

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health Care Finance



New! Upcoming Eligibility Changes to the Medicaid Program.

Medicaid Changes Frequently Asked Questions (FAQ)

Purpose: The purpose of this document is to announce the changes in the Medicaid program and provide answers to frequently asked questions.

New! Upcoming Changes as of January 1, 2026

1. What changes are occurring in the Medicaid program?

- Income limits for individuals in the Parent/Caretaker relative Medicaid category will decrease from 221% to 138% of the federal poverty level (FPL).
- Income limits for individuals in the Childless Adult Medicaid category will decrease from 215% to 138% of the federal poverty level (FPL).

Information on other coverage options is described below in Question #2.

2. What other healthcare options are available besides Medicaid?

The following are alternative options for free to low-cost health coverage in the District. Please note that each program has an income limit and other eligibility criteria.

- DC Medicaid offers:
 - Qualified Medicare Beneficiaries (QMB)
 - Long Term Care
- DC Health Benefit Exchange offers:
 - Healthy DC Plan (Basic Health Plan), *new program effective 1/1/2026*
 - The income limit is 200% of the federal poverty limit
 - Qualified Health Plans (Assisted or Unassisted)
 - The income limit is over 200% of the federal poverty limit

3. Will I receive a notice or letter about these changes?

Yes, an informational notice/letter was sent mid-September. You may also view the notice in your District Direct account. This FAQ document will also address the upcoming changes.

4. Where can I learn more about the Medicaid changes?

The Department of Health Care Finance (DHCF) hosts bi-weekly stakeholder meetings on Wednesday’s at 2:30 p.m. To join the meetings, click this link:

<https://dcnet.webex.com/dcnet/j.php?MTID=mddfce9e3bfae3556a2a50389c977cdc0>

You can also visit our website at <https://dhcf.dc.gov/service/medicaid-eligibility-programs> and select the Parent and Caretaker Relative link or Childless Adult Link.

5. What are the current and new income limits for the Parent/Caretaker Relatives and Childless Adults in the Medicaid program?

Starting January 1, 2025, the income limits for the Parent/Caretaker and Childless Adults program will **decrease to 138%** (includes a 5% disregard) FPL. Please see the current and future income limits below. *For additional limits based on family size please, visit the <https://dhcf.dc.gov/medicaid-program-changes>.

Current and new monthly income limits below for the different categories based on household size:

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
5-person household, monthly	\$6,747	\$6,935	\$4,330
6-person household, monthly	\$7,731	\$7,947	\$4,962
7-person household, monthly	\$8,718	\$8,962	\$5,595
8-person household, monthly	\$9,703	\$9,974	\$6,227

* *Note these figures will change again 1/1/2026 to align with federal requirements**

6. What happens if my income is over the new income limits (138% of federal poverty limit) as of 01/01/2026?

Your Medicaid coverage will terminate 12/31/2025. You will receive a termination letter in early December.

If your income is above 138% FPL and you are a Parent/Caretaker or Childless Adult who applies after 1/1/2026, you will be evaluated for other health care coverage options.

7. Does DC Health Benefit Exchange programs have out-of-pocket expenses?

- Healthy DC Plan (Basic Health Plan)- No premium fee.
- Qualified Health Plans- Yes, can vary. Out-of-pocket expenses may be reduced by Advance Premium Tax Credits for those who qualify.

8. When does the Healthy DC Plan coverage start?

HBX's new Basic Health Plan coverage will be effective 01/01/2026.

9. What actions will I have to take during this transition period?

If your income is over 138% of the FPL (see question #4) your Medicaid file and information will automatically be transferred to DC Health Care Benefit Exchange (HBX). No further action is required. HBX will give you further instructions on next steps for their programs.

If you have Medicare and your income is over 138% of the FPL, DC Medicaid will transfer you to a Qualified Medicare Beneficiary (QMB) program. QMB-only is **not** full Medicaid coverage but offers assistance with paying your Part A and Part B premiums and Medicare co-payments, co-insurance and deductibles.

10. How do these changes impact prenatal and postpartum care for Parent/Caretaker Relatives or newly pregnant Childless Adults?

If a Parent/Caretaker or Childless adult with income over 138% transferred to DC Health Benefit Exchange becomes pregnant, they must report that pregnancy immediately. Once the pregnancy is reported and the applicant meets all financial and non-financial requirements, they will be transferred back to Medicaid and qualify for prenatal and 12-months of postpartum care once the pregnancy has ended.

11. I currently have transitional medical assistance (TMA) will my coverage end early?

Your TMA will continue until the end of your certification period. At the end of that certification period, you will be evaluated for continual Medicaid or transition to HBX.

***Note: When a Parent/Caretaker Relative reports a change in income due to an increase in hours or earnings from employment. Instead of automatic termination, they will be granted TMA coverage for 12-months. Please note: TMA is only available for Parent/Caretaker Relatives.*

12. Will there be any changes to the Medicaid EPD Services my Way or other Long Term Care programs?

There are no changes to the financial eligibility criteria for Medicaid Long Term Care services.

Medicare Beneficiaries

13. I am a Childless adult with Medicare, and my income is over 138% of the FPL (\$1800 for one person), what happens to my coverage?

