Recent and Upcoming District Health Coverage Changes

Biweekly DHCF Eligibility Meeting

Department of Health Care Finance

March 25, 2026

Presentation Overview

- **Information on Recent Medicaid and Alliance Program Changes**
- Information on One Big Beautiful Bill (OB3) Eligibility Changes
- Overview of New SNAP Work Requirements
- Outreach and Next Steps
- Q&A

Local Realities and Federal Actions are Leading to Changes to Medicaid That Will Be Implemented Between Now and January 2027

- Locally, changes in the District's revenues, increasing costs of health care, and increasing Medicaid enrollment challenge Medicaid program sustainability
  - Coverage options changing for some adults currently eligible for Medicaid
- Federally, the One Big Beautiful Bill Act (OB3) includes significant changes to the Medicaid program in the future, including:
  - Changes to eligibility for some legal immigration statuses (starting October 2026)
  - Work requirements for some adults enrolled in Medicaid (effective January 2027)
  - More frequent eligibility checks for some adults enrolled in Medicaid (effective January 2027)
  - Changes to retroactive Medicaid coverage (effective January 2027) and more...
- More details about these changes will be provided today

As of January 1, 2026, Many Adults Are No Longer Eligible for Medicaid

- Eligibility changes made effective January 1, 2026:
  - **No** changes to financial eligibility for Children (0-20), pregnant individuals, SSI individuals, those in the Aged, Blind and Disabled (ABD) group, or participating in long term care.
  - Effective January 1, 2026, the eligibility threshold for Parent/Caretaker Relatives and Childless Adults decreased to 138% FPL.
  - **Adults over this threshold have been disenrolled** from Medicaid effective December 31, 2025.
  - **These adults were sent an adverse action notice** in early December. An informational notice went to impacted individuals in early September.
  - Healthy DC Plan enrollment notices were sent to many transitioning adults on November 1.

Category	Current Childless Adult (Ending 12/31/2025)	Current Parent or Caretaker (Ending 12/31/2025)	**New** Childless Adult and Parent/ Caretaker (Effective 1/1/2026)
Threshold in Federal Poverty Level (FPL)	210% + 5% disregard	216% + 5% disregard	133% + 5% disregard
1 person household, monthly	$2,806	$2,884	$1,800
2-person household, monthly	$3,790	$3,896	$2,432
3-person household, monthly	$4,775	$4,908	$3,065
4-person household, monthly	$5,762	$5,923	$3,697

As of January 1, 2026, Many Adults Are No Longer Eligible for Medicaid…And Most Became Eligible for the New Healthy DC Plan

- Options for coverage are available through the DC Health Benefit Exchange (DCHBX)
  - Most adults no longer eligible for Medicaid will qualify for the Healthy DC Plan
  - The remaining adults will be eligible for a Qualified Health Plan
- The Healthy DC Plan is a new option administered by DCHBX and offers no cost coverage to eligible adults
  - Many services covered by Medicaid are included except for non-emergency transportation, dental and vision coverage, long-term services and supports, and some community-based mental health and SUD services
  - About 15,000 Residents disenrolled from Medicaid and eligible for Healthy DC Plan were automatically enrolled for coverage starting January 1
- Residents can find more information regarding the Healthy DC Plan and can set up new accounts to manage their benefits at: www.HealthyDCPlan.com

REMINDER: Health Care Alliance Program Eligibility Standards Changed on October 1, 2025

- Eligibility changes made effective October 1, 2025:
  - Eligibility threshold for Adults decreased from 215% FPL to 138% FPL. **Adults over this threshold were disenrolled** from the Alliance Program effective September 30, 2025.
  - DHCF established an enrollment moratorium for new Alliance Adults who are age 26 and over.
    - Meaning if you are 26 or over at the date of application, **you are not eligible** to newly enroll in the Health Care Alliance Program after October 1, 2025; and
- Benefit changes effective October 1, 2025 –
  - Benefits for Adults will include primary care, generic-only prescription drugs, hospital services, emergency transportation, lab, and durable medical equipment. DBH provides locally-financed BH services to those who remain eligible. Coverage for Children will also include vision, dental, and podiatry
  - Reminder: Effective January 1st, 2026, your prescriptions will be filled with generic medications instead of brand-name versions
- Delivery System changes effective October 1, 2025 –
  - Alliance became a fee-for-service only program

