July FY25 Medical Care Advisory Committee (MCAC) Meeting

July 30, 2025 | 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 and Roll Call**
  - Medicaid Turns 60!
- **DHCF Report Q&A**
  - SPA, Waiver, and Rule Report
- **DHCF Updates and Discussion**
  - Enrollment Update
  - Update on the Impacts of Federal Legislation
  - FY26 Budget Update
- **Subcommittee Report Out and Recommendations**
  - Health-System Redesign
  - Access
- **MCAC FY26 Planning**
- **Public Announcements**

Welcome and Roll Call

Today, July 30, 2025, Marks the 60th Anniversary of the Medicaid Program

To celebrate this milestone (that just so happens to fall on our final MCAC meeting of the fiscal year) we will answer some fun trivia questions about the Medicaid program.

- On July 30, 1965, the Medicare and Medicaid Act, also known as the Social Security Amendments of 1965, was signed into law. Who was the president at the time?

- Medicaid programs are run individually by States, Territories, and the District, and often have unique names related to their location. Can you match these program names with the states they are from?
  - BadgerCare
  - Apple Health
  - SoonerCare
  - HUSKY Health

- About how many people in the United States are currently enrolled in Medicaid or CHIP?
  - 20 million
  - 40 million
  - 60 million
  - 80 million

Today, July 30, 2025, Marks the 60th Anniversary of the Medicaid Program

To celebrate this milestone (that just so happens to fall on our final MCAC meeting of the fiscal year) we will answer some fun trivia questions about the Medicaid program.

- What were the 5 services initially mandated in Medicaid?
- When was the DC Medicaid program established?
- When was DHCF established as the single state agency responsible for the administration of the Medicaid program?
- When did DC Medicaid first implement managed care?
- What DC Medicaid program integrates Medicaid and Medicare services for residents that are dually enrolled?

DHCF Report Q&A

Waiver, SPA, and Rules Report

DHCF Updates

Enrollment Update

Update on the Impacts of Federal Legislation

FY26 Budget Update

Enrollment Update: Medicaid Relatively Stable While Alliance/ICP Has Decreased

- Medicaid enrollment has continued to remain relatively flat, following the unwinding period that ran from mid-2023 to mid-2024, which reflected a restart of eligibility redeterminations at the end of the federal public health emergency. While the most recent months show a decrease, numbers will be higher when run in the future due to retroactive eligibility.
- Alliance and Immigrant Children's Program (ICP) enrollment is down as of February 2024. This is due in part to a decrease in applications and an increase in the number of individuals who must respond to a renewal notice to retain coverage.
- The most recent monthly data is linked at: https://dhcf.dc.gov/page/dc-medical-care-advisory-committee.

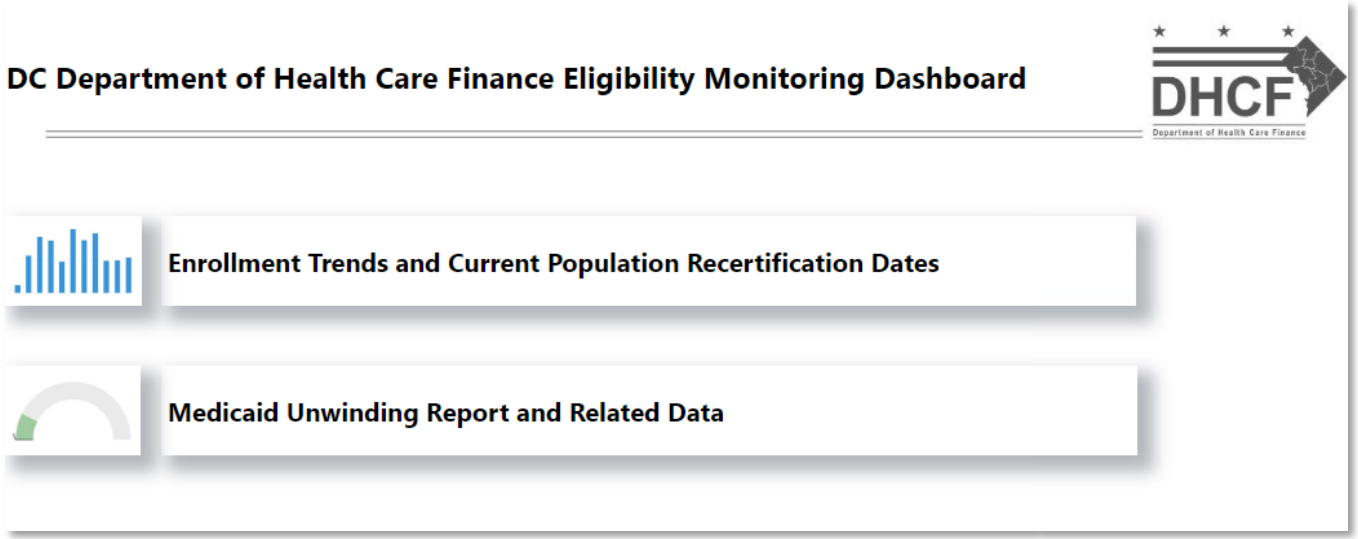
District of Columbia Department of Health Care Finance
Monthly Enrollment Report - July 2025, Reflecting Period of June 2024-June 2025

