Training on District Direct for Human Services Benefits

August 18, 2026

Department of Health Care Finance

DHCF's Various Outreach Meetings

- *Training on District Direct (DCAS) for Human Services Benefits:* Occurs monthly on the 3rd Tuesday of each month @ 12:30 and discusses how to login into District Direct and connect accounts, how to update addresses, and how to renew Medicaid/Alliance –**Today's training**.
  - *Intended audience: A beneficiary or anyone who will help someone or themselves with coverage online.*

- *Resident Focused Eligibility Meetings:* Occurs monthly and discusses the renewal process for beneficiaries, their representatives, or anyone who assists with the renewal process–The next is this **Friday, August 28 @ 6:30 PM.**
  - *Intended audience: Anyone who wants to learn how to renew their Medicaid coverage.*
  - *2nd Week of Every month: Same meeting with concurrent Spanish language translation*

- *Biweekly DHCF Eligibility Meeting:* Occurs every 2 weeks and discusses updates on Medicaid and Alliance eligibility and allows time for questions and comments. Meetings are every other Wednesday at 2:30 p.m.-**Next meeting is August 26, 2026.**
  - *Intended audience: Anyone who wants to learn about Medicaid/Alliance updates or provide questions/comments.*

What is District Direct?

- District Direct is the online portal where beneficiaries can apply and manage Medical assistance and/or SNAP/TANF (Cash assistance).

- Features of District Direct:
  - Apply for benefits
  - Check benefit eligibility
  - Renew or recertify your benefits
  - Report a Change
  - Upload documents
  - Request a new Medicaid card

Setting up District Direct Accounts

- District Direct is designed to be linked to each individual user's email address and not the assisters, case managers, or friends.
- The District has seen the same email be used multiple times in District Direct by people who are helping beneficiaries and that causes back-end issues in the system.
- Please use a beneficiary's email or create one for the beneficiary to log into District Direct.
- We welcome people assisting others in creating, accessing, and using District Direct accounts, but assistors should not use their personal email.
- Please do not create multiple District Direct accounts. If you have an issue with the current account, please contact the help desk at 202-727-5355.

Application and Renewal Timeframes

Applications

- 45 Days
- 60 Days (if disabled)

Changes

- 15 Days

Renewals

- 30 Days

Medicaid Renewal Form Timelines

- Renewal forms for **Non-MAGI** groups are sent **90 days** in advance based on the beneficiary's certification end date. See example below of a April 2026 renewal:
  - *On June 1, 2026, a 90-Day renewal form notice is sent. The renewal is due by August 31, 2026. If the renewal is not received by the agency or the beneficiary submitted but is determined to be ineligible, Medicaid benefits will end September 1, 2026.*

- Renewal forms for **MAGI/Alliance** programs are sent out **60 days** in advance based on the beneficiary's certification end date. See example below of an May 2026 renewal.
  - *On July 1, 2026, a 60-Day renewal form notice is sent. The renewal is due by August 31, 2026. If the renewal is not received by the agency or the beneficiary submitted but is determined to be no longer eligible, Medicaid benefits will end September 1, 2026.*

- Beneficiaries are encouraged to submit renewals upon receipt to avoid any delays. Beneficiaries are sent a notice when the renewal is received.

- If additional information is needed, a request for information (RFI) notice will be mailed and all requesting verifications must be submitted by the designated due date.

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The 90-Day Grace Period

- Beneficiaries who do not submit their renewal form before the end of their recertification period are given an additional 90 days following the end of their recertification period to submit the renewal form.

- If the beneficiary is determined eligible for continued coverage, coverage will retroactively go back to first day of the month following the recertification end date.

- Individuals can recertify their coverage in District Direct, by mail, at a service center, by fax, or by submitting their renewal form or completing a renewal online up to 90 days after their certification end date.

- Individuals attempting to recertify their coverage after 90 days beyond their certification end date will be required to **submit a new application**.
  - The grace period for the May 2026 cohort ends on 8/31/26;
  - From 9/1/26 and forward, members of this cohort who need to renew their coverage will be required to submit a new application to reactivate their benefits.

