

Washington State Health Care Authority Office of Tribal Affairs

Traditional Health Care Practices waiver

Public hearing

Webinar logistics

- First half, we'll walk through the proposed approach.
- Second half, we'll hear feedback from participants.
 - Those participating via computer or phone will be automatically muted
 - ▲ Raise your hand and come off mute to ask questions during the public comment period.
 - ▲ Drop comments or questions at any time using the chat function.

Today's webinar is being recorded and transcribed.



Today's agenda

- Agenda
 - **Am Opening**
 - Review the Centers for Medicare & Medicaid Service (CMS) framework
 - ▲ Eligible beneficiaries
 - ▲ Federal Medical Assistance Percentage (FMAP)
 - Practices
 - ▲ Providers/practitioners
 - ▲ Implementation funding
 - ▲ Evaluation
 - State options
 - ## Funding assumptions
 - m Next steps



Today's objective

- We will provide an overview of the state's efforts to broaden access to traditional health care practices and review components of the waiver.
- We want to receive public comments from partners, community members, and others on our proposed approach.



Waiver materials

- Traditional Health Care Practices waiver page
- Draft application
- Executive summary
- Public notice
- Providing public comment
- Other resources





Background



CMS framework

- In October 2024, CMS approved traditional health care practices demonstrations for:
 - **Arizona**
 - **California**
 - **Mew Mexico**
- CMS also shared a framework designed to streamline review and approval of state requests to cover traditional heath care practices under an 1115 demonstration.
- CMS' expedited framework:
 - Describes parameters for eligible beneficiaries, FMAP, service definitions, providers/practitioners, implementation expenditures, evaluation, and post-approval expectations of states



CMS framework continued

Accommodates state-specific variation in:

- ▲ Eligible beneficiaries (including Children's Health Insurance Program (CHIP) beneficiaries; other qualifying criteria or phased-in approach)
- ▲ Participating facilities (including Urban Indian Health Organizations (UIHOs))
- ▲ Administrative implementation expenditures



Eligible beneficiaries

Any Apple Health (Medicaid) beneficiary eligible to receive traditional health care practices delivered by or through "qualifying facilities," including Indian Health Services (IHS) facilities, Tribal facilities, or (if included) UIHO facilities.

Includes non-American Indian/Alaskan Native (AI/AN) beneficiaries eligible to receive services delivered by or through these facilities.

States can also include separate CHIP beneficiaries who are eligible to receive services delivered by or through these facilities.

CMS will consider state proposals to apply additional beneficiary qualifying criteria, or to phase-in populations over the life of the demonstration.

Background on FMAP

- Medicaid programs and services are funded by the state and federal government.
- FMAP is the percentage of costs paid by the federal government.
- For every dollar spent in Medicaid, the federal government and state both pay a share. If FMAP is 90%, the federal government pays 90 cents on the dollar and Washington pays 10 cents on the dollar.
- FMAP is established in federal law and regulations and can vary depending on the types of enrollees and services that are provided. E.g., Washington receives:
 - ≈ 90% FMAP for Medicaid Expansion enrollees
 - 22100% FMAP for services to an Al/AN beneficiary received through an IHS/Tribal facility
 - ≈ 65% FMAP for CHIP enrollees
 - 50% FMAP for administrative costs

FMAP for traditional health care practices

- States will receive 100% FMAP for expenditures for practices received through IHS or Tribal facilities by AI/AN Medicaid beneficiaries.
- States will receive the otherwise applicable state service match for expenditures for practices when services are delivered to:
 - ™Non-AI/AN Medicaid beneficiaries through HIS/Tribal facilities.
 - medicaid beneficiaries by UIHO facilities.
 - **CHIP** beneficiaries by or through qualifying facilities.
 - Medicaid beneficiaries who are non-AI/AN by or through qualifying facilities.



Traditional health care practices

- These are practices delivered by or through IHS facilities, Tribal facilities, or UIHO facilities are covered under these approvals
- Some practices may include:
 - m Drumming
 - Talking circles
 - **Sweats**
 - Spiritual counseling
 - Rites of passage ceremonies
 - Cultural guidance for traditional plant and food gathering
 - **And** more



Providers/practitioners

- Providers and practitioners of these services must be employed by or contracted with the IHS facility, Tribal facility, or UIHO facility.
- Each qualifying facility is responsible for determining that each provider and practitioner:
 - Is qualified to provide traditional health care practices to the qualifying facility's patients.
 - ## Has the necessary experience and appropriate training.



Providers/practitioners continued

- The qualifying facility also is expected to:
 - Establish its methods for determining whether its employees or contractors are qualified to provide traditional health care practices.
 - Bill Medicaid or CHIP for traditional health care practices provided only by employees or contractors qualified to provide those practices.
 - Provide documentation to the state about these activities upon request.
 - ▲The state must make any documentation it receives from qualifying facilities about these activities and determinations available to CMS upon request.



