Eligibility Changes to the Medicaid Program

Effective January 1, 2026

A RESOURCE DOCUMENT FOR COMMUNITY STAKEHOLDER ENGAGEMENT

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A MESSAGE FROM THE DEPARTMENT OF HEALTH CARE FINANCE

Beginning January 1, 2026, the health coverage options for adult residents will change. Income eligibility for Medicaid will change for some adults. Additionally, the Healthy DC Plan – a new no cost health coverage plan will be available for adult residents. These changes align with the Fiscal Year 2026 Budget Support Act of 2025 (Bill 26-260).

DHCF is working to ensure that affected residents and other partners are aware of the changes and know what to do and when. This resource document is designed to provide a one-stop source of information on the upcoming changes that partners and advocates can use to accurately and consistently communicate.

You may help by familiarizing yourself with the online portal, districtdirect.dc.gov, to help individuals create an account and update their information; direct people to the call centers, where interpreters and in-language staff are on hand, and provide a listing of Service Centers for individuals who prefer in-person assistance. Many residents may be using DC Health Link for the first time and familiarizing yourself with DC Health Link may be helpful. Our team will update materials and messages in this resource document.

This resource includes the following:

- Key messages
- Social media
- Email messages
- Website text
- Phone call scripts
- FAQs

You can learn the latest about changes to the Medicaid program by joining the DHCF bi-weekly beneficiary and stakeholder meetings, starting September 10, every other week on Wednesdays at 2:30 pm, by clicking the WebEx link:
https://dcnet.webex.com/dcnet/j.php?MTID=mddfce9e3bfae3556a2a50389c977cdc0

More information is also available on the DHCF website: Medicaid Health Care Coverage Changes (2025) | dhcf

KEY MESSAGES

What You Can Do Right Now

- ✓ Check your mail and your District Direct account at districtdirect.dc.gov. DHCF sent a notice on the DC Medicaid program changes in mid-September. You may check your status using the District Direct website or app.

- ✓ Update your contact information. Log in to District Direct to update your contact information. All notices are sent by mail. If DHCF does not have the proper contact information, you will not receive important notices about your coverage.

- ✓ Renew your Medicaid on time. If you still have DC Medicaid coverage, know your renewal date and renew on time. You will receive a notice from DHCF when it is time to renew. You can renew online through District Direct – you do not have to go in person to renew your DC Medicaid.

- ✓ Learn about the Healthy DC Plan. You may be eligible for the new **Healthy DC Plan** if your income is too high for Medicaid. Healthy DC Plan is quality health coverage for DC residents who have moderate incomes. There are no monthly premiums and no out-of-pocket costs for covered care. All plans cover doctor visits, urgent care visits, hospital stays, prescription drugs, mental health care, and more.

SOCIAL MEDIA POSTS

Post #1:

The DC Medicaid program is changing for some adults on January 1, 2026. Log in to your District Direct account to see important notices about the changes. If you need additional assistance, you may call the Public Benefits Call Center at (202) 727-5355 or TTY 711 between 7:30 a.m. and 4:45 p.m.

Post #2:

The DC Medicaid program is changing for some adults on January 1, 2026. Be sure to read all mail from DHCF. If your address, phone number, or email address has changed, visit districtdirect.dc.gov to make sure your account is up to date and that you do not miss important health care coverage information. If you need additional assistance, you may call the Public Benefits Call Center at (202) 727-5355 or TTY 711 between 7:30 a.m. and 4:45 p.m.

Post #3:

Income limits are changing for adults for DC Medicaid. If you are single and make more than $1800/month, check your District Direct account for an important notice about these changes. If you no longer qualify for Medicaid, the new Healthy DC Plan may be an option for you. You can learn more at www.HealthyDCPlan.com. If you need additional assistance, you may call the Public Benefits Call Center at (202) 727-5355 or TTY 711 between 7:30 a.m. and 4:45 p.m.

Post #4:

The DC Medicaid program is changing for some adults on January 1, 2026. These changes do not impact children. Children can still be covered by Medicaid even if their parents are not eligible. Log in to your District Direct account to check on you and your family's Medicaid. If you need additional assistance, you may call the Public Benefits Call Center at (202) 727-5355 or TTY 711 between 7:30 a.m. and 4:45 p.m.