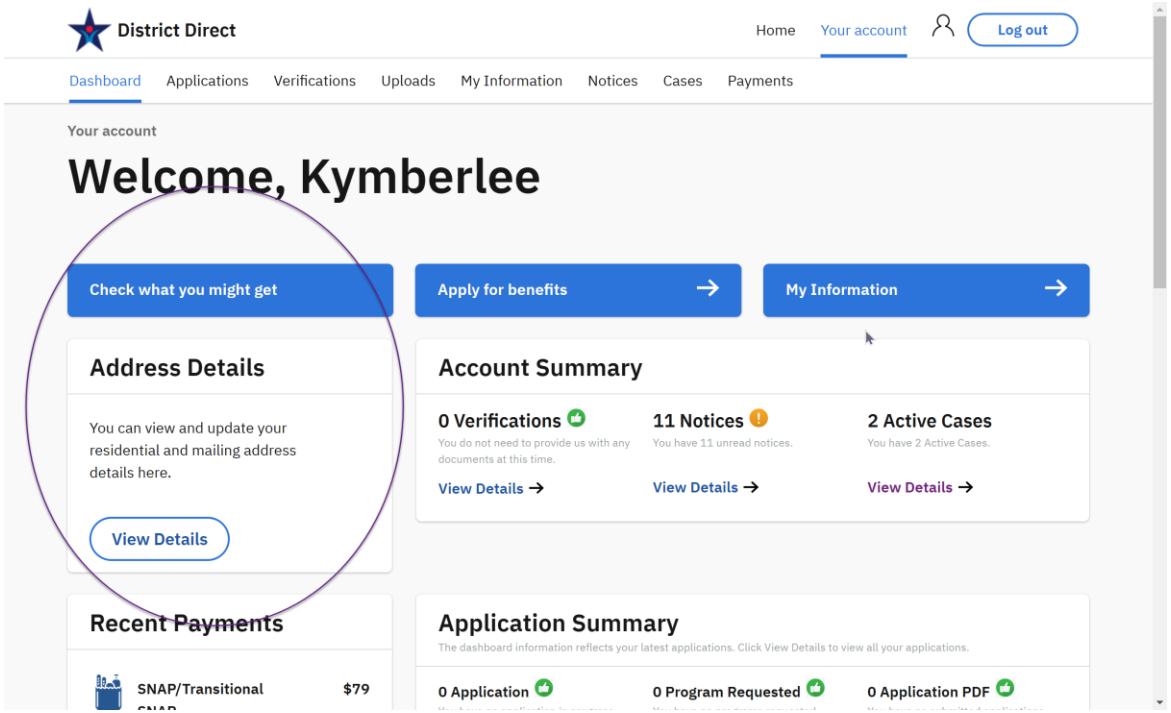
- Federal changes will reduce the length of the grace period starting in January 2027

Key Messages for Beneficiaries: Don't Wait to Update! Act Now! Stay Covered!

What Beneficiaries Can Do Right Now

- Don't Wait to Update!: Update your contact information by logging into District Direct. If DHCF does not have the proper contact information, you will not receive notice of the need to renew your coverage through the mail or other means!

- Check Your Mail: DHCF will mail you a letter about your Medicaid or Alliance coverage. This letter will also let you know when it's time to complete your renewal.



What To Do After Receiving Your Renewal Notice

- Act Now. Stay Covered!: Complete your renewal by using districtdirect.dc.gov, visit a Service Center, or fill out the form and mail/fax/drop at a Service Center immediately to help avoid a gap in your coverage.

Methods to Submit Renewals

Medicaid beneficiaries may submit their completed renewals:

- **Online**: District Direct allows beneficiaries to complete their renewal, report changes, submit verifications, and view notices online or through the mobile app. Beneficiaries may visit https://districtdirect.dc.gov/ or download the mobile app through the Apple App Store or Google Play Store.
- **By Phone**: Call Center (202) 727-5355

- **Mail**

  Department of Human Services | Economic Security Administration
  Case Record Management Unit
  P.O. Box 91560 Washington, DC 20090

- **In-person:** Visit a Case Worker or Drop-off at a Service Center

- **Fax:** at (202) 671-4400

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Up Next:
DCAS Instructional Videos

The Health Benefits Exchange and DC Health Link to Ensure Continuity and Access of Health Coverage

- DC Health Link: DC Health Link is the health care exchange program in the District of Columbia ensuring access to quality and affordable health care to all DC residents. DC Health Link coordinates benefits and creates a "no-wrong-door" environment for District residents seeking help with insurance coverage and costs.

- Relationship with Medicaid renewals: DC Health Link can find health coverage if a beneficiary no longer qualifies for Medicaid but may quality for other health plans
  - DC Health Link may also be the first place some beneficiaries go to find or renew coverage

DC Health Link: https://www.dchealthlink.com/

Your Home for Quality, Affordable Health Insurance

Individual & Family Marketplace through DC Health Link

Next Steps

- The District is holding Biweekly DHCF Eligibility Meetings online. The next one is Wednesday, August 26, 2026 at 2:30 pm.

- The District is holding monthly “Resident Focused Eligibility Meetings” online on how to apply for or renew health benefits -the next meeting is August 28, 2026 @ 6:30 pm
  - Concurrent Spanish translation meetings at same time the 2nd Friday of each month

- There is no need to repeat this training but you can invite others to the next one online on Tuesday, September 15, 2026

- Email questions and feedback or your request to join regular meetings to medicaid.renewal@dc.gov.

Questions and Feedback