Upcoming and Recent District Health Coverage Changes

Biweekly DHCF Eligibility Meeting

Department of Health Care Finance

October 21, 2026

Presentation Overview

- **One Big Beautiful Bill (OB3) Eligibility Changes Overview**
- New: Combined Work Requirements Website
- New: Short Term Hardship Request
- Work Requirements and Verifications
- Outreach and Next Steps
- Q&A

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Changes to Medicaid Will Roll-Out Over the End of 2026 and Beginning of 2027

- **October 1, 2026:** Some persons with legal immigration statuses lost Medicaid coverage, but may transition to other programs

- **January 1, 2027:**
  - Some adults will have to show work, volunteer or school hours (the “work requirement”) to be eligible for Medicaid
  - Some adults will have to recertify their eligibility every 6 months to keep Medicaid
  - Medicaid retroactive coverage will change from 3 months to either 2 months or 1 month
  - DHCF will allow for the deduction of moving expenses for eligibility for some people
  - DHCF will be required to take action to reduce duplicate or deceased enrollment

- **January 1, 2028:**
  - DHCF will cap the home equity allowed for eligibility from long term services and supports at $1 million

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Now Live: DHCF and DHS have Launched a Joint Work Requirements Website

DHCF
Department of Health Care Finance

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District Direct | Medicaid Work Requirements | SNAP Work Requirements | A– | A+ | Select Langu | Powered by Google Translate

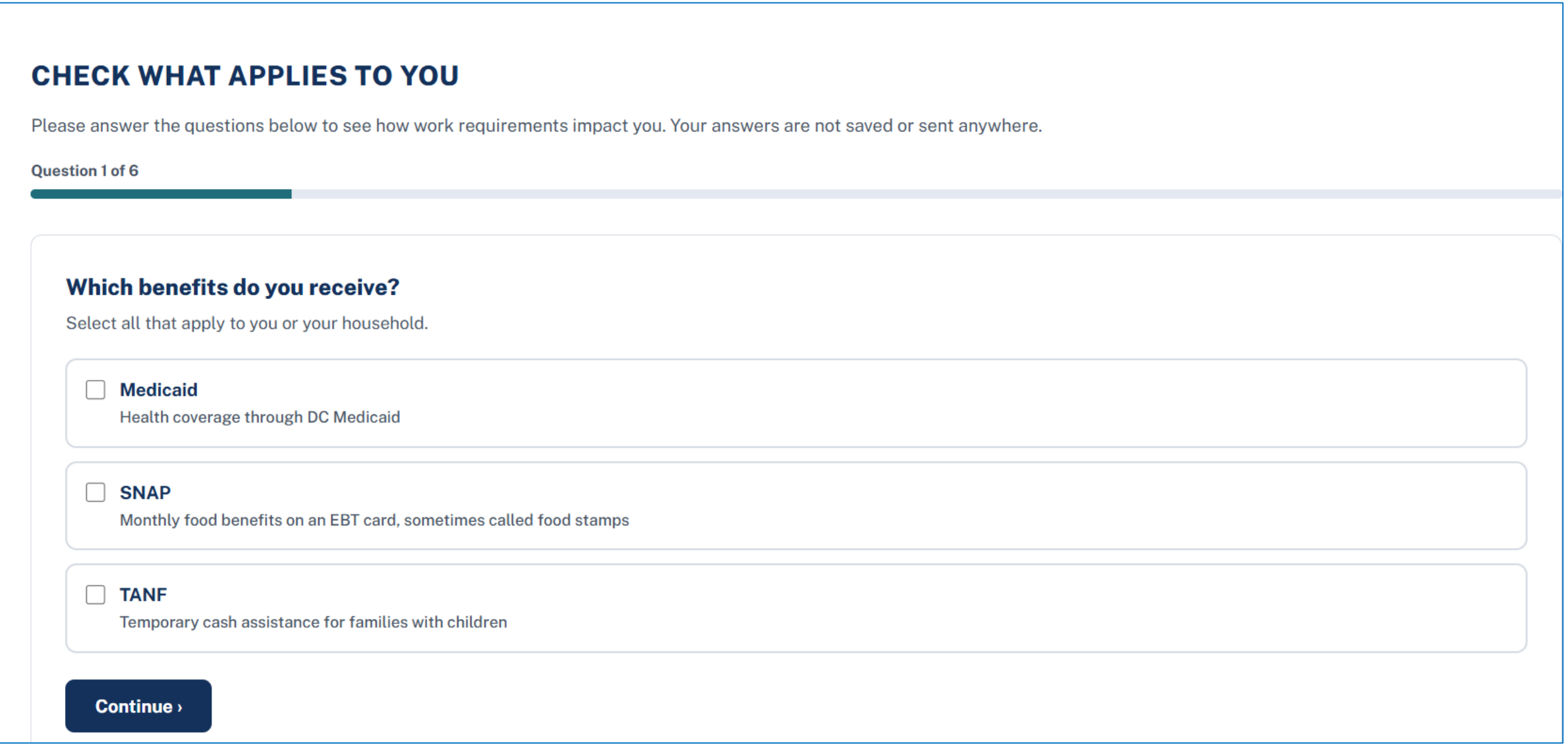
Stay Eligible. Take Action Today.