Post #5:

The DC Medicaid program is changing for some adults on January 1, 2026. If you are a DC resident and you are pregnant, you can still be eligible for DC Medicaid after these changes! Log in to your account at districtdirect.dc.gov to get information on the changes. If you need additional assistance, you may call the Public Benefits Call Center at (202) 727-5355 or TTY 711 between 7:30 a.m. and 4:45 p.m.

EMAIL MESSAGES

Email Message #1:

Subject Line: Changes may be coming to your health care coverage

If you have DC Medicaid and you are an adult, changes to your health care coverage may happen on January 1, 2026. You can check your status and learn more by logging in to your account at districtdirect.dc.gov today.

WEBSITE TEXT

Website Text (for Medicaid beneficiaries):

The DC Medicaid program is changing for adults on January 1, 2026. To make sure that you don't miss any important information, look for mail from DHCF and log in to your account at districtdirect.dc.gov for notices. You can also find out more at Medicaid Health Care Coverage Changes (2025) | dhcf

Website Text (for Medicaid providers):

The DC Medicaid program is changing for some adults on January 1, 2026! These changes do not impact children with DC Medicaid. Find out more at Medicaid Health Care Coverage Changes (2025) | dhcf. Many adults will have coverage through the new Healthy DC Plan and many of the same benefits. If you have questions or need assistance, call the Health Care Ombudsman at (202) 724-7491 / TTY 711 or (877) 685-6391 or email healthcareombudsman@dc.gov.

PHONE CALL SCRIPTS

Script 1 (If individuals have questions about what is changing)

Good morning / afternoon. How may I help you?

The DC Medicaid program is changing for some adults on January 1, 2026. The amount of money you can earn and still have Medicaid is changing. If you are no longer eligible for Medicaid, you may be eligible for the new Healthy DC Plan. You can log into your District Direct account or call the Public Benefits Call Center at (202) 727-5355 between 7:30 a.m. and 4:45 p.m. to find out what these changes mean for you.

Script 2 (If individuals receive a Medicaid renewal notice)

Good morning / afternoon. How may I help you?

You can renew your Medicaid coverage online at districtdirect.dc.gov. You do not have to go in person to renew your coverage. It is very important that you renew on time so you do not have a gap in your coverage. If you need assistance, you can call the Public Benefits Call Center at (202) 727-5355 between 7:30 a.m. and 4:45 p.m.

Script 3 (If individuals receive a Medicaid coverage termination notice)

Good morning / afternoon. How may I help you?

Your Medicaid notice seems related to an eligibility change. Starting January 1, 2026, DC Medicaid has a new income limit of 138% FPL or about $1800 / month for a single person. If you are no longer eligible for Medicaid, you may have other options for care. Many adults who are losing Medicaid will be automatically transitioned to coverage under the Healthy DC Plan. If you qualify for the Healthy DC Plan, expect outreach from the Healthy DC Plan. For more options, you can call the Public Benefits Call Center at (202) 727-5355 or TTY 711 between 7:30 a.m. and 4:45 p.m.

FREQUENTLY ASKED QUESTIONS

New! **Effective January 1, 2026**, The DC Medicaid Program will experience changes

Upcoming Changes:

1. **What changes on January 1, 2026?**
    - 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).
    - Parent/Caretaker relatives or Childless adults over 138% FPL who receive Medicare will transition to a Qualified Medicare Beneficiary (QMB) program only.
    - Transitioning from Medicaid to the Healthy DC Plan or DC Health Link.
2. **Will I receive a notice or letter about these changes?**
    - Yes, an informational notice/letter was sent mid-September. Another notice about the end of your Medicaid will be mailed in early December. You may also view the notice in your District Direct account. This FAQ document will also address the upcoming changes.
3. **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.
4. **What are the current and new income limits for the Parent/Caretaker Relatives and Childless Adults in the Medicaid program?**
    - *Starting January 1, 2026*, 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 DHCF website at Medicaid Health Care Coverage Changes (2025) | dhcf.

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*

5. **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.

6. **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
   - Healthy DC Plan, *new* starting January 1, 2026
     - Healthy DC Plan is for residents 21-64 with an annual income between 138% and 200% of the Federal Poverty Level. For more information, see Income Eligibility for Healthy DC Plan table below.