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DHCF Aims to Implement Eligibility Changes as a Result of Federal Legislation in a Customer Forward and Transparent Way

- Forthcoming changes we cover below are as a result of federal legislation in the One Big Beautiful Bill Act (OB3) are significant – spanning policy, operations, and outreach

- DHCF recognizes there are other program changes occurring as a result of federal legislation this year and we are collaborating with our sister agencies, including a presentation on SNAP today

- There has been limited guidance to date from CMS and a Rulemaking is not due until June 1, 2026, which means what may not have answers to all your questions and there may be changes to what we expect
  - We will highlight changes in this meeting as we learn of them

- DHCF intends to provide outreach and engagement materials like we did for the Public Health Emergency Unwinding/Medicaid Renewal
  - Communications Toolkit
  - Advertising campaign
  - On the ground outreach (participation in health fairs, other city events, etc.)
  - Attend your event or train your team

DHCF Aims to Implement Eligibility Elements in a Customer Forward and Transparent Way

- Over the coming weeks, our focus is on the eligibility changes occurring between now and January 1, 2028
  - Overview of OB3 elements
  - Highlight policy decisions made by DHCF

- Generally, DHCF's work is focused on:
  - District Direct system design and implementation
  - Defining how exemptions work within Medicaid work requirements
  - Developing outreach and engagement plans
  - Redesigning application and renewal requirements to accommodate these changes
  - Training District staff, residents, and stakeholders on new requirements

- Going forward, OB3 updates & issues for discussion will be a standing item on this meeting's agenda

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

- **October 1, 2026:** Some persons with legal immigration statuses may lose coverage

- **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 2 months or 1 month for some people
  - 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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DC Department of Human Services

Work Requirements

Economic Security Administration

Work Requirement Types

- **General Work Requirements (GWRs)**
  - "Register for work"
  - Accept suitable employment (if offered)
  - Do not voluntarily quit or reduce work hours below 30 hrs

- **Able-Bodied Adults without Dependents Work Requirement (ABWR)**
  - Work or participate in a qualifying work activity for a min of 20 hrs/wk averaged monthly or participate in SNAP E&T workfare for a min number of hours equal to the household's SNAP allotment divided by the District's minimum wage

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GWR Exemptions

- Under age 16 or over age 59,
- Working at least 30 hours a week,
- Working and earning weekly wages at least equal to the Federal minimum wage multiplied by 30 hours,
- Meeting the work rules for Temporary Assistance for Needy Families (TANF),
- Caring for a dependent child under 6 or an incapacitated person,
- Participating in a substance abuse treatment and rehabilitation program,
- Enrolled at least ½ time in school, training program, or institute of higher education,
- Participating in a federal recognized refugee training program at least ½ time,
- Applying for or receiving unemployment compensation, or
- Facing physical or mental barriers to employment such as an illness, injury, or incapacitation.

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ABAWD Exemptions

- Younger than age 18, or age 65 or older,
- Responsible for a dependent child under age 14,
- Facing physical or mental barriers to employment,
- Exempt from the GWRs,
- Certain indigenous peoples: Indian, Urban Indian, or Californian Indian, or
- Pregnant.

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ABAWD Rules & Process

- **Step 1: Identify ABAWDs:**
  - *Adults between 18 and 64 w/o dependents that are able-bodied*
  - *At application, recert, and when an individual between ages 16-64 joins the household*

- **Step 2: Screen for ABAWD exemptions**
  - *ABAWDs must be screened for GWR & ABAWD exemptions + good cause before applying countable months*
  - *Households receiving SNAP will **not** lose eligibility upon go live if they are in the middle of their certification period*
  - *Exemptions can be temporary or long-term*

- **Step 3: Evaluate participation towards work requirement**
  - *Non-exempt ABAWDs must be screened for meeting work requirements*
  - *They can only receive SNAP benefits for 3 months in 3 years (36 months) unless they do one of the following:*
    - ***Spend at least 80 hours each month** doing one or more of the following:*
      - *Working,*
      - *Participating in a job program or similar activities we approved, or*
      - *Volunteering.*
    - ***Participate in workfare** for the number of hours DHS assigns to them each month – a minimum number of hours per week based on the household's monthly allotment divided by the District's minimum wage.*