Your Medicaid coverage will end 12/31/2025 and you will be transitioned to Qualified Medicare Beneficiary (QMB) coverage **only** effective 01/01/2026. This program is not full Medicaid but offers assistance with paying your Part A and Part B premiums and Medicare co-payments, co-insurance and deductibles.

14. If I am a Parent/Caretaker or Childless adult, will I keep my Medicaid even if I have Medicare?

It depends. Here's a few scenarios:

- If you are a Parent/Caretaker Relative your income has to be 138% or less of the FPL.
- If you are a Childless adult and receive Medicare, you will have to transition to another Medicaid group. Examples of options for other Medicaid groups:
 - Aged, Blind or Disabled (ABD)- In order to qualify you have to income 100% or less of the FPL (\$1305 monthly for one person), be aged (65 and older), blind or disabled and meet resource levels, \$4000 or less.
 - Long Term Care (LTC)- In order to qualify you have to have a level of care that requires long term care and have income at or under 300% of the SSI Benefit Rate (\$2901).

15. What if I am a childless adult with income under 138% of the FPL and just became Medicare eligible?

You must report your Medicare eligibility immediately. A DHS case worker may ask you for additional information to ensure you are in the current eligibility group.

In addition, in some cases DC Medicaid will find out that you have Medicare and send you a Supplemental Application, please return it by the due date listed on the notice.

***Note: You cannot remain in the Childless Adult category if you have Medicare or are 65 years of age and older. You must be evaluated for another Medicaid program.*

16. I am a childless adult and almost 65 years old and do not have Medicare, do I need to do anything to keep my Medicaid?

Since you are almost 65, you should receive a notice from DC Medicaid asking that you complete a Supplemental application so you can be evaluated in another Medicaid category.

Beneficiaries approaching 65 who do not receive Medicare are encouraged to apply for Medicare, but it is **not** a requirement for Medicaid eligibility.

***Note: You cannot remain in the Childless Adult category if you have Medicare or are 65 years of age and older. You must be evaluated for another Medicaid program.*

Application Process

17. How do I apply for Medicaid coverage and what is required?

You can apply for the DC Health Care Alliance program by:

- Online through District Direct: districtdirect.dc.gov
- District Direct Mobile App: Android (Google Store) and iPhone (Apple Store) friendly.
- Via Fax: 202-671-4400
- Via mail: Department of Human Services/Economic Security Administration (ESA)Centers

Service Center	Address	Phone	Fax
Anacostia	2100 Martin Luther King Avenue, SE	(202) 645-4614	(202) 727-3527
Congress Heights	4049 South Capitol Street, SW	(202) 645-4525	(202) 654-4524
Fort Davis	3851 Alabama Avenue, SE	(202) 645-4500	(202) 645-6205
H Street	645 H Street, NE	(202) 698-4350	(202) 724-8964
Taylor Street	1207 Taylor Street, NW	(202) 576-8000	(202) 576-8740

Applications will not be complete all financial and non-financial verifications have been received.

- You must provide proof that you live in DC.

- If you are a US Citizen, you must provide your Social Security Card.
- If you have a green card, you must provide your Alien Number or your Social Security Card.
- Income
- Resources (QMB and LTC)

18. How long will it take to find out if I am eligible?

It takes 45 business days for eligibility to be determined, 60 business days if you attest to a disability. If you meet all requirements for the program your eligibility starts the first day of the month in which you applied. If you applied on April 28th and were approved for health coverage, your eligibility starts April 1st.

19. How long does eligibility last?

Eligibility is active for 12 months. At the end of 12-months you must complete a renewal form and bring in all updated income and residency documents.

Renewal Process

20. Are face-to-face interviews required?

No, face-to-face interviews are not required.

21. How often do I have to renew my coverage?

Once every 12 months.

22. How will I know that it is time to renew my coverage?

The Department of Human Services, Economic Security Administration (ESA) will send you a letter informing you of your upcoming renewal period 60 days prior to the end of your certification period.

Things to keep in mind for renewal:

- At the time of renewal, recipients must verify certain eligibility factors.

23. What verifications are needed for renewal?

Beneficiaries will need to provide District residency and income verification.

Verification Type	Acceptable Verifications
Income	<ul style="list-style-type: none"> • Recent paystubs (last 30 days)

	<ul style="list-style-type: none"> • Self-employment: most recent tax return • Retirement income statement • Disability income statement • Worker’s Compensation • Pension or annuity statement • Unemployment benefit statement
Residency	<ul style="list-style-type: none"> • Non-expired DC driver’s license or identification card • Active lease, rental agreement, or rent receipt • Utility or telephone bill • Pay stub or earning statement issued in last 30 days that includes individuals name and DC address • Property tax bill issues within the last 60 days of property located in DC • Completed residency form

Beneficiaries are required to verify residency and income for every renewal period.

24. When do I need to submit my renewal?

Your renewal is due on the last day of your certification period. For example, if your renewal is due in May, you must return your renewal by May 31st.

25. What if I do not turn in my renewal by the end of my certification period?

If you have not submitted your renewal form by the end of your certification period, you still will have up to 90 days after the end of your certification end date to submit your renewal form. This 90-day period is known as the grace period. If you return your renewal form within the grace period and are determined still eligible for medical coverage, your coverage will retroactively go back to the certification end date. If you do not submit your renewal form by the 90th day, you will be required to submit a new application for medical healthcare coverage.

Questions? Contact us via email at medicaid.renewal@dc.gov