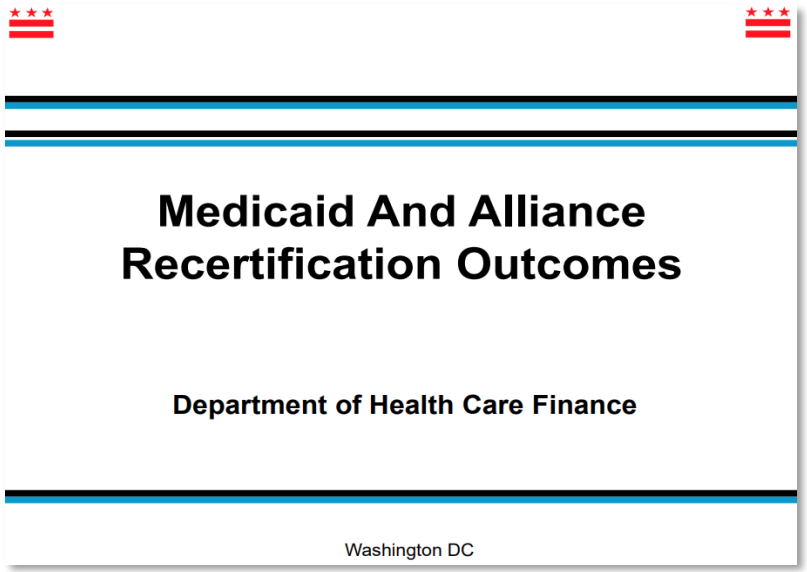
By Program

Fiscal Year YTD	FY 2024				FY 2025 to date								
Year Month Number YYYYY MM	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06
Program											(preliminary)	(preliminary)	(preliminary)
Total	**309,601**	**307,931**	**306,696**	**306,914**	**308,112**	**308,250**	**309,343**	**308,668**	**308,190**	**309,224**	**308,724**	**306,648**	**303,758**
Medicaid	279,664	277,377	275,548	275,149	275,800	275,560	276,258	275,236	276,106	277,000	276,220	274,620	272,249
ICP	5,552	5,642	5,772	5,832	5,933	5,981	6,048	6,112	5,828	5,843	5,865	5,745	5,625
Alliance	24,385	24,912	25,376	25,933	26,379	26,709	27,037	27,320	26,256	26,381	26,639	26,283	25,884

Enrollment Update: DC Medicaid and Alliance Renewal Data Dashboard is Returning in August

- The dashboard will be updated by the middle of each month following its re-launch in August.
- Data on specific topics may also be provided in meeting materials that accompany biweekly community meetings.