Learn how work requirements in Medicaid and SNAP affect you.

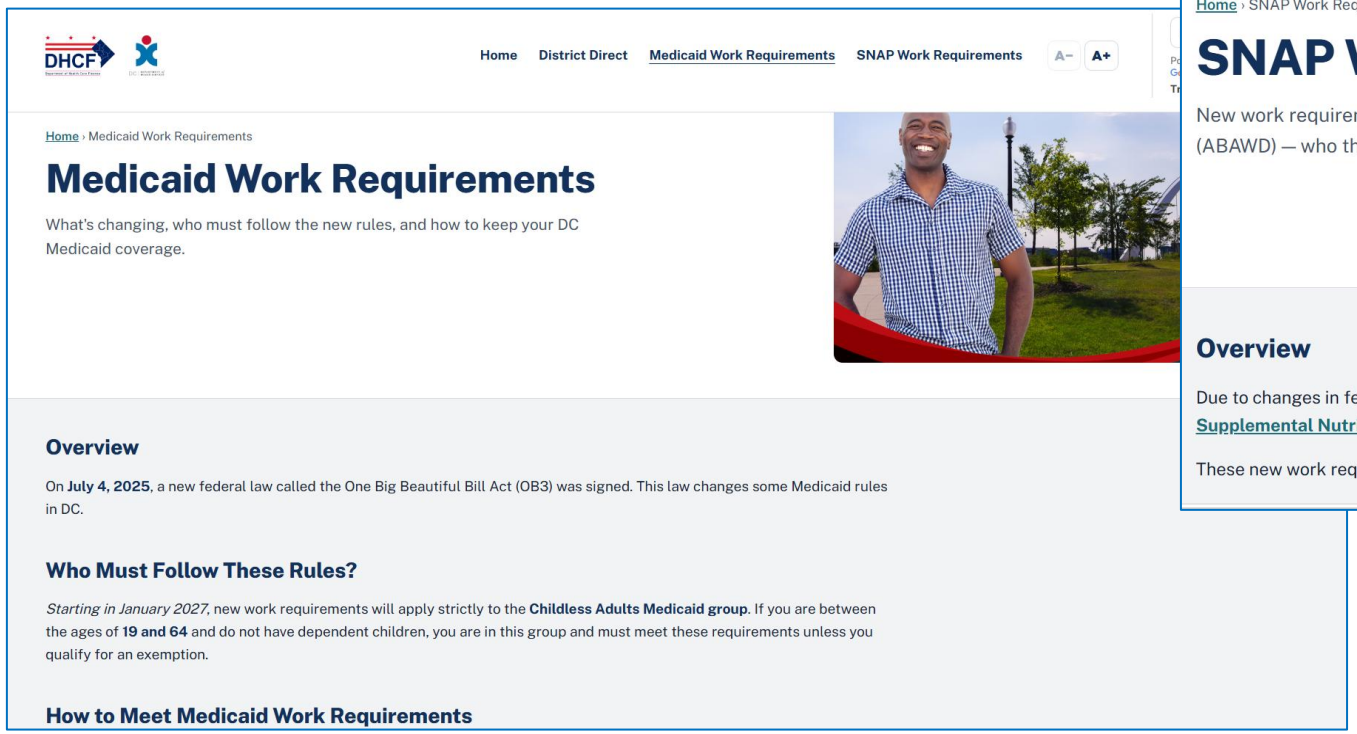
Recent changes in federal law mean new work requirements for some District residents who receive Medicaid or Supplemental Nutrition Assistance benefits. This site explains what is changing, who is affected, and the steps you can take now to protect your benefits and stay covered.