Implementation expenditures

- CMS will consider approving administrative implementation funding to states to support provider implementation of traditional health care practices.
 - Although practices may already be offered, facilities are not currently paid for the practices by Medicaid or CHIP, so may not have any coding, tracking, or payment systems in place.
- Implementation funding can aid in staff training and recruitment, as well as outreach, education, and community engagement.
- Funds will be matched by the federal government at the administrative rate of 50/50.

Evaluation

- CMS is working with states to create a process to monitor and evaluate the approved demonstration components.
- Evaluations are expected to assess:
 - Beneficiary awareness and understanding of traditional health care practices.
 - ***Access to, cost of, and utilization of traditional health care practices.
 - [™]Quality and experience of care.
 - makes Physical and behavioral health outcomes.



Post-approval

- Each state, in consultation with Tribes, is working on a timeline and plan for implementation.
- Each state must attest that it is:
 - meaning adequate access to secular alternatives.
 - Ensuring beneficiaries have a genuine, independent choice to use other Medicaid or CHIP-covered services for any condition addressed through covered traditional health care practices.
 - Ensuring traditional health care practices may not be used to reduce, discourage, or jeopardize a beneficiary's access to service or settings already covered.
 - ▲ Federal financial participation (FFP) is tied to state submission of this attestation.



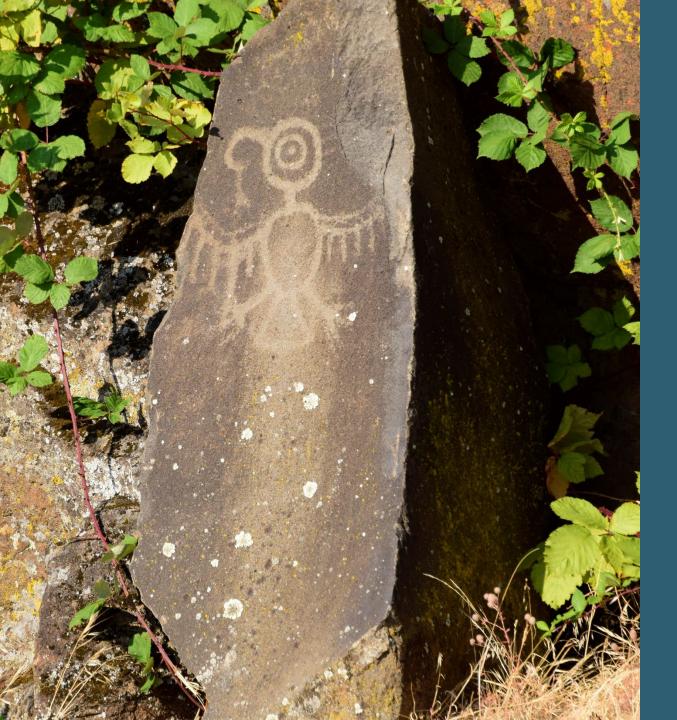
Post-approval continued

Each state must:

Notify beneficiaries of their rights to file grievances, complaints, and appeals related to this attestation

Take any needed actions or monitoring — consistent with federal laws and regulations — regarding grievances, complaints, and appeals.





Options, funding, and numbers



State options

- Inclusion of UIHO facilities
 - Washington is seeking the authority to include these facilities.
- Inclusion of CHIP beneficiaries
 - Our understanding is that our program does not distinguish between Medicaid and CHIP like other states do.
- Inclusion of administrative implementation expenditures

 We did not include this it is 50/50 state/federal match.
- CMS will also consider state proposals to apply additional beneficiary qualifying criteria or to phase-in populations over the life of the demonstration.
 - We included ramp-up assumptions to phase-in over time.

Funding assumptions

- To create our funding model, we had to make some assumptions:
 - ₩Utilization rate at full implementation: 40%
 - ▲ Assumed for Native and non-Native utilization
 - Average number of visits annually: 12
 - ▲ Assumed for Natives and non-Natives
 - Ramp up over 5-year demonstration period
 - ▲ Demonstration Year (DY) 1: 10%
 - ▲DY2: 40%
 - ▲DY3: 60%
 - ▲DY4: 80%
 - ▲DY5: 100%



Numbers

Estimated number of eligible people who will receive traditional health care practices

	Demonstration year 1 (DY1)	DY2	DY3	DY4	DY5
People receiving traditional health care practice services	1,810	7,241	10,861	14,481	18,102

Annual projected computable expenditures

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





Timeline and public comment



Anticipated timeline for proposed waiver

Action	Timeline
State is providing a 30-day public comment period and Tribal public comment period through December 5, 2025.	November 5–December 5, 2025
State will review all public comments and finalize the application in December, with the goal of submitting the final proposed application to CMS by December 31.	Submit application by December 31, 2025
Following submission, CMS will conduct a 30-day federal public comment period, followed by state negotiations with CMS.	January 2–31, 2026

The implementation start date is subject to final negotiations and approval with CMS.



Submitting public comments

- The public comment period is from November 5-December 5, 2025.
- We must receive public comments by Friday, December 5 at 5 p.m. (Pacific).
- We are accepting public comments by mail, email, and during today and next week's public hearing.



Q&A

We'd love to hear from you!
What questions or comments do you have for us?





Thank you!

For questions, please contact:

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