter asked if UIHOs will receive the encounter rate. Another commenter urged the state to ensure that reimbursement amounts are sufficient and sustainable throughout the course of the Demonstration to avoid strains to provider resources and disruptions to patient care.

For IHS and Tribal facilities, HCA anticipates using the IHS All Inclusive Rate. UIHOs will be paid a fee schedule rate. During the implementation planning period, in collaboration with Tribes and key partners, HCA will develop more detailed guidance on reimbursement for THCPs. We intend to reimburse providers at an appropriate rate and minimize any disruptions to patient care.

24. One commenter asked whether traditional providers would be required to have their own National Provider Identifier (NPI) or if services could be billed under the qualifying facility's NPI.

We anticipate that individual providers will not have to obtain an NPI to deliver THCPs and instead will be able to bill under the qualifying facility's NPI.

25. Two commenters asked whether traditional health care services will require a diagnosis code for Medicaid or CHIP reimbursement, with one commenter inquiring if the state will instead develop a culturally appropriate alternative that allows providers to document the purpose of care without assigning a Western medical diagnosis.

HCA appreciates the suggestion of using a culturally appropriate alternative and, like the approach taken in other states with approved waivers, potentially using a generic diagnostic code for the provision of THCPs. During the implementation planning period, HCA, in collaboration with Tribes and key partners, will develop guidance related to billing and reimbursement, including requirements related to diagnostic codes.

Tribal Engagement

- 26. Commenters noted appreciation for HCA’s efforts to engage Tribes, Tribal organizations, and UIHOs throughout the waiver development process and encouraged the agency to continue consulting these groups throughout the application, implementation, and assessment phases of the waiver process to define covered services, refine utilization projections, and ensure reimbursement amounts are sufficient and sustainable.**

We appreciate this comment and acknowledge the critical importance of working collaboratively with Tribes in the design and implementation of the waiver. HCA will continue to engage Tribal partners throughout the waiver application process, during the implementation period, and beyond.

Implementation Timelines and Approach

- 27. Some commenters provided feedback on the proposed implementation timeline. One commenter shared that, in consideration of current staffing shortages and the complexity of defining service types, determining reimbursement rates, establishing operational guidance and (where applicable) specifying documentation expectations, the state should ensure realistic implementation timelines. The same commenter noted that if HCA intends for services to be available in Year 1 as indicated in the application, it will be essential to begin detailed collaboration with Tribes and subject-matter experts as soon as possible to support a smoother rollout and help avoid delays that could limit the Demonstration’s impact. Two commenters urged the state to plan for and prepare required infrastructure early so that qualifying facilities can begin offering reimbursable services as soon as CMS approval is received.**

We appreciate these comments. During the implementation planning period, which will begin immediately following submission of the waiver to CMS and take place in parallel to related negotiations for waiver approval, HCA will engage with Tribes and key partners to identify and address issues and develop subsequent policy guidance to support a smooth rollout and avoid implementation delays.

- 28. Commenters highlighted the differing abilities of qualifying providers to create and implement new infrastructure and processes for credentialing, billing, and any other administrative requirements – especially for smaller, rural and less resourced entities – and noted that HCA should seek to minimize administrative and financial burdens of implementation where possible.**

We appreciate these comments. HCA acknowledges that providers may have varying levels of abilities and infrastructure to operationalize reimbursement for THCPs. During the

implementation planning period, we will aim to identify areas where assistance is most needed and put forth solutions for successful uptake of THCPs.