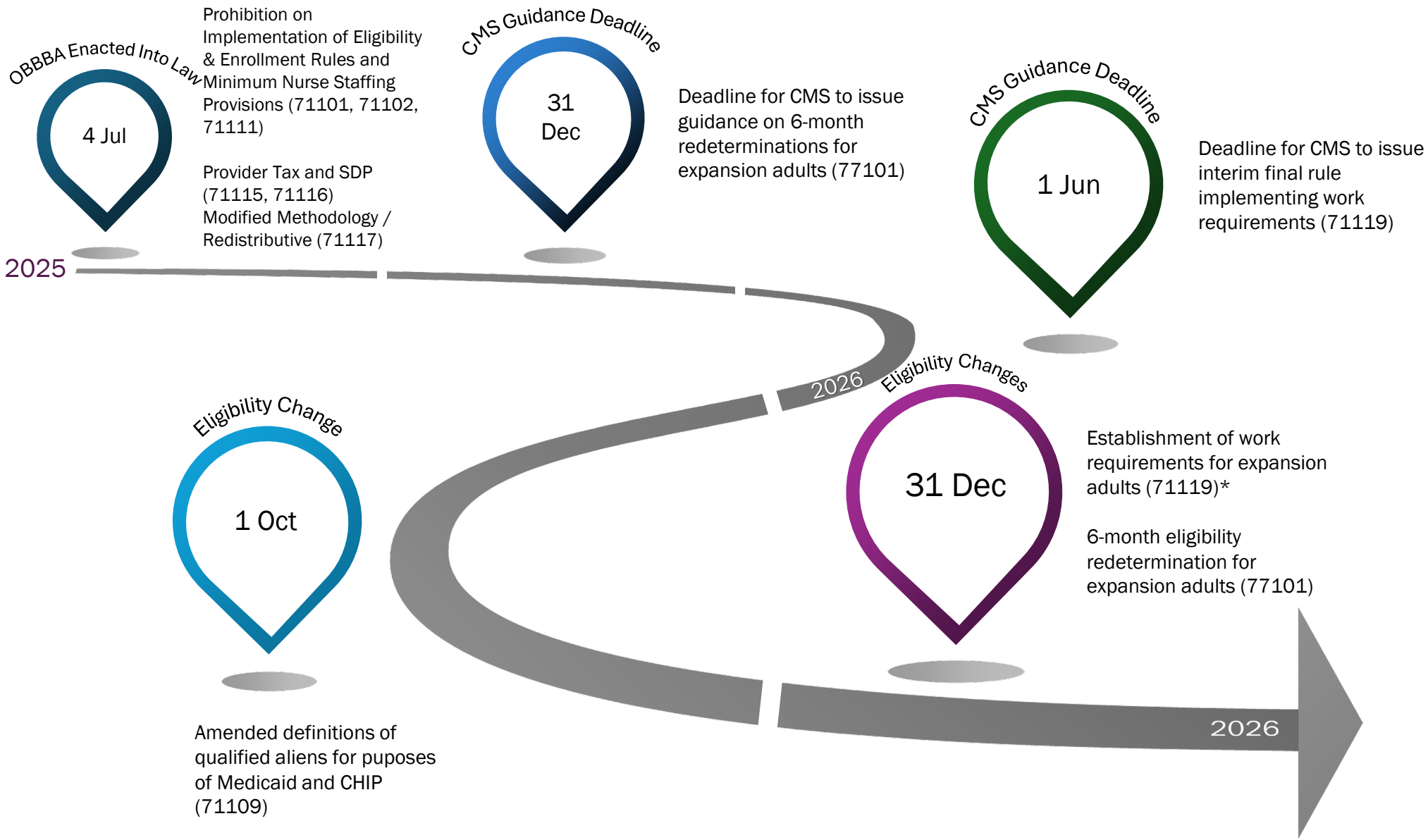


The One Big Beautiful Bill Act (OBBBA) Includes Several Provisions that Impact Medicaid

- On July 4, the OBBBA was signed into law by the President
  - OBBBA is the resulting legislation from the Congressional reconciliation process
  - Medicaid-related provisions have effective dates ranging from July 4, 2025 to 2034
  - Significant changes to the Medicaid program with a focus on the Medicaid “Expansion” population
    - Work requirements
    - 6-month recertification
    - Cost-sharing
  - Other changes to eligibility and fiscal policy Important to Note

- The cut to DC’s FMAP WAS NOT included in the bill!

DHCF Focus is on the Requirements Impacting DC Between Now and Through 2026



OBBBA Policies Effective as of July 4, 2025

Prohibition on implementation of eligibility rules and minimum nurse staffing provisions not already in effect (Secs. 71101, 71102, 71111)	July 4, 2025
Prohibition on Medicaid funds from being paid to certain abortion providers (i.e., Planned Parenthood) for a 1-year period (Sec. 71113)	July 4, 2025
Any provider taxes established for new provider categories (i.e. those not previously taxed) on or after this date will have their hold harmless thresholds set at zero percent on October 1, 2026 (Sec. 71115)	July 4, 2025
Directs HHS to limit SDPs to 100% of the Medicare payment rate for expansion states and 110% of the Medicare rate for non-expansion states (or at the Medicaid state plan rate if no Medicare rate is available); grandfathers SDPs approved as of May 1, 2025 (except rural hospital SDPs, which are grandfathered as of date of enactment) and submitted SDPs, which are gradually reduced to the relevant cap (Sec. 71116)	For rating periods beginning on or after July 4, 2025
Modifies methodology for determining whether taxes are redistributive (Sec. 71117)	July 4, 2025, with transition period of up to three years provided at the Secretary's discretion

OBBBA Policies Effective Later in 2025

Deadline for state applications to rural health transformation grant program (Sec. 71401)	December 31, 2025
Deadline for CMS to issue guidance on six-month redeterminations for expansion adults (Sec. 77107)	*December 31, 2025*

OBBBA Policies Effective in 2026

Sunsets temporary 5 percentage point enhanced FMAP for states that newly expand Medicaid (Sec. 71114)	January 1, 2026
Deadline for CMS to issue interim final rule implementing work requirements (Sec. 71119)	*June 1, 2026*
Amended definitions of qualified aliens for purposes of Medicaid and CHIP (Sec. 71109)	October 1, 2026
Emergency Medicaid FMAP set at base FMAP calculation, regardless of eligibility category for the individual receiving services (Sec. 71110)	October 1, 2026
Requirement that Medicaid agencies conduct redeterminations of eligibility every six months for expansion adults (Sec. 77107)	December 31, 2026
Establishment of work requirements for expansion adults (Sec. 71119)	December 31, 2026 (with up to two-year good faith effort extension option available)

What's Next for DHCF and OBBBA?

