December FY26 Medical Care Advisory Committee (MCAC) Meeting

December 17, 2026 | 5:30 PM – 7:30 PM ET

Virtual Meeting

Housekeeping

- **Introduce yourself in the chat:**
  - Name
  - Organization (if applicable)
  - MCAC member or non-member
- **Keep yourself muted unless speaking**
- **You can add questions to the chat or use the "Raise Hand" function**
- **This meeting will be recorded**
  - DHCF will post a recording of the meeting on the MCAC webpage after the meeting

Agenda

- **Welcome**
- **DHCF Updates and Discussion**
  - DHCF Report Q&A
  - Eligibility and Enrollment Update
  - Alliance and ICP transition
  - Medicaid Eligibility Changes
- **Subcommittee Report Out and Recommendations**
  - Health-System Redesign – Recommendations for MCAC Vote
  - Access Subcommittee
  - LTC Subcommittee
- **MCAC FY26 Planning**
  - MAC Transition Updates
  - BAC updates
- **Public Announcements**
- **Next Meeting**

DHCF Updates and Discussion

DHCF Report Q&A

Enrollment Update

Alliance and ICP Update

Basic Health Plan (BHP) Update

DHCF Report Q&A

SPA/Waiver/Rule Report

MTM Report

Enrollment Update: Medicaid Relatively Stable, Alliance/ICP Decreasing

- Medicaid enrollment has continued to remain relatively flat. While the most recent months show a decrease, numbers will be higher when run in the future due to retroactive eligibility.
- The Alliance, which is now inclusive of both adults age 21+ and children under age 21 who were formerly in the Immigrant Children's Program (ICP) shown below, has seen enrollment decreases since February 2025.
  - This is due in part to a drop in applications and disenrollment of those who do not complete a renewal.
  - For October 2025 and beyond, enrollment also reflects a reduction in adult eligibility to 138% FPL and a moratorium on enrollment of new adults over age 26.
- The most recent monthly data is linked at: https://dhcf.dc.gov/page/monthly-medicaid-and-alliance-enrollment-reports.

District of Columbia Department of Health Care Finance
Monthly Enrollment Report - November 2025, Reflecting Period of October 2024-October 2025

By Program

Fiscal Year YTD	FY 2025												FY 2026 to date
Year Month Number YYYYY MM	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10
Program											(preliminary)	(preliminary)	(preliminary)
Total	**309,139**	**309,361**	**310,516**	**309,981**	**309,672**	**310,927**	**310,795**	**309,472**	**307,839**	**307,010**	**305,022**	**303,377**	**299,180**
Medicaid	276,806	276,639	277,394	276,516	277,539	278,639	278,212	277,303	276,052	275,593	274,237	273,439	272,866
ICP	5,934	5,986	6,055	6,115	5,837	5,858	5,882	5,771	5,667	5,604	5,440	5,254	4,979
Alliance	26,399	26,736	27,067	27,350	26,296	26,430	26,701	26,398	26,120	25,813	25,345	24,684	21,335

Alliance and ICP Update

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

- Eligibility changes effective October 1, 2025:
  - 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.
  - Effective October 1, 2025, DHCF will establish 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 will not be 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
- Delivery System changes effective October 1, 2025:
  - Alliance became a fee-for-service only program effective October 1, 2025.

Healthcare Alliance for Adults and Children

- Enrollment in September, prior to disenrollments: Approximately **25,000** Alliance adults and **5,000** children
- Total adults disenrolled end of September with FPL above 138%: Approximately **2,200** (as of 12/15)

Frequently Asked Questions About Alliance Coverage After 10/1/25:

- Covered Benefits/Services under the Healthcare Alliance for Adults and Children
  - Primary & Specialty Care, Dialysis, Lab& Xray, Chemotherapy, DME, Hospital
  - Children only – Dental, Hearing, Vision, Podiatry
- Focus on ensuring eligible pregnant residents remain enrolled and are reporting changes
- Pharmacy
  - Before 12/31 - Brand honored if there is no generic
    - Most common denial issues pharmacies not enrolled in FFS
    - Generic equivalent available
  - After 12/31 – Generic only formula
    - If the branded medication has no generic substitution, DHCF will conduct a clinical review
    - If there is a generic substitution, but the patient has failed the generic substitution, DHCF will conduct a clinical review