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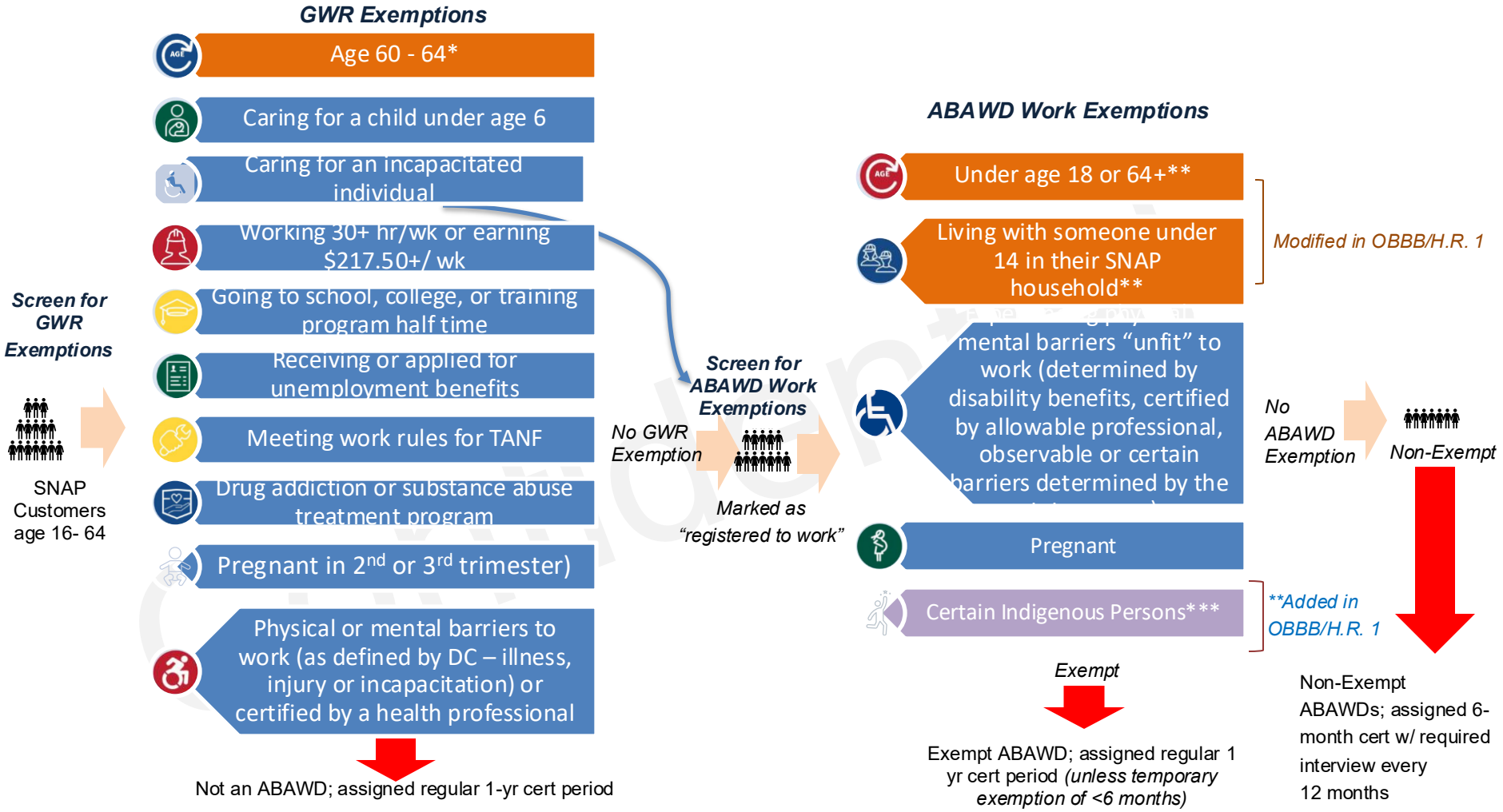
GWR Exemptions
Age 60 - 64*
Caring for a child under age 6
Caring for an incapacitated individual
Working 30+ hr/wk or earning $217.50+/ wk
Going to school, college, or training program half time
Receiving or applied for unemployment benefits
Meeting work rules for TANF
Drug addiction or substance abuse treatment program
Pregnant in 2nd or 3rd trimester)
Physical or mental barriers to work (as defined by DC – illness, injury or incapacitation) or certified by a health professional
Screen for GWR Exemptions
SNAP Customers age 16- 64
Not an ABAWD; assigned regular 1-yr cert period
No GWR Exemption
Screen for ABAWD Work Exemptions
Marked as "registered to work"
ABAWD Work Exemptions
Under age 18 or 64+**
Living with someone under 14 in their SNAP household**
Modified in OBBB/H.R. 1
mental barriers "unfit" to work (determined by disability benefits, certified by allowable professional, observable or certain barriers determined by the
Pregnant
Certain Indigenous Persons***
**Added in OBBB/H.R. 1
Exempt
Exempt ABAWD; assigned regular 1 yr cert period (unless temporary exemption of <6 months)
No ABAWD Exemption
Non-Exempt
Non-Exempt ABAWDs; assigned 6-month cert w/ required interview every 12 months