- Reviewed Final Legislative Text. Identified areas for initial follow up, including:
  - Defining "Expansion Population" to determine the population affected by work requirements, cost-sharing, and 6-month recertification requirements; e.g. Section 71120 references "Group 8"
  - Determining Compliance with Federal Match Prohibition for Certain Family Planning Providers: Section 71113 prohibits federal match for services provided by entities that; section effective; one injunction is in place related to Planned Parenthood.
  - Determining Compliance with Eligibility & Enrollment rule, as provisions with effective dates prior to 7/5/25 stay; provisions with effective dates 7/5/25 or later are delayed until 10/1/2034
  - Determining Compliance with Nursing Facility rule, while the mandated staff ratios were eliminated, states are still required to report on wages, etc.

- Develop high-level workplan by 10/2025 with focus on eligibility changes, work requirements, and 6-month eligibility recertification

Alliance and ICP Eligibility Changes Overview

Changes Proposed to the District Health Care Alliance Program and Immigrant Children's Program Starting October 1, 2025

- Effective October 1, 2025 ICP and Alliance program will become a singular program, the Alliance program:
  - DC Health Care Alliance for Adults
  - DC Health Care Alliance for Children
- The Alliance program will retain distinct eligibility criteria and scope of benefits for Adults (21+) and Children (0-20).
- Additionally, the revamped Alliance program will have changes to eligibility, scope of benefits, and delivery system that will also take effect on October 1, 2025.

Changes Proposed to the District Health Care Alliance Program and Immigrant Children's Program (continued)

- Eligibility changes effective October 1, 2025 -
  - No changes to financial eligibility for Children (0-20); No Face-to-Face; No 6-Month Cert Span
  - Effective October 1, 2025, eligibility threshold for Adults will decrease from 215% FPL to 138% FPL. Adults over this threshold will be 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 Alliance Program after October 1, 2025; and
    - If you are over 26 and lose coverage (due to failure to renew, etc.) you will not be able to re-enroll in the Alliance Program
  - Adults who will be losing eligibility may still qualify for coverage under Emergency Medicaid.
- DHCF will share additional changes scheduled to take effect in Fiscal Year 2027 in a future update.

Changes Proposed to the District Health Care Alliance Program and Immigrant Children's Program (continued)

- Benefit changes effective October 1, 2025 –
  - For Alliance Children (0-20) – Benefits will include primary care, generic-only prescription drugs, hospital services, emergency transportation, dental, lab, mental health, and durable medical equipment
  - For Alliance Adults (21+) – Benefits will include primary care, generic-only prescription drugs, hospital services, emergency transportation, and durable medical equipment
- Delivery System changes effective October 1, 2025 –
  - The Alliance Program will become a fee-for-service only program effective October 1, 2025.

Changes Proposed to the District Health Care Alliance Program (cont.)

- Outreach to Impacted Beneficiaries –
  - DHCF has sent an informational notice to Alliance adults (21+) who we expect to be impacted by the eligibility changes. First batch mailed 7/29; Second batch mailed 7/30.
  - DHCF will be converting its standing Unwinding Eligibility Bi-Weekly Stakeholder meeting to a meeting focused on Alliance/Medicaid Eligibility Changes and Operations
  - Ongoing communications will be provided in the repurposed Bi-Weekly – Next Meeting is Wednesday, August 13, 2025 at 2:30pm.
  - DHCF is establishing a dedicated website that will provide an overview of changes and answer Frequently Asked Questions.
- DHCF will be sharing additional information regarding scope of benefits, delivery system changes, and continuity of care guidance in the coming weeks.
  - DHCF will also be establishing an advisory group and reaching out to providers and their representative organizations to participate.

Medicaid Eligibility Changes Overview

Changes to the District of Columbia Medicaid Program

- Medicaid eligibility changes effective January 1, 2026 –
  - For Parent/Caretaker Relatives – Income threshold will drop from 216 (+5%) FPL to 133 (+5) FPL
  - For Childless Adults – Income threshold will drop from 210 (+5%) FPL to 133 (+5) FPL
  - Individuals above these thresholds will lose Medicaid coverage effective December 31, 2025.
  - 'Childless Adults' and Parents/Caretaker Relatives who currently are enrolled in both Medicare and Medicaid (QMB+), some above 138% FPL who will no longer qualify for full Medicaid benefits will be automatically transitioned to QMB-only.
  - This change also has an impact on Emergency Medicaid coverage. The District covers Emergency Medicaid up to the relevant MAGI threshold. Effective January 1, 2026, this will be 138% for most residents over the age of 21.