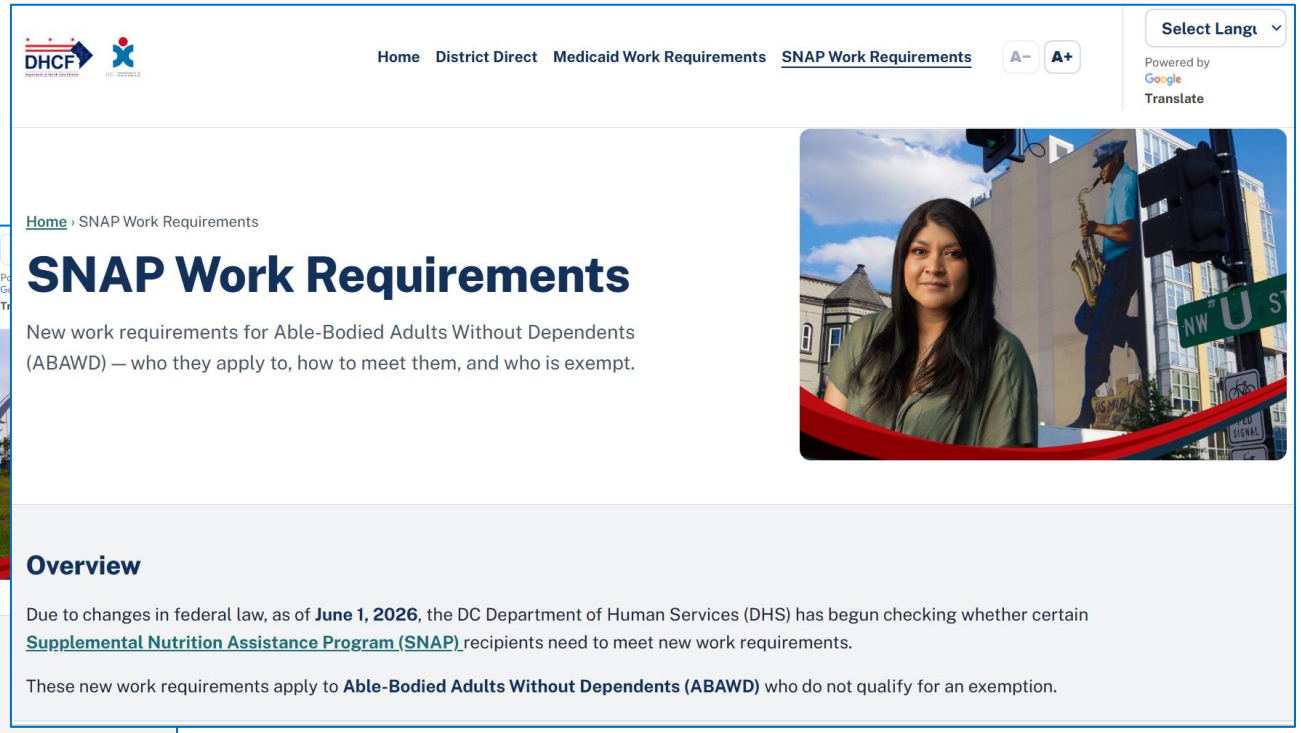
Check What Applies to Me ›

Now Live: Workrequirements.dc.gov Features a Screening Tool and Other Resources



Now Live: Joint Work Requirements Website Features Medicaid and SNAP Sub-Pages with Detailed Info and FAQs





Now Live: DHCF and DHS Launched a Joint Work Requirements Website!

- Questions in programmatic screener were developed and tested with support of The Lab @ DC

- Website will be enhanced with additional materials over time, including: outreach materials and additional resources for residents seeking workforce and community engagement support

- If you have feedback on the website, feel free to reach out to medicaid.renewal@dc.gov

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DHCF Submitted a Short-Term Hardship Request on Work Requirements for Affected Residents Living in Wards 7 and 8

- OB3 permits states to deem applicable individuals compliant with work requirements during a short-term hardship, including residence in a county or equivalent unit of local government with high unemployment.