Step 2: Work Requirements Screening Form

- Households will complete a SNAP Work Requirement Screening form
- At application, recert, and when an individual between ages 16-64 joins the household
- Screens for exemptions for GWR & ABAWD
- Each individual needs to complete the form
- If form is not completed or incomplete, can be completed verbally with worker (ie. during interview)

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Step 3: Evaluate Participation Towards Work Requirements

- **Non-Exempt ABAWDs** can only receive SNAP benefits for 3 months in 3 years (36 months) unless they do one of the following:
  - Spend at least 80 hours each month doing one or more of the following:
  - Working,
  - Participating in a job program or similar activities we approved, or
  - Volunteering.
  - Participate in workfare for the number of hours DHS assigns to them each month– a minimum number of hours per week based on the household's monthly allotment divided by the District's minimum wage. For household of 1 – this is 17 hours per month.

- **Reporting Requirements**
  - Customers are only required to report if their work hours drop below an average of 20 hours per week averaged monthly

- **Enhancing Job Programs**
  - SNAP E&T (voluntary)
  - Standing up new workfare program & improving capacity as last stop shop for ABAWD
  - Working with the Lab@DC to asset map untapped programs in DC
  - SNAP customers subject to work requirement time limits will be referred & receive outreach within SNAP E&T
  - SNAP/TANF
  - With OBBB, SNAP/TANF customers whose children are over 14 and not meeting TANF work requirements will now be subject to work requirement
  - Customers with children over age 6 may have a sanction for work activity hours under 30, but may be meeting ABAWD 20-hour activity requirements.
  - SNAP/TANF customers subject to work requirement are referred to DCWET to re-engage with TANF work requirements

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Facing Physical or Mental Barriers to Employment

- Temporary or permanent disability benefits from a private or government source
  - Data match (if available) or written verification
  - District-provided benefit: known to agency, request verif if questionable
  - Vocational Rehab Program/Service: SNAP WR Medical Report Form
- As evidenced by an allowable professional
  - SNAP WR Medical Report Form
- Obvious as determined by State Agency
  - Based upon observation, answers in WR screening form
  - Chronically homeless, individuals unable to meet WR d/t physical/mental health issues caused by domestic violence

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

- DC Medicaid wants to join meetings of key stakeholders to explain changes to Medicaid and Alliance
  - DHCF staff would attend meetings hosted by your stakeholder group -or that you know about –*send invites to us via email at Medicaid.renewal@dc.gov.*

- DC Medicaid is hosting regular Biweekly DHCF Eligibility Meetings such as this every 2 weeks- continuing every other Wednesday at 2:30 pm and **next is Wednesday, April 8, 2026**.
  - Please email *Medicaid.renewal@dc.gov* to join the meetings and related mailing list if not on it already

- DC Medicaid is holding monthly Resident-Focused Eligibility Meetings the last Friday of every month– the next is this week at **6:30 pm this Friday, March 27, 2026.**

- DC Medicaid is starting monthly District Direct (DCAS) Trainings for Human Services Benefits at 12:30 pm on Tuesdays designed for stakeholders and anyone helping others with eligibility– the next one is **Tuesday, April 21, 2026**.

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Questions and Comments

Learn more about Alliance and Medicaid Program Changes: https://dhcf.dc.gov/Alliance-Program-Changes and https://dhcf.dc.gov/medicaid-program-changes

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 Providers Navigating the New MMIS Transition to Gainwell: The Provider Services number is 866-752-9233' the Web Portal Services number is 866-407-2005. Email dcproviderinquiry@gainwelltechnologies.com with any inquiries

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