Medicaid Eligibility Changes Update

On January 1, 2026, About 18,000 Adults Will No Longer Be Eligible for Medicaid

- Eligibility changes 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 will decrease to 138% FPL.
  - **Adults over this threshold will be disenrolled** from Medicaid effective December 31, 2025.
  - **These adults were sent an adverse action notice** early this month. 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

On January 1, 2026, Approximately 18,000 Adults Will No Longer Be Eligible for Medicaid

- Generally, adults (without dependent children in a household of one) with incomes around $1,800 / month or more will no longer be eligible for Medicaid based solely on their income
- Parents and Caretaker Relatives (in a household with two adults & two children) making around $3,700 / month or more will no longer be eligible
- Single adults and Parents above these limits with Medicare can still have Medicaid pay monthly Medicare premiums and cost sharing under QMB program, but will lose their eligibility for full Medicaid benefits.
  - DHCF will automatically transition these individuals to QMB-Only coverage on January 1, 2026.
- These Medicaid changes will also have an impact on Emergency Medicaid coverage in the District:
  - After January 1, 2026 the majority of adults (21+) will only qualify for Emergency Medicaid coverage if they are at or below 138% of the federal poverty level.
- DHCF is working with DCHBX to automatically transition currently enrolled Medicaid enrollees who will be losing coverage to alternative coverage options.

On January 1, 2026, Approximately 18,000 Adults Will No Longer Be Eligible for Medicaid…And Most Are Eligible for the New Healthy DC Plan

- Options for coverage will be 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 will offer 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
  - Residents being disenrolled from Medicaid and eligible for Healthy DC Plan will be automatically enrolled for coverage starting January 1

- Residents can find more information regarding the Healthy DC Plan at: www.HealthyDCPlan.com

On January 1, 2026, Approximately 18,000 Adults Will No Longer Be Eligible for Medicaid…And Most Are Eligible for the New Healthy DC Plan

- Options for coverage will be 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 will offer 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
  - Residents being disenrolled from Medicaid and eligible for Healthy DC Plan will be automatically enrolled for coverage starting January 1

- Residents can find more information regarding the Healthy DC Plan at: www.HealthyDCPlan.com

NEW: DHCF Will Be Making DCAS System Changes for 1/1 Implementation on 12/27

- DHCF sent adverse action notices to those affected by Medicaid changes this month
- DHCF is implementing changes to DCAS on 12/27 in advance of the 1/1 implementation
- HBX is mailing a separate notice of enrollment in the Healthy DC Plan
- Majority of impacted residents are being automatically transitioned between DCAS and Enroll App
- To-date, HBX identified approximately 1,100 applications that need to be handled manually due to data issues. HBX staff are handling these individual cases. HBX staff have completed a majority of these and enrolled eligible residents into a Healthy DC Plan.
  - In addition, HBX emailed and texted these residents encouraging them to complete a new application at www.healthydcplan.com.
- Approximately 1,600 residents (with incomes above 200% FPL) don't qualify for Healthy DC Plan.
- HBX staff are using outreach strategy and lessons from Medicaid "unwind" – emails, texts, and phone calls and DC Health Link Assisters

Messaging and Outreach is DHCF's Focus Between Now and the End of the Calendar Year

- DHCF outreach efforts started in September, and ramped up in October
  - DHCF established dedicated webpages related to these program changes that provides an overview of changes and answers Frequently Asked Questions at https://dhcf.dc.gov/Alliance-Program-Changes and https://dhcf.dc.gov/medicaid-program-changes
  - Ongoing communication is provided in the Biweekly DHCF Eligibility Meetings – Meeting was held today and next meeting will be on Wednesday, January 14, 2025, at 2:30pm.
  - DC Medicaid is holding monthly Resident-Focused Eligibility Meetings the last Friday of every month– the next is this week at **6:30 pm Friday, December 19, 2025.**

- HBX and DHCF continue to collaborate and coordinate
  - Ongoing outreach between now and January to residents informed about upcoming changes to eligibility and plan enrollment, including about the Healthy DC Plan

Subcommittee Updates and Report Out

Health System Redesign – Recommendations

Access

Long-Term Care

HSR Subcommittee Recommendations

The MCAC Health System Redesign (HSR) Subcommittee: Community Input for DC's Whole-Person Care Transformation 1115 Waiver Renewal

- In June 2024, DHCF submitted a five-year renewal request of the District of Columbia's Behavioral Health Transformation Section 1115 Demonstration to the Centers for Medicare & Medicaid Services (CMS) for review and approval.