- *The District applied for a Short-Term Hardship Request Based on High Unemployment for Wards 7 and 8 on 10/16/26*

- Based on data published by DOES, both areas have unemployment rates at or above the lesser of 8 percent, or 1.5 times the national unemployment rate (the threshold in the legislation)

- We will share any responses from CMS at future meetings

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Work Requirements Apply to Childless Adults in Program Codes 774C and 774D

- **Applicable individuals:** Childless adults ages 19–64 in the adult expansion group who are not pregnant and not entitled to or enrolled in Medicare Part A or B. This is estimated to affect around ¼ of current Medicaid enrollees.
- **19–20-year-olds:** Those at or under 133% FPL and who otherwise meet the definition of Medicaid Expansion Adult (not pregnant, no dependent children, not disabled, not eligible for Medicare) are subject to work requirements. A 19- or 20-year-old who does not successfully demonstrate compliance is redetermined under a child eligibility code. Those above 133% FPL are not subject to work requirements. Due this flexibility the District expects minimal impact on 19–20-year-olds.
- **Parents and caretakers are not included:** Any District adult living with a dependent minor child (under 18) is eligible as a parent/caretaker relative, a group that is not subject to work requirements.

Reminder: Work Requirements Do Not Apply to Everyone That Has Medicaid Coverage

- Medicaid **work requirements do not apply to:**
  - Children 18 or younger
  - Any Adult 65 and older
  - Adults enrolled in waiver programs like Elderly and Persons with Disabilities Waiver, Services My Way, the Individuals with Developmental Disabilities Waiver, or the Individual & Family Support Waiver
  - Adults who are disabled or have a health condition qualifying them for Medicaid (non-MAGI)
  - Adults in Long Term Institutional Care, like Nursing Facilities and Intermediate Care Facilities
  - Adults in the Program for All-Inclusive Care for the Elderly (PACE)
  - Adults in the Qualified Medicare Beneficiary (QMB) and QMB+ programs

Those not affected are estimated to be just over 3/4 of current Medicaid enrollees (78%)

Important Reminder: Work Rules Do Not Apply to Everyone!

Most People Are **Not** Affected: Nearly 8 Out of 10 People will not encounter new eligibility rules!

Medicaid work requirements do not apply to:

1. Children under 19
2. Adults 65 and over
3. Enrolled in Waiver Programs (EPD, Services My Way, IDD, IFS)
4. Individuals Receiving Long Term Care in Nursing Homes
5. Enrolled in PACE Program
6. Individuals with Disabilities or serious health conditions (Non-Magi)
7. Parents and Caretakers of minor children

A Small Group **Is** Affected: About 2 Out of 10 People Will Have to Follow the New Rules!

Medicaid work requirements do apply to:

1. Adults aged 19-64
+ 2. No Dependent Children
+ 3. Not disabled or pregnant
+ 4. Under 138% FPL
= 5. Medicaid Expansion Population (Childless Adults)

Work Requirements Can Mean Working or Volunteering a Certain Number of Hours, Attending School or Training Half Time, Meeting Income Standards- or Combinations

The new Law requires states to condition Medicaid eligibility for adults in the Affordable Care Act (ACA) Medicaid expansion group at application and following enrollment on meeting work requirements starting January 1, 2027

How to Meet Work Requirements: At application, an individual must have met one or a combination of the requirements below one month prior to their application. At renewal, an individual must have met or a combination of the requirements one month in the past certification period:

80 Hour Requirement			Income		School
Work	Community Service (Volunteer)	Work Program	$580 (earned or unearned)	Seasonal income to equal at least $580 over the past 6 months.	Enrolled at least half-time.
					College, GED, High School, Adult Basic Education

For the 80-hour requirement, if you have less than 80 hours in a single category, you can combine the above activities (school, work, volunteering, job training) to meet the requirement.

Work is Broadly Defined Under Work Requirements Rule; Volunteering is Defined More Narrowly

- **<u>Community Services (Volunteering)</u>** - Is unpaid work within a structured program that is completed for the *direct benefit of the community* under the supervision/direction of government or nonprofit (§501(c)(3)) organizations:
  - The public or nonprofit organization must provide oversight of the activity and have a process in place to track the community service (volunteering) completed by individuals
  - The applicant or beneficiary must submit a letter from the agency or organization to verify the completed service, including the dates and hours, a description of the work, the organization's name and address, and a point of contact who can confirm the details.

