



Washington State Health Care Authority  
**Office of Tribal Affairs**

**Traditional health care  
practices waiver**

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Public comment period

# Webinar logistics

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- 🦋 First half, we'll walk through the proposed approach.
- 🦋 Second half, we look forward to hearing feedback from participants.
  - ⚡ Those participating via computer or phone will be automatically muted
    - ▲ Raise your hand and come off mute to submit 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

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## Agenda

-  Opening
-  Review CMS Framework
  -  Eligible Beneficiaries
  -  Federal Medical Assistance Percentage (FMAP)
  -  Practices
  -  Providers/Practitioners
  -  Implementation Funding
  -  Evaluation
-  State Options
-  Funding Assumptions
-  Next Steps



# Today's objective





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- ✍ In today's webinar, we will provide an overview of State's efforts to broaden access to THCP and review components of the waiver demonstration.
- ✍ This is so that we may receive public comments from stakeholders on the proposed approach we have outlined



# Accessing demonstration materials

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-  [Application](#)
-  [Executive summary](#)
-  [Public notice](#)
-  [Providing public comments](#)



# Submitting public comments

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- ✉ The public comment period for the Section 1115 application is from November 20–December 20, 2025.
- ✉ To be considered prior to CMS submission, all public comments must be received by 5 p.m. Pacific Time on December 20, 2025.
- ✉ State is accepting public comments by mail, email, and during the Q&A portion of today's webinar.





# Background



# Traditional Health Care Practices demonstration framework

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- ✍ In October 2024, CMS approved four traditional health care practices demonstrations (AZ, CA, NM, OR) and shared a framework designed to streamline review and approval of state requests to cover traditional health care practices under 1115 demonstrations.
- ✍ CMS's expedited framework:
  - 🌊 Describes parameters for eligible beneficiaries, the federal medical assistance percentage (FMAP), service definitions, providers/practitioners, implementation expenditures, evaluation, and post-approval expectations of states
  - 🌊 Accommodates state-specific variation in:
    - ▲ Eligible beneficiaries (inclusion of Children's Health Insurance Program (CHIP) beneficiaries; other qualifying criteria or phased in approach)
    - ▲ Participating facilities (inclusion of urban Indian organizations (UIOs))
    - ▲ Administrative implementation expenditures



# Eligible beneficiaries

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- ✎ Eligible beneficiaries include any Medicaid beneficiary eligible to receive traditional health care practices delivered by or through Indian Health Services (IHS) facilities, Tribal facilities, or (if included) urban Indian organization (UIO) facilities.
  - 🌊 Includes non-American Indian/Alaskan Native (AI/AN) beneficiaries eligible to receive services delivered by or through these facilities.
  - 🌊 States also can opt to include separate Children's Health Insurance Program (CHIP) beneficiaries able to receive services delivered by or through these facilities.
- ✎ CMS will also consider state proposals to apply additional beneficiary qualifying criteria, or to phase in populations over the life of the demonstration.



# Background on Federal Medical Assistance Percentage (FMAP)

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- ✎ Medicaid programs and services are funded by the state and federal government.
- ✎ The Federal Medical Assistance Percentage (FMAP) is the percentage of costs paid by the federal government.
- ✎ For every dollar spent in Medicaid, the federal government pays a share, and the state pays a share. If the 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 the types of services that are provided. For example, Washington receives:
  - 🌊 90% FMAP for Medicaid expansion enrollees
  - 🌊 100% FMAP for services to an AI/AN beneficiary received through an Indian Health Services/Tribal facility
  - 🌊 65% FMAP for CHIP enrollees
  - 🌊 50% FMAP for administrative costs



# FMAP for traditional health care practices

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- ✎ States will receive 100 percent FMAP for expenditures for practices received through HIS or Tribal facilities by Medicaid beneficiaries who are AI/AN.
- ✎ 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;
  - 🌊 Services are delivered to Medicaid beneficiaries by UIO facilities;
  - 🌊 Services are delivered to CHIP beneficiaries by or through qualifying facilities; and
  - 🌊 Services are delivered to Medicaid beneficiaries who are non-AI/AN by or through qualifying facilities.



# Traditional health care practices

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- ✍ Traditional health care practices that are delivered by or through IHS facilities, Tribal facilities, or UIO facilities are covered under these approvals



# Providers/practitioners

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- ✍️ Providers and practitioners of these services must be employed by or contracted with the IHS facility, Tribal facility, or UIO 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; and
  - 🌊 Has the necessary experience and appropriate training.
- ✍️ 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 furnished only by employees or contractors who are qualified to provide them; and
  - 🌊 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.



# Evaluation

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- ✍ 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; and physical and behavioral health outcomes.



# Post-approval

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- ✍ Each state, in consultation with Tribes, is working on a timeline and plan for implementation.
- ✍ Each state must attest that it is:
  - 🌊 Providing adequate access to secular alternatives;
  - 🌊 For any condition addressed through covered traditional health care practices, ensuring beneficiaries have a genuine, independent choice to use other Medicaid- or CHIP-covered services; and
  - 🌊 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.
- ✍ Each state must notify beneficiaries of their rights to file grievances, complaints, and appeals related to this attestation and take any needed actions or monitoring, consistent with federal laws and regulations regarding grievances, complaints, and appeals.



# State Section 1115 waiver demonstration

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# State options

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## State Options:

### Inclusion of UIO facilities

- ▲ Washington is seeking the authority to include Urbans.

### Inclusion of CHIP beneficiaries

- ▲ Our understanding is 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

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- ✍ To create our funding model, we had to make some assumptions:
  - 🌊 Utilization Rate at full implementation: 40%
    - ▲ We assumed this for both Native and non-Native utilization.
  - 🌊 Average number of visits annually: 12
    - ▲ Again, 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

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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

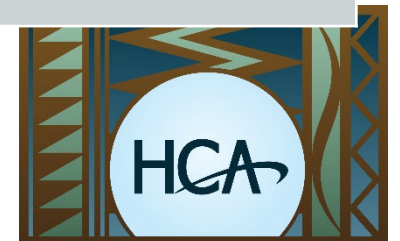
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# Anticipated timeline for the proposed 1115 application

Action	Timeline
The OTA is providing for a 30-day stakeholder public comment and Tribal public comment periods through December 20, 2025.	<b>November 20, 2025 – December 20, 2025</b>
HCA will review all public comments and finalize the application in December, with the goal of submitting the final proposed application to CMS by the end of December.	<b>Submit application by December 31, 2025</b>
Following submission, CMS will conduct a 30-day federal public comment period, followed by departmental negotiations with CMS.	<b>January 2, 2026 – Jan 31, 2026</b>

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



# Public comment period

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To be considered prior to CMS submissions, public comments must be received by 5 p.m. Pacific Time on December 20, 2025

## Email comments

Email: [HCADLTraditionalWaiver@hca.wa.gov](mailto:HCADLTraditionalWaiver@hca.wa.gov)

## Mail comments

**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



# Public comment

## We will now take comments from the public

- If you are participating via webinar and would like to submit a comment, use chat or “raise hand” on the Zoom toolbar. All information spoken and received through the chat box will be recorded as public comment (please include your name and agency).
- If you are listening by phone, press \*9 to raise your hand and \*6 to unmute your phone line.





Thank you!