- In this renewal, DHCF proposes extending the current demonstration and implementing an updated program design that broadens the focus to address social determinants of health. Accordingly, DHCF has proposed renaming the demonstration to **Whole-Person Care Transformation**.
  - Newly requested authorities include services across three new domains: housing, nutrition, and reentry.
  - The waiver also includes consideration for the identification of individuals in need of services and the coordination of service delivery
  - The waiver application is currently pending with CMS, with authority for the current waiver extended to December 31, 2026

HSR Subcommittee Role and Goals

- **The role of the subcommittee is to inform the policy development and implementation of 1115 waiver renewal services.**
  - Subcommittee participants inform policy development and implementation guidance, bring best practices, lived experiences, and additional critical expertise
  - DHCF staff support administrative functions, transparently communicate materials and decisions, bring Medicaid subject matter expertise, and ensure a continued feedback loop between the subcommittee and agency decision-making processes

- **HSR Subcommittee Goals:**
  - Inform DHCF policy development and implementation of waiver services
  - Bring community insights, lived experience, and provider perspectives to bear in program design considerations
  - Build new community and connections to support best practice implementation

- **HSR Subcommittee spent the last 1.5 years developing recommendations for DHCF**

Today's HSR Subcommittee Recommendations focus on two Key Cross-Cutting Areas

- Whereas the recommendations adopted by the MCAC at the July 2025 meeting were organized by service domain (housing, reentry, nutrition), these recommendations encompass all three domains and coordination across domains.

- **Screening, Referral, and Technology**
  - Successful implementation will be predicated on a robust and effective screening and referral process.
  - A comprehensive technology infrastructure is essential to achieving DC's desired outcomes

- **Care Coordination and Workforce**
  - In order for all elements of the District's Renewal to be successful, a focus on decreasing fragmentation, supporting community-based organizations in critical functional areas, and ensuring a robust care coordination workforce will be required

HSR Recommendations for Adoption by DC MCAC – Screening, Referral, Technology

Recommendation 1
Prioritize Patient-Centered Care and Minimize Administrative Burden through Key Policy Principles

Screening and referral processes should prioritize ease of access and connection to services

Design systems to route beneficiaries efficiently, avoiding redundant referrals and working to determine eligibility at the outset of screening process.

Balance benefits of standardization with flexibility. Aim for one standardized screening tool, or a core tool with optional components.

Include beneficiary and peer voice in design, implementation and evaluation decisions

Recommendation 2
Adopt a "No Wrong Door" Approach with Flexible Screening Frequency

Implement a flexible, inclusive screening and referral process allowing a variety of providers and organizations to initiate screening. Permit screenings at varying frequencies based on changing needs, conducted via multiple modalities and through culturally and linguistically attuned tools. Utilize technology and data-sharing to minimize over-screening and duplication. Work to ensure the bi-directionality of screening and referral across social and medical care systems.

Recommendation 3
Leverage Existing Technology Infrastructure for HRSN Screening, Closed-Loop Referrals, and Data Sharing

Utilize DC's established Health HIE infrastructure, particularly CRISP DC, and digital tools like LinkU, to streamline HRSN screening, real-time eligibility determination, closed-loop referrals, and data sharing. Ensure these current platforms work effectively for CBOs, while minimizing the introduction of new systems that could increase administrative burden. Invest in provider training to optimize system use and resources/capabilities to maintain an accuracy.

