

Traditional Health Care Practices waiver

Executive summary

This document provides a full description of the waiver and waiver-related activities, including:

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Waiver description, goals, and objectives

About the waiver

The Health Care Authority (HCA), in partnership with Tribes in Washington state, are pursuing a Section 1115 waiver that focuses on spiritual, cultural, and traditional healing in Native communities. We call this the **Traditional Health Care Practices waiver**. This is a five-year waiver available through the Centers for Medicare & Medicaid Services (CMS).

What the waiver will do

This waiver is one way Washington state can ensure Tribes are recognized — and paid — for providing traditional health care services. Under this waiver, if approved, CMS would 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) beneficiary,¹ Medicaid will reimburse (pay) the facility for providing those services.²

Qualifying facilities that receive Medicaid reimbursement (payment) for providing traditional health care services is a **significant step** for Native communities.

Reimbursement for providing traditional health care services:

- Improves access to culturally relevant, holistic care

¹ A beneficiary is a person who is eligible for and enrolled in Apple Health or CHIP.

² Such services must be provided by practitioners or providers who are employed by or contracted with a qualifying facility.

- Addresses health disparities
- Promotes health equity
- Helps preserve cultural practices

It also empowers Tribes to provide whole-person care,³ which better serves their communities through a stronger, more effective health care system for AI/AN people.

Goals and objectives

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

Through the Traditional Health Care Practices waiver, Washington state aims to:

- Affirm Tribal Sovereignty by recognizing traditional health care practices as an essential component of the American Indian/Alaska Native (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.

Current or new beneficiaries affected by the waiver

Eligible populations

To receive coverage for traditional health care services under the waiver, a person must meet these criteria:

1. Is an Apple Health (Medicaid) or CHIP beneficiary.
2. Can receive services delivered by or through an IHS or Tribal facility, as defined by 42 Code of Federal Regulations (CFR) Section 137.10. UIHOs as defined in 25 U.S. Code (USC) Section 1603.

Note: this waiver 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: eligibility categories

Eligibility group	Social Security Act and CFR citations	Income level
Adults aged 19-64	42 CFR 435.119	At or below 138% Federal Poverty Level (FPL)
Parents and other caretaker relatives	42 CFR 435.110	This is a standard dollar amount

³ 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.

Eligibility group	Social Security Act and CFR citations	Income level
		(Aid to Families with Dependent Children (AFDC) amount from pre-Affordable Care Act (ACA)) See the Washington Apple Health Income and Resource Standards chart
Pregnant and 12-month 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 42 CFR 457.320	At or below 210% FPL for Medicaid 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 42 CFR 435.145	Not applicable

Benefits, cost sharing, and delivery system

Benefits

To be covered, traditional health care practices must be provided by practitioners or providers who are employed by or contracted with a qualifying facility. This approach seeks to ensure that the practices are provided by qualifying practitioners at facilities that are Apple Health and CHIP providers.

Covered services may include a range of Tribally defined traditional health care practices. Washington state will work with Tribes to identify and refine the specific services to be provided under the waiver.

This waiver provides new Medicaid and CHIP coverage for traditional health care practices as defined in this request.

Cost sharing

There are no changes to cost sharing proposed under this waiver, which is consistent with Washington's approved state plan.

Delivery system

Under the waiver, qualifying facilities will provide traditional health care practices by practitioners or providers who are employed by or contracted with the qualifying facility. Qualifying facilities are responsible for:

- 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 qualifying 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 waiver will be reimbursed through fee-for-service.

Enrollment and expenditures

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 waiver, 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 ⁴ Year (DY) 1	DY2	DY3	DY4	DY5
1,810	7,241	10,861	14,481	18,102

Projected expenditures

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.

Table 3: annual projected computable expenditures

DY 1	DY2	DY3	DY4	DY5
\$15,418,121	\$61,672,484	\$92,508,726	\$123,344,967	\$154,181,209

⁴ “Demonstration” is another word for a Section 1115 waiver and is often used to describe each year of a waiver.

Budget neutrality

Consistent with CMS guidance to states with already approved Section 1115 waivers, HCA anticipates that coverage of traditional health care practices is unlikely to increase overall expenditures beyond what those expenditures would have been without the waiver. This means we expect coverage to be budget neutral.