- **<u>Work</u>** - Is work in exchange for money, work in exchange for goods or services ("in kind" work), and unpaid work other than community service
  - Work includes self-employment
  - Unpaid work can include things like an internship
  - An example of "in kind" work would be serving as a building superintendent in exchange for rent

Reminder: Exempted Individuals Include Medicare, Foster Care, American Indians, Disabled Veterans, Medically Frail Individuals

- Many Medicaid populations are not subject to Medicaid Work Requirements through exemptions in statute
  - If exempted, the individuals won't be subject to work requirements (no need to fill out information, no "look back" period)

- Exempted Individuals:
  - Individuals who are Pregnant or Postpartum
  - Individuals who are already compliant with SNAP/TANF Work Requirements
  - Parent/Caretaker Relatives of a disabled child or a child 13 years or younger
  - Enrolled in or entitled to Medicare Part A benefits, or enrolled in Medicare Part B
  - Enrolled or eligible for Medicaid as a current or former foster care youth
  - American Indians and Alaskan Natives who are eligible to receive services via the Indian Health Service
  - Veterans with a disability rated as total under section 1155 of title 38, United States Code
  - Individuals who are medically frail in a way that significantly impacts their ability to meet work requirements including an individual:
    - ✓ Who is blind or disabled (as defined in section 1614);
    - ✓ With a substance use disorder;
    - ✓ With a disabling mental disorder;
    - ✓ With a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or
    - ✓ With a serious or complex medical condition

Reminder: Some Exceptions Include Those in Rehab, Who Received Inpatient Hospital Services, Those Traveling for Medical Reasons

- For those subject to work requirements, States *may allow for individuals who request such an exception* to be considered as having met the community engagement requirement for a month if they have experienced a short-term hardship event during the look back period
  - This must be during the look back period, not in the month of application

- These events include:
  - ➢ The individual receives inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or such other services of similar acuity (including outpatient care relating to other services specified in this subclause), as the Secretary determines appropriate
  - ➢ The individual resides in a county with an emergency/disaster declared by the President or a high local unemployment rate:
    - ✓ Permits states to request exemptions for individuals who reside in counties that have unemployment rates at or above 8% or below 8% but 1.5 or more times the national average unemployment rate.
  - ➢ The individual or their dependent must travel ***outside of their community*** for an extended period of time to receive medical services necessary to treat a serious or complex medical condition that are not available within their community of residence.

MWR Screening Happens at Each Verification of Eligibility and the Compliance Look-Back Period Depends on the Type and Timing of Submission

Situation	Look-Back Period	Example
Application	One calendar month before the month of application	Applies in January 2027: Must demonstrate compliance in December 2026
Renewal	At least one month during the certification period	Renewal due June 2027: Must demonstrate compliance in any one month from July 2026 through June 2027
Renewal Returned in the 90-day Grace Period	Treated like an application: one calendar month before the month the renewal is returned	Grace period renewal submission returned in May 2027: Look-Back period is April 2027
Change in Circumstances	From the last determination through the end of the month before the change is reported	Change reported in May 2027: Look-Back period is date of last determination through April 2027

The District Verifies MWR Compliance Electronically First and Requests Documents Only When Needed

1. Case Record and Electronic Data

DCAS first checks the case record and electronic data sources, such as wages, provider payments, higher education, job training, disability status, and SNAP/TANF data.

Note* - We will attempt to use electronic information to confirm medical frailty

2. Request Only What Is Missing

The District requests more information only when compliance or an exemption cannot be confirmed from the case record or data sources.

3. Request for Information

If compliance cannot be verified through case record or data sources, the system issues an RFI or 30-day compliance notice.

Non-response or not being able to demonstrate compliance leads to denial or termination.

Reliable information first: The case record and electronic data are applied/reviewed electronically at application, change in circumstances, and renewal. Compliance with SNAP or TANF work requirements is identified automatically through DCAS system mapping.