Changes to the District of Columbia Medicaid Program

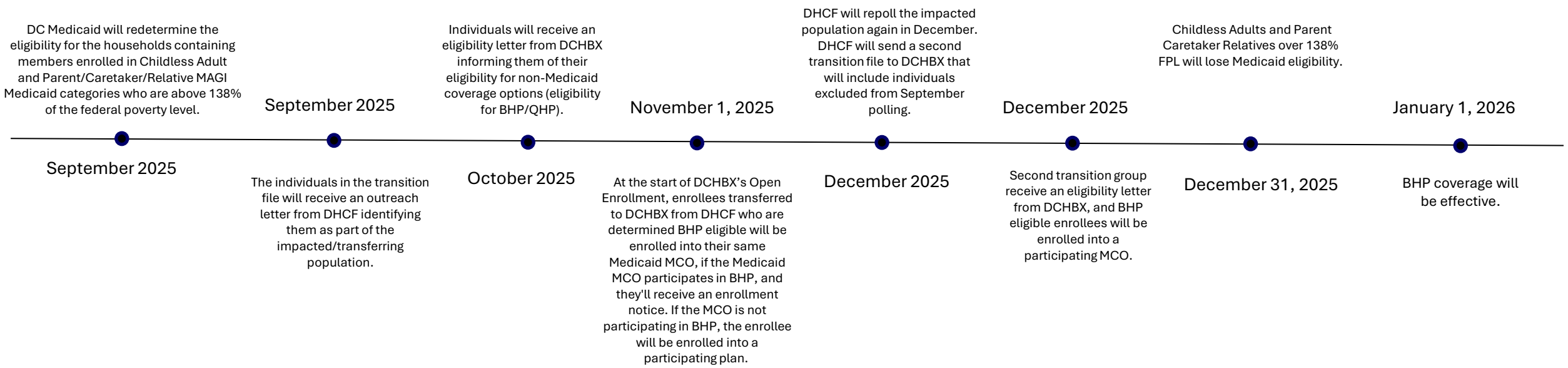
- As an alternative to Medicaid coverage, the District will establish the Basic Health Plan, *Healthy DC Plan*, effective January 1, 2026, which will be administered by HBX.
  - Childless Adults and PCRs 138% - 200% FPL will be eligible for enrollment into *Healthy DC Plan*
  - Federal eligibility changes applicable to "lawfully present" individuals due to the OBBBA
    - Changes effective 2026:
      - Below 100% FPL: No longer eligible for BHP
      - 100% - 200% FPL: Eligible for BHP
    - Changes effective 2027:
      - 100% - 200% FPL: Only if Green Card holder, Cuban/Haitian refugee, or from a current or former U.S. territory eligible for BHP
      - ALL other "lawfully present" immigration statuses are no longer eligible

Changes to the District of Columbia Medicaid Program

- The *Healthy DC Plan* is a quality health insurance plan for DC residents. There are no monthly payments and no costs when you get care. All plans cover doctor visits, mental health care, prescriptions drugs, and more.

- DHCF and DCHBX will be reaching out to impacted beneficiaries between September and December to keep them informed about upcoming changes to eligibility and plan enrollment.

Transition of Currently Eligible Beneficiaries from DHCF to HBX



** Individuals who are newly eligible for BHP between November 1, 2025 and January 31, 2026, can enroll at any time. As of February 1, 2026, newly eligible BHP individuals will have 60 days to select the plan (or managed care entity) in which they wish to enroll.*

Subcommittee Report Out and Recommendations

Health-System Redesign

Access

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 application is currently pending with CMS, with authority for the current waiver extended to December 31, 2025

The Waiver Submission Requests Authority for Services up to 90-days Pre-Release From District Secure Detention Facilities

DHCF has worked closely with DYRS, DOC, and DBH to formulate 1115 waiver services that meet CMS requirements. Proposed waiver services represent enhancement and support of existing services and the introduction of new services.

1. 30-day supply of prescription medications in hand upon release
2. Reentry case management
3. All forms of Medication Assisted Treatment (MAT) for substance use disorder (SUD)
4. Behavioral health counseling and therapy
5. Behavioral and physical health screening
6. Peer support services
7. Intensive family-based services for youth

All individuals within 90 days of release (both pre- and post-adjudication) at the following facilities will be eligible for waiver services:

- Correctional Treatment Facility
- Central Detention Facility
- New Beginnings Youth Development Center
- Youth Services Center

DHCF also put forward a request for limited enrollment and case management services to support transitions for DC Code offenders in BOP facilities.