       Income Eligibility for Healthy DC Plan

Household Size	You qualify if your annual income is:
1-person household, annual income	$21,597-$31,300
2-person household, annual income	$29,187-$42,300
3-person household, annual income	$36,777-$53,300
4-person household, annual income	$44,367-$64,300

*Contact Healthy DC Plan about eligibility for larger households.

   - DC Health Link

- Residents with annual income over 200% of the Federal Poverty Level may qualify for lower monthly premiums lower and out-of-pocket costs.

7. **Are there costs for Healthy DC Plan?**
    - No. Healthy DC Plan does not have monthly payments (also called premiums) or out-of-pocket costs for covered services. When you get care from participating doctors and hospitals, and community health centers, there is no out-of-pocket cost to you.

8. **Are there costs for DC Health Link?**

    - Yes. Use DC Health Link's Plan Match tool to:
        - Find out if you might qualify for lower monthly premiums and lower out-of-pocket costs
        - Compare plan features, benefits, and costs side-by-side
        - Check to see if your doctors are in-network
        - See if your prescription drugs are covered

9. **When does the Healthy DC Plan coverage start?**

    - Healthy DC Plan coverage will be effective 01/01/2026

10. **If I am losing Medicaid coverage and eligible for Healthy DC Plan, what actions will I have to take during this transition period?**

    - If you are losing Medicaid because Medicaid eligibility is changing, Healthy DC Plan will automatically enroll you into a Healthy DC Plan. Your Medicaid will end on December 31, 2025. Your Healthy DC Plan will begin on January 1, 2026. You will not have a gap in coverage.
    - If your Medicaid is with AmeriHealth Caritas DC or with MedStar Family Choice, Healthy DC Plan will automatically enroll you into a Healthy DC Plan with the same company you have your Medicaid coverage with now. Although your benefits and some providers will be different, the company providing your new coverage will be the same.
    - If your Medicaid is with Wellpoint DC, Healthy DC Plan will automatically enroll you into a Healthy DC Plan with CareFirst BlueCross BlueShield.

- Summary of Automatic Enrollment

If your current health plan is....	You will automatically be enrolled into...
AmeriHealth Caritas DC Medicaid MCO	AmeriHealth Caritas District of Columbia Healthy DC Plan
MedStar Family Choice Medicaid MCO	MedStar Family Choice Healthy DC Plan
Wellpoint DC Medicaid MCO	CareFirst BlueCross BlueShield Healthy DC Plan

9. **If I have Medicare, what actions will I have to take during this transition period?**

    - 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.

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

    - Medicaid will cover you, including delivery and 12 months of post-partum care.

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 Medicaid program in the following ways:

    - 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 until 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	• Recent paystubs (last 30 days) • Self-employment: most recent tax return • Retirement income statement • Disability income statement • Worker's Compensation • Pension or annuity statement • Unemployment benefit statement
Residency	• 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

HOW TO ACCESS YOUR DISTRICT DIRECT ACCOUNT

Instructions for districtdirect.dc.gov

If you have health care coverage through DC Medicaid, don't miss out on important information. If you haven't already, take time today to update your address, phone number, and/or email address at districtdirect.dc.gov.

To update your information, you must first create an account at districtdirect.dc.gov or download the District Direct Mobile App, which is available through Google Play or the Apple App Store.

How to Create a District Direct Account

1. On the main page, click "Login" and then click "Create Account."
2. On the next page, enter the information required to create your account, such as your username and password.
3. Once complete, click "Create Account." Then connect your account by clicking "Connect Your Account" on the homepage and entering the required information.
4. Once your account is active, return to the homepage, where you will see your information.

How to Access Your District Direct Account

1. If you have an account, you can access your account at districtdirect.dc.gov or through the District Direct Mobile Application (available on Google Play and Apple App Stores).
2. Next, you must enter your username, and password. If you applied for benefits online, you created your username and password when you applied for benefits.
3. If you don't remember your username or password, you can reset it by clicking the "Forgot Password" or "Forgot Username" link or calling District Direct Customer Service at (202) 727-5355 or TTY 711.