Acceptable Proof of Qualifying Activities When Electronic Data Sources Cannot Verify Compliance

Qualifying Activity	Through December 31, 2027	Starting January 1, 2028
Employment (must show hours and wages)	• Pay stubs with hours, wages, salaries, and tips • Tax documents or W-2 showing business income • Employment verification letter	No change
Community service (must show hours)	Self-attestation on the application, renewal, change form, or paper screening form	• Volunteer verification letter • Community service verification form • Work/training activity statement
Work program (must show hours)	Self-attestation on the application, renewal, change form, or paper screening form	• Employer or agency verification letter • Individual Employment Plan (IEP) • Activity logs, time sheets, or attendance records
Educational program (must show half- or full-time status)	• School records or proof of admission • Enrollment verification letter • Official or unofficial transcript • Current class schedule or tuition bill with enrollment details	No change

Note* - Much of this is not new. DHCF MWR design seeks to leverage much of the same verifications/electronic sources of information to determine compliance with MWR. Consult the established checklist tool for other common sources of verification.

Acceptable Proof of Exemptions and Short-Term Hardships

Exemption or Exception	Through December 31, 2027	Starting January 1, 2028
Parent/caretaker relative or family caregiver	Self-attestation	Caregiver statement, doctor statement, personal care agreement, or FMLA form
Medically frail or special medical needs	Self-attestation	Doctor letter, FMLA medical certification, functional capacity assessment, or DHCF medical form (pending)
Substance or alcohol use disorder treatment	Self-attestation	Statement from the treatment facility
Veteran with a total disability rating	VA disability rating letter or award letter	No change
Compliant with SNAP or TANF work requirements	Automatic through system mapping	No change
Former foster youth, AI/AN, pregnant or postpartum, Medicare, inmate in prior 3 months	Self-attestation; the system does not request verification (Medicare also checked through interfaces)	No change
Short-term hardship	Disaster and high-unemployment hardships applied automatically; attestation accepted for medical treatment	Discharge summary, admission letter, work excuse note, itemized bill, or facility letter; doctor letter for care outside the community

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Reminder: Outreach Standards Include Notices to Beneficiaries with Specific Standards on How to Complete Engagement Requirements

- Prior to the implementation of the community engagement requirement (and periodically thereafter) states must notify applicable individuals enrolled in Medicaid expansion about the requirement, including:
  - How to comply with the requirement, including an explanation of the exemptions
  - The consequences of noncompliance with such requirement; and
  - How to report to the state any change in the individual's status that could result in exceptions or the end of a previously established exception.

- States must notify individuals:
  - By regular mail (or, if elected by the individual, in an electronic format); and
  - In one or more additional forms, which may include telephone, text message, an internet website, other commonly available electronic means, and such other forms as the Secretary determines appropriate;
  - States must begin outreach to notify individuals of the new requirements at least three months before the start of the first compliance "look-back"
    - ✓ District first performed outreach with mailers in September 2026 to ensure compliance

DC Medicaid Has Multiple Ongoing Methods of External Outreach And Wants to Join Your Meetings Too!

- DC Medicaid is hosting <u>regular Biweekly DHCF Eligibility Meetings such as this every 2 weeks</u>- continuing every other Wednesday at 2:30 pm and the **next is <u>Wednesday, November 4, 2026</u>**.
  - Please email *Medicaid.renewal@dc.gov* to join the meetings and related mailing list if not on it already

- DC Medicaid is holding <u>monthly Resident-Focused Eligibility Meetings</u> on the 4th Friday of every month
  - The next is online at 6:30 pm this **<u>Friday, October 23 @ 6:30 PM</u>**

- DC Medicaid is holding <u>monthly District Direct (DCAS) Trainings for Human Services Benefits</u> at 12:30 pm the 3rd Tuesday every month designed for stakeholders and anyone helping with eligibility– the next is **<u>Tuesday, November 17, 2026</u>**.

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Questions and Comments

Learn More About Recent Federal Eligibility Changes to Medicaid: https://dhcf.dc.gov/page/federal-changes-medicaid

Learn About Work Requirements: workrequirements.dc.gov

Learn more about Medicaid Program Changes: https://dhcf.dc.gov/page/non-citizen-eligibility

Contact DHCF on Eligibility Issues: Medicaid.Renewal@dc.gov

For Assistance Navigating Health Care in DC: Office of the DC Health Care Ombudsman and Bill of Rights: 202-724-7491

For information on your benefits or to take action: Public Benefits Call Center, 202-727-5355

For information on your Healthy DC Plan or Marketplace coverage or to take action: DC Health Link Contact Center, (855) 532-5465