

November 2025



KEY CHANGES TO THE HEALTH CARE ALLIANCE PROGRAM

Effective October 1, 2025, here are important eligibility and programmatic changes

ELIGIBILITY CHANGES

- No new enrollments for adults age 26+ (unless pregnant).
- Income limit lowered from 215% FPL to 138% FPL.
- Children (0–20), young adults (21–25), and pregnant people remain eligible.
- Applicants must:
 - Be DC residents
 - Not qualified for Medicaid
 - Meet new lower income limits

Families, especially Black, Latine, immigrant students with disabilities and special health care needs, cannot afford disruption in access to full-spectrum health care services. A successful system must be collaborative, community-rooted, transparent, and adequately resourced.

PROGRAM STRUCTURE CHANGES:

- Alliance moves from Managed Care to Fee-for-Service (directly managed under DHCF).
- Beneficiaries will no longer receive services through MCO plans.
- Limited service package, now excluding:
 - Non-emergency transportation
 - Vision and hearing
 - Home health services
 - Dental
 - Podiatry

ACTION STEPS FOR FAMILIES

- Check District Direct for renewal notices and coverage updates.
- Renew on time; a late renewal may result in losing access.
- Update all contact information in District Direct.
- Call Public Benefits Call Center: (202) 727-5355 for help.



Understanding the 2025–2026 Eligibility Changes to DC Medicaid & the DC Health Care Alliance

November 2025



THE NEW HEALTHY DC BASIC HEALTH PLAN (BHP)

Effective January 1, 2026, the Healthy DC Plan creates new "low cost" coverage for 133–200% FPL, particularly for:

- Adults losing Medicaid due to income
- Lawfully present immigrants under 200% FPL
- Those excluded from Medicaid due to the 5year bar.

KEY FEATURES

- No-cost or low-cost premiums.
- Marketplace-level benefits (Essential Health Benefits)
- Continuity of care promise:
 - Families transitioning from Medicaid can stay with the same MCO if that carrier participates in BHP.
- Year-round enrollment during 2026, shifting to open enrollment in later years.

RECOMMENDATIONS FOR CHAP MEMBERS

CHAP members should help families:

- Understand their eligibility
- Navigate & document renewals/terminations
- Connect with legal, linguistic, and health access resources
- Prepare alternative care plans if benefits are lost

WHY THESE CHANGES MATTER

DC families (especially those with CYSHCN) may experience:

- Sudden loss of coverage for adults 26+
- Reduced benefits affecting continuity of specialty care
- Confusion with multiple program shifts
- Increased fear for mixed-status and undocumented households
- Difficulty navigating District Direct without language access

KEY CONTACT INFORMATION

- Public Benefits Call Center: (202) 727-5355
- Health Care Ombudsman: (202) 724-7491
- Update all contact information in District Direct.
- District Direct: <u>Call Public</u> <u>Benefits Call Center: (202)</u> <u>727-5355 for help.</u>

For inquiries and follow ups, contact AJE's Health Justice Project at advocacy@aje-dc.org or call 202-678-8060