



District of Columbia Health & Human Services System State Profile: 2025

An *OPEN MINDS* State Profile



Table Of Contents

A Executive Summary

1. Health Care Coverage by Payer
2. Medicaid Care Coordination Initiatives
3. Health Care Safety-Net System
4. Budget At A Glance
5. State Healthcare Licensure

D Medicaid Financing & Service Delivery System

1. Medicaid Financing & Service Delivery System
2. Medicaid FFS Program
3. Medicaid Managed Care Program
4. Medicaid Program: Care Coordination Initiatives
5. Medicaid Program Waivers
6. Medicaid Program: New Initiatives

G Long-Term Services & Supports Financing & Service Delivery System

1. LTSS Financing & Service Delivery System
2. LTSS Medicaid Financing & Delivery System: Overview
3. Medicaid LTSS Program: Health Plan Characteristics
4. Medicaid LTSS Program: Health Benefits
5. LTSS Medicaid Financing & Services Delivery System: New Initiatives

B Health Financing System Overview

1. Population Demographics
2. Enrollment Distribution By Payer and Largest Health Plans
3. SMI Enrollment by Payer and Largest Health Plans
4. Health Insurance Marketplace
5. Accountable Care Organizations (ACOs)

E Medicare Financing & Service Delivery System

1. Medicare Financing & Service Delivery System
2. Medicare System Overview
3. Medicare ACOs
4. Medicare System: New Initiatives

H State Behavioral Health Administration & Finance System

1. Public Behavioral Health System Governance
2. Public Behavioral Health System Spending
3. State Psychiatric Institutions
4. Behavioral Health Safety-Net Delivery System
5. Behavioral Health System: New Initiatives

C Medicaid Administration, Governance & Operations

1. Medicaid Governance
2. Medicaid Program Spending
3. Medicaid Expansion Status
4. Medicaid Program Benefits
5. Medicaid Block Grants

F Dual Eligible Financing & Service Delivery System

1. Dual Eligible Medicaid Financing & Service Delivery System
2. Largest Dual Eligible Health Plans by Estimated SMI Enrollment
3. Dual Eligible Medicaid Financing & Service Delivery system: Overview
4. Dual Eligible Medicaid Financing & Service Delivery System: New Initiatives

I Appendices

1. *OPEN MINDS* Estimates For The Share Of SMI Consumers By Payer/Plan
2. Glossary Of Terms
3. Sources

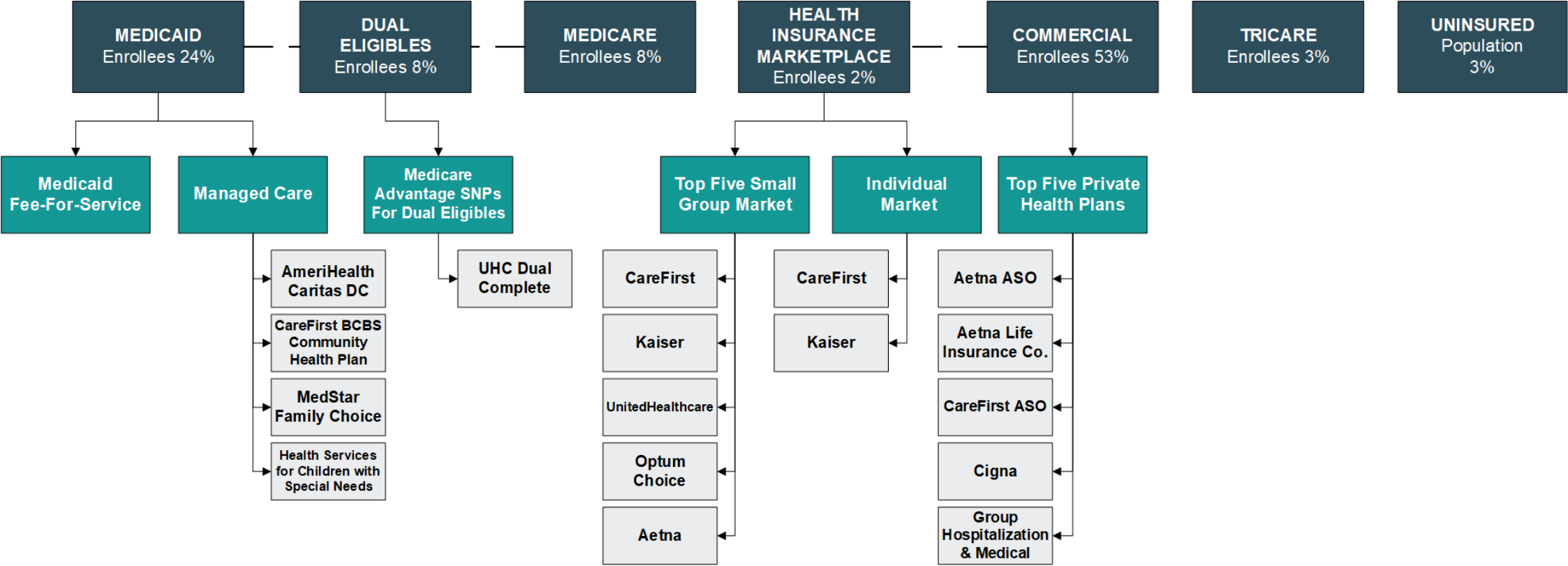
* Based on most recent data available at publication.