DHCF's 1115 Waiver Renewal Request Includes the Full Authority Available Within CMS HRSN Parameters

Housing

- Rent/temporary housing for up to 6 months and related utility assistance, specifically for:
  - Individuals transitioning out of institutional care or congregate settings
  - Individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter
  - Individuals transitioning out of the child welfare system including foster care
- Short-term pre-procedure and/or post-hospitalization housing for up to 6 months
- Transition, navigation, pre-tenancy, and tenancy-sustaining services
- One-time transition and moving costs
- Medically necessary home remediations
- Home/environment accessibility modifications

Nutrition

For beneficiaries with certain health risks, nutrition-sensitive health conditions, and/or children or pregnant or postpartum beneficiaries and their households:

- Nutrition counseling and education
- Home delivered meals or pantry stocking, up to 3 meals a day, for up to 6 months
- Fresh produce prescriptions, protein boxes, and/or grocery provisions, up to 3 meals a day, for up to 6 months
- Cooking supplies

Case Management, Outreach, and Education

Including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees

HRSN Infrastructure

- Technology
- Development of business or operational practices
- Workforce development
- Outreach, education, and stakeholder convening

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 year developing recommendations for DHCF**

The MCAC HSR Subcommittee Recommendation Development Process

- **The Health System Redesign Subcommittee (HSR) began meeting in July of 2024 to inform DHCF's work on the 1115 Whole Person Care Transformation waiver.**
  - The subcommittee held 13 meetings between July 2024 and July 2025
  - Average monthly attendance of 115 individuals spanning providers, advocates, community-based organizations, individuals with lived experience, and government partners
  - The subcommittee held consistent domain breakout groups for housing, nutrition, and reentry

- **Meeting activities included:**
  - Presentations from DHCF on 1115 waiver application and related efforts
  - Learnings from local providers and national experts on service and implementation best practices
  - Domain-specific facilitated discussions working towards recommendations for DHCF, to be adopted by the full MCAC

The MCAC HSR Subcommittee Recommendation Process – Cont'd

- The subcommittee held monthly meetings with two components: group learning sessions and domain-specific breakout groups
  - All meeting notes and PowerPoints can be found on the DHCF 1115 Waiver webpage at this link
- To organize and structure community feedback for DHCF, each breakout group held discussions and provided feedback on each proposed 1115 waiver service within their domain (using the framework shown on the right).
  - Groups reviewed the services frameworks to identify larger themes and overarching recommendations which are reflected in the proposals to the MCAC highlighted on the following slides
  - The full services framework with detailed notes is included as an attachment to the proposals
  - DHCF staff did not participate in formulation of the recommendations

Category	Notes
Service Name:	
Service Description:	
Beneficiary Eligibility Criteria:	
Frequency:	
Duration:	
Setting:	
Provider Staffing Qualifications:	
Staffing Ratio/ Caseload:	
Other Considerations:	

Subcommittee Recommendations in Context

- While the proposal documents include strong, consensus driven recommendations drawn from themes across nearly a year of careful discussion, they have known limitations:
  - **Cross-cutting topics:** Though the subcommittee did begin to discuss cross-cutting issues across all three domains, there was not sufficient time to put forward consolidated recommendations on these topics for the July 30 MCAC meeting. Further discussion occurring to determine potential for future recommendations to MCAC.
  - **Lived Experience:** The HSR subcommittee recognizes the importance of input from individuals with lived experience to inform the 1115 waiver. WellCentric DC has been working with DHCF to undergo a parallel community engagement process specifically geared towards frontline providers, beneficiaries, and other individuals with lived experience.
  - **Volume of Content:** The Subcommittee had robust discussion across all requested services, not all of which could be synthesized and incorporated into the final recommendations. We encourage MCAC members to review the complete framework document that includes notes from these discussions and highlights participant suggestions.

HSR Recommendations for Adoption by DC MCAC - Housing

Recommendation 1
Permit Flexible Staffing Models for Housing Support Services

Allow housing navigation and stabilization services to be delivered by trained peers, recovery coaches, and other community-based staff. Avoid administratively burdensome requirements or restricting staffing solely to licensed professionals.

Recommendation 2
Bundle Essential Stabilization Supports at the Point of Placement

Pair housing placements with bundled stabilization supports based on individualized need, which may include rental assistance, utility deposits, food access, household goods, enabling medical services (e.g., nursing and medical care coordination), and other basic health and social needs. Bundled supports at point of placement are beneficial for individuals transitioning from institutional settings, homelessness, or incarceration.

Recommendation 3
Require In-Home Post-Placement Assessments

Require post-placement in-home assessments conducted by clinicians, occupational therapists, or trained assessors to evaluate safety, environmental suitability, and health risks. Conduct future in-home medical visits and/or assessments as a standard component of housing support.