HCA commits to reporting all expenditures, consistent with the special terms and conditions (STCs) for the Traditional Health Care Practices waiver, to support and sustain budget neutrality.

Hypotheses and evaluation parameters

Washington state will contract with an independent evaluator to assess the impact and effectiveness of the waiver. 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. When possible, proposed measures will be selected from nationally recognized sources and national measure sets.

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

Washington state proposes the hypotheses and evaluation approaches below to include as part of our 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 4: proposed hypotheses and evaluation parameters

Hypothesis	Anticipated measure(s)	Data sources	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.

Waiver and expenditure authorities

To operate the waiver, Washington state requests the following waivers and expenditure authorities under Section 1115(a) of the Social Security Act. To the extent that CMS advises the state that additional authorities are necessary to implement the programmatic vision and operational details described above, we are requesting such waiver or expenditure authority, as applicable.

Table 5: waiver authorities

Waiver authority	Use for authority
Section 1902(a)(10)(B) – Amount, Duration, and Scope of Services Section 1902(a)(17) – Comparability	To allow Washington state to offer coverage of traditional health care practice services that may not be available to all Apple Health beneficiaries in the same eligibility group.
Section 1902(a)(23)(A) – Freedom of Choice	To permit Washington state to limit the provision of traditional health care practice services to specific qualifying providers (i.e., IHS, Tribal, or UIHO facilities).
Section 1902(a)(1) – Statewide	To allow Washington 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
Title XIX and XXI – Expenditures Related to Traditional Health Care Practices	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.

Public comment period

As part of the waiver application, HCA started an initial 30-day public comment period from November 5 to December 5, 2025.

To allow more time for partner, stakeholder, and community feedback, HCA extended the public comment period for an additional 15 days, which began **Wednesday, November 5 and now ends Saturday, December 20, 2025.**

The public comment period allows interested people an opportunity to review and provide feedback on the proposed waiver. During this time, HCA will have presented and discussed the waiver during four public hearings, a Tribal listening session, and Tribal Consultation. Public comment is open to anyone who would like to share their input, especially Tribal Nations, Indian health care providers, UIHOs, Tribal health organizations, and Native-serving organizations.

The deadline to provide public comment is December 20 at 5:00 p.m. Pacific Time.

Public hearings

In partnership with Lummi Nation and Yakama Nation, HCA held two public hearings in November across the state. In December, HCA hosted two additional hearings. Public hearings provide attendees an opportunity to ask questions, provide input, and attend in person, join virtually, or call in.

Table 7: public hearing information

Date and time	Location	Meeting information
Friday, November 14 1-2:30 p.m.	Legends Casino Hotel 580 Fort Road Toppenish, WA 98948 Hosted by Yakama Nation	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.
Wednesday, November 19 1-2:30 p.m.	Lummi Nation Administration Building Kwelshan Conference Room, 2 nd floor 2565 Kwina Road Bellingham, WA 98226 Hosted by Lummi Nation	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
Friday, December 5 2:30–4 p.m.	Health Care Authority Pear Conference Room, 1 st floor 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
Tuesday, December 9 10:30 a.m.–noon	Health Care Authority Fir Conference Room, 2 nd floor 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

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

Table 8: additional opportunities for Tribal input

Meeting type	Date and time	Zoom and call-in information
<p>OTA listening session</p> <p>Attendees can join virtually or call in.</p>	<p>Thurs., December 11, 2025 10–11 a.m.</p>	<p>Join on Zoom</p> <p>Meeting ID: 845 3876 0381</p> <p>Call in: 1-253-215-8782 (Tacoma) 1-253-205-0468 (U.S.)</p> <p>See more information on how to join.</p>
<p>OTA Tribal Consultation</p> <p>Attendees can attend in person, join virtually, or call in.</p>	<p>Tues., December 16, 2025 10:30 a.m.–noon</p> <p>Health Care Authority Cherry Street Plaza Eagle Conference Room 552 626 8th Avenue SE Olympia, WA 98501</p> <p>View the visitor map and parking information.</p>	<p>Join on Zoom</p> <p>Meeting ID: 852 6971 9937</p> <p>Call in: 1-253-215-8782 (Tacoma) 1-253-205-0468 (U.S.)</p> <p>See more information on how to join.</p>

Contact

For questions or additional information, [contact our waiver team](#).