A. Executive Summary

A.1. District of Columbia Physical Health Care Coverage By Payer

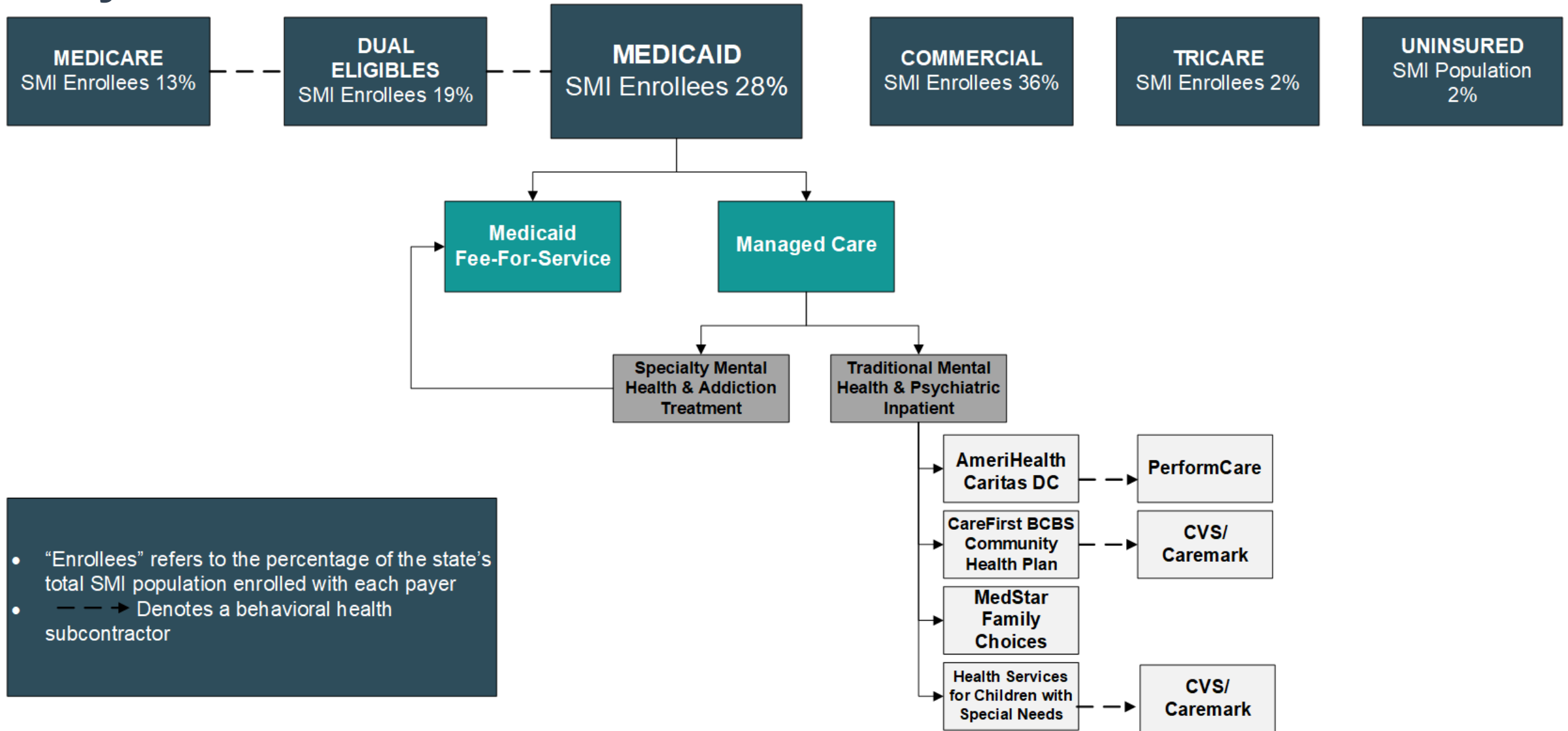
Total District of Columbia Population: 678,972
Estimated Serious Mental Illness (SMI) Population: 40,738



“Enrollees” refers to the percentage of the state’s total population enrolled with each payer.