HSR Recommendations for Adoption by DC MCAC - Nutrition

Recommendation 1
Provide Clarity of Services and Eligibility to Enhance Accessibility

Develop clear and accessible definitions of nutrition services and eligibility criteria, including specificity regarding qualifying clinical risk factors and qualifying chronic conditions. Nutrition service definitions should be simple and widely communicated to both providers and beneficiaries. Final guidance should also include practical and specific examples to support consistent implementation across Managed Care Plans and service providers.

Recommendation 2
Ensure Individual Navigation and Comprehensive Screening Support

Implement individualized navigation support to assist with screening for social determinants of health, aiding with enrollment, guiding nutrition benefit selection, and connecting individuals to wraparound services (e.g., cooking tools or food storage access). Further infrastructure may be necessary to adequately implement comprehensive screening and navigation.

Recommendation 3
Align Nutrition Benefits with Existing Services

Ensure that new nutrition services under the 1115 waiver are aligned and/or complementary with existing Medicare/Medicaid benefits, other programs, and community services to reduce confusion and avoid duplication—particularly for dual-eligible or medically complex participants. Integrated coordination and cross-agency data use (e.g., CRISP) can help to ensure participants receive the most appropriate, non-duplicative benefit. Guard against unintended consequences of service exclusions during eligibility design to ensure individuals who are eligible for multiple programs do not inadvertently lose access.

Recommendation 4
Design Flexible Service Models to Meet Diverse Needs

Offer multiple and flexible delivery formats—including grocery cards, home-delivered meals, and food pickup. Provide technology-based nutrition education and food access, such as through telehealth, text messaging-based counseling, or app-based grocery ordering.

HSR Recommendations for Adoption by DC MCAC - Reentry

Recommendation 1
Ensure Immediate and Reliable Access to Medications Upon Release

Ensure correctional health systems provide a sufficient supply of all Medicaid-covered prescribed medications at the time of release for all Medicaid-eligible individuals. Coordinate with Managed Care Plans (MCPs) to support timely pharmacy access post-release. Standardized, enforceable protocols would support implementation.

Recommendation 2
Implement Targeted Outreach and Pre-Release Education to Improve Service Continuity

Develop specific education and outreach initiatives within correctional settings that inform individuals about Medicaid eligibility, managed care enrollment, medication continuity, other available services, and how to access care and providers post-release. Provision of outreach and education should occur as early as possible prior to release, and be tailored to meet the distinct needs of adults and youth. Outreach efforts should utilize partner organizations, peers, and others to support warm handoffs and assist with post-release transitions. Ensure that all entities involved with care and service provision have accurate and comprehensive information for patient and staff/peer education, and care coordination purposes.

Recommendation 3
Promote Patient Self-Determination and Health Literacy

Develop and integrate health literacy materials and tools that promote patient self-determination in pre-release and post-release care. Include visual guides to patient rights, education on covered services, and instructions for engaging with MCPs and providers. These resources should be available to justice-involved individuals in both in-person and telehealth settings, and in digital formats. Confidentiality and privacy protections also must be enforced.

Recommendation 4
Root Reentry Services in Comprehensive and Developmentally Appropriate Assessments

Implement evidence-based assessments to guide certain service decisions, especially frequency, duration, and appropriateness of services, and to establish plans for post-release care. Youth require developmentally appropriate assessments. Utilize comprehensive assessments that identify participant needs across physical health, behavioral health, housing, and social domains to support reentry planning. For both adults and youth, multiple opportunities for screening and/or assessment are beneficial. Sharing and leveraging data is important to reduce duplicative assessments.

Recommendation 5
Establish a Cross-Agency Accountability Framework

Establish a formal accountability framework across relevant correctional facilities, government agencies and provider systems involved in reentry services. This should include protocols for eligibility verification, service documentation, and alignment with CMS requirements related to Medicaid reentry policies.

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

MCAC Membership and FY26 Leadership

MAC and BAC

MCAC Membership and Leadership for FY26 Term

- MCAC has five open seats for FY26, all for 3-year terms. New MCAC members will begin their terms in October.
  - One provider seat
  - Four beneficiary/advocate seats

- MCAC applications were open from July 3rd to July 22nd and we received a total of **45 applications.** Thank you to all our community partners for sharing this opportunity, and to all who submitted applications.
  - 12 applications for the one provider seat
  - 33 applications for the four beneficiary/advocate seats

- The current MCAC will hold a brief closed session at the end of August/beginning of September to vote on both new MCAC membership and leadership.