Recommendation 4
Ensure Robust Technology System Capabilities for Screening and Referrals

Technology systems for HRSN screening and referrals should contain the following critical features:

- *Shared Data Access*
- *Privacy Protections*
- *Closed-Loop Referrals*
- *Real-Time Eligibility Verification*
- *Multilingual Screening Tools*
- *Streamlined Processes*
- *Multimodal Access*

Recommendation 5
Establish Clear Goals and Strategy for Screening and Referral & Clear, Consistent Eligibility Criteria for HRSN Services with Structured Accountability Mechanisms

- *Ensure clarity of goals and strategy for HRSN screening*
- *Define and uniformly apply clear eligibility criteria and processes for HRSN services, ensuring transparency across providers, community-based organizations, beneficiaries, managed care plans, and any other integral entities*
- *With community stakeholders , identify and implement an accountability structure and metrics*

HSR Recommendations for Adoption by DC MCAC – Care Coordination and Workforce

Recommendation 1
Create a Hub or Centralized Structure to Support HRSN Service Administration, Care Integration and Coordination, Quality Improvement, and Other Identified Roles

A non-exhaustive list of activities supported by a centralized structure include:

- *Administrative resources for CBOs*
- *Data utilization to support quality improvement*
- *Facilitate Integration of Clinical and Social Care*
- *Enhance Accountability*

If the District is unable to move forward with this recommendation due to funding or other constraints, the Subcommittee urges DHCF to determine what other possibilities may exist to advance the activities described above.

Recommendation 2
Utilize Opportunity for Role Clarity and Structurally Supporting the Relationships that Drive Connection to Care and Outcomes

Further define role clarity amongst the variety of individuals often providing care coordination, case management and/or navigation services, and defining who is the "lead." Align with VBP frameworks where appropriate. Ensure financial and structural investment in the types of roles that have strong relationships and trust with beneficiaries and utilize a family-centered approach to care coordination. Maintain multiple entry points for care, with recognition that opportunity exists for care coordination at either the hub and/or at the CBO level. Utilize relevant evidence/research to inform decision-making.

Recommendation 3
Implement Necessary Policy and Regulatory Changes to Facilitate Appropriate Service Provision, Billing and Reimbursement by Community Health Workers

Advance the policy changes required to allow community health workers (CHWs) to be a fully integrated workforce to support the provision of HRSN service delivery, within their appropriate scope and training. This will require implementation of certification standards by DC Health, recognition of CHWs as a qualified provider type by DHCF, and identification of covered services. If a systemic approach cannot occur due to funding or other constraints, the Subcommittee recommends DHCF and community stakeholders collaboratively determine if other avenues exist for enhanced integration of this workforce.

Voting Process Reminder

1. **A member makes a motion:** A Member formally proposes that the MCAC take a certain action
   - *After being recognized by the chair, any member can raise a motion*
2. **Another member seconds the motion**
3. **The chair states the question:** The Chair restates the motion, officially placing it before the committee
4. **Members debate the motion**
5. **The chair puts the question to a vote**

MCAC FY26 Planning

MAC Transition

BAC Update

DHCF Selected 15 Individuals for the Beneficiary Advisory Committee (BAC)

- DHCF's BAC was created to meet new requirements in the *Ensuring Access and Eligibility in Medicaid* Final Rule, and provides a new opportunity to ensure input from individuals with lived experience in DHCF's programs. **The BAC will begin meeting in early CY26, and will continue to meet on a quarterly basis**

- The 15 BAC members were chosen through a holistic, 2-step, review process. The 32 BAC applicants were first scored based on the following criteria:
  - Lived experience as a Medicaid beneficiary
  - Community engagement and advocacy experience
  - Knowledge of Medicaid or health systems
  - Readiness to participate

- Top scoring applicants were then reviewed to ensure broad representation including geography (ward), race and ethnicity, experience, and programmatic area of interest.

Public Announcements

Get Involved and Make Sure You're Getting Updates

The next meeting will be February 25, 2026. Topics will include MAC transition bylaws, subcommittee structure, and managed care value-based payment strategy

If you (or other community members and partners) are not already receiving MCAC meeting invites, you can email the newly established dhcfMACandBAC@dc.gov and we will add you to the list.

If you are already receiving MCAC invites and emails, no action is needed.