Note: Totals may not equal 100% due to rounding

A.1. District of Columbia Behavioral Health Care Coverage By Payer



A.2. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home	✓	The state has two health home programs—one for individuals with multiple chronic conditions, and one for individuals with SMI.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	Dual eligible beneficiaries are excluded from enrolling in managed care and are currently enrolled in FFS with the exception of those enrolling in a D-SNP.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	D.C. currently has two planning and development grants for CCBHCs.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The D.C. Health Care Alliance, operated by the Department of Health Care Finance, provides limited health benefits through a managed care delivery system for qualified uninsured citizens with income up to 200% of the federal poverty level (FPL).
- For all others, the District of Columbia Department of Health provides funding for safety-net physical health services.

Mental Health Services

The Department of Behavioral Health is responsible for mental health safety-net services for the uninsured population.

Addiction Treatment Services

The Department of Behavioral Health is responsible for addiction treatment safety-net services for the uninsured population.

A.4. District of Columbia Budget: At A Glance

District of Columbia Medicaid Budget

Budget Item	SFY 2023-24 Spending	Percent Of Budget
Managed care and premium assistance	\$1,918,000,000	46%
Home- and community-based LTSS	\$731,000,000	18%
Institutional LTSS	\$527,000,000	13%
Clinic and health center	\$337,000,000	8%
Other acute	\$219,000,000	5%
Hospital	\$201,000,000	5%
Drugs	\$101,000,000	2%
Medicare premiums and coinsurance	\$86,000,000	2%
Physician	\$28,000,000	1%
Other practitioner	\$6,000,000	<1%
Dental	\$5,000,000	<1%
Budget Total: \$4,159,000,000		

District of Columbia Mental Health & Addiction Services Budget

Budget Item	SFY 2025 Revised Budget	Percent Of Budget
Adult Services Administration program	\$157,401,000	46%
St. Elizabeths Hospital	\$112,139,000	33%
Child/Adolescent/Family services	\$36,793,000	11%
Agency management	\$21,081,000	6%
Behavioral Health Authority	\$5,994,000	2%
Clinical Services program	\$4,795,000	1%
Financial operations	\$2,278,000	1%
Budget Total: \$340,481,000		

A.5. District of Columbia Health Care Licensure

- In the District of Columbia, health care licensure categories generally fall under the purview of the [D.C. Department of Health](#).
- [The Board of Psychology](#) is responsible for Psychologists and Psychology Associates.
- The [Board of Professional Counseling](#) covers professional counselors, graduate counselors, addiction counselors, and marriage counselors.
- Additionally, the [Board of Medicine](#) covers most other medical professionals including, medicine and surgery doctors, anesthesiologists, physicians assistants, and more.





B. Health Financing System Overview

B.1. Population Demographics

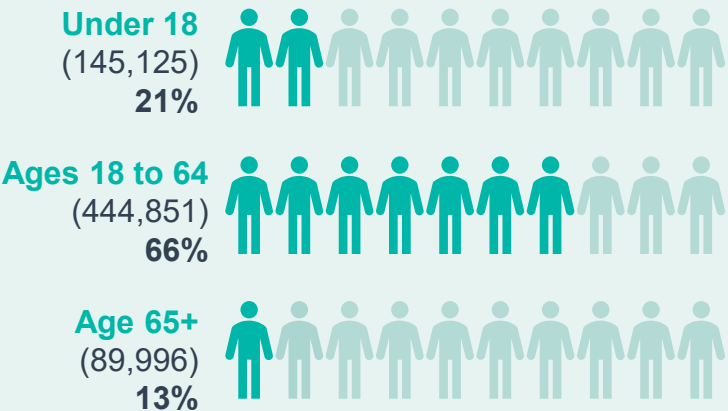
Total D.C. Population: 678,972
Estimated SMI Population: 40,738