MCAC Members:

- DHCF will be sending out a meeting invite – please accept or decline the invite based on your ability to attend so DHCF can ensure there will be a quorum present
- DHCF will now accept nominations for MCAC Chair and Co-Chair for FY2026. Please send an email to dhcfMACandBAC@dc.gov with nominations

Update on DHCF MAC and BAC Efforts

- In the *Ensuring Access and Eligibility in Medicaid* final rule, CMS replaces the current MCAC requirements with a committee framework designed to ensure the proper and efficient administration of the Medicaid program and to better ensure that services under the Medicaid program will be provided in a manner consistent with the best interests of the beneficiaries.
  - These new requirements begin to take effect on July 9, 2025, with some requirements phased-in over a longer time period

- This new committee framework includes:
  - A **Medicaid Advisory Committee (MAC)** comprised of individuals representing consumer advocacy groups or community-based organizations, clinical providers or administrations, Medicaid managed care plans or associations, other state agencies, and members of the Beneficiary Advisory Committee (BAC)
  - A **Beneficiary Advisory Committee (BAC)** comprised of current or former Medicaid beneficiaries, paid and unpaid caregivers of Medicaid beneficiaries, and family members of beneficiaries

- Though DHCF will make some changes to our structure to meet new requirements, DHCF's MCAC already follows many of the newly required best practices outlined in the final rule. For example, DHCF:
  - Has bylaws, meeting schedules, agendas, and membership lists publicly available
  - Ensures at least two meetings per year are open to the public
  - Reserves seats for current/former beneficiaries and/or beneficiary caregivers

The Current DHCF MCAC Will Transition to Become the Medicaid Advisory Committee (MAC) During FY26

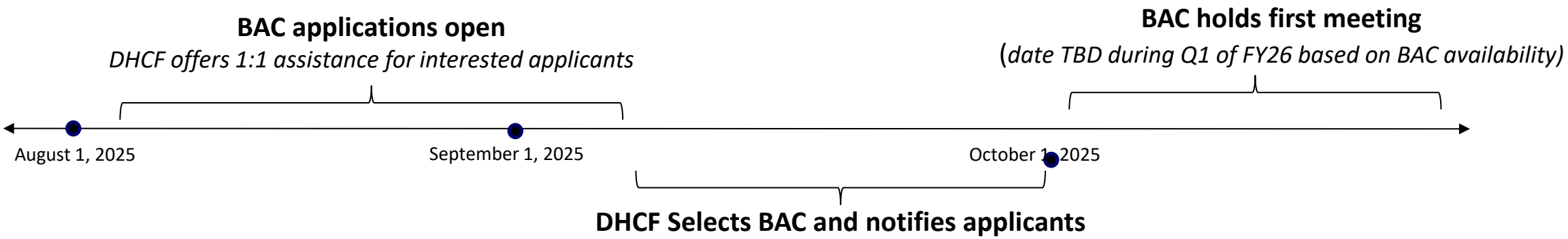
- **The MCAC will transition to the MAC during FY26, with slight modifications to the bylaws to come into compliance with regulatory requirements including:**
  - New limits on consecutive terms
  - Shift in Membership categories to align with MAC requirements ***(see table of future MAC required membership categories to the right)***
  - At least one hybrid meeting per year
  - Submission of annual MAC report
  - BAC Membership on MAC (*see table below*)

% of MAC from BAC	Effective Date
10%	July 9, 2025 – July 9, 2026
20%	July 10, 2026 – July 10, 2027
25%	July 11, 2027 and beyond

Future MAC Required Membership Category	Voting Status
State or local consumer advocacy groups/ CBO that represents the interest of or provides direct service to Medicaid beneficiaries	voting
Clinical providers or administrators familiar with health and social needs of Medicaid beneficiaries	voting
Participating MCPs or a health plan association representing more than one plan	voting
Other state agencies that serve Medicaid beneficiaries	Ex officio
BAC members	voting
Other membership categories as determined by the state	Either ex officio or voting

The DHCF BAC Will Begin Meeting in Early FY26

- DHCF plans to convene the BAC for an initial meeting during the first quarter of fiscal year 2026, to align with the fiscal year cycle of the MCAC (and future MAC). In order to meet this timeline, the application cycle for the BAC will be as follows:



If you applied for a beneficiary/advocate seat on the MCAC in July and Meet the BAC eligibility requirements, you will be able to be considered for the BAC without submitting a separate application. DHCF will reach out to all eligible MCAC applicants to confirm your interest in the BAC

- In order to apply for the BAC, you must fall into one of the four categories BAC members can fall into any of the following four categories
  - ❑ Current Medicaid beneficiary
  - ❑ Former Medicaid beneficiary
  - ❑ Family member of a current or former Medicaid beneficiary
  - ❑ Paid or unpaid caregiver of a Medicaid beneficiary

Public Announcements

Get Involved and Make Sure You're Getting Updates

The next meeting will be October 22, 2025, at 5:30PM – we look forward to seeing you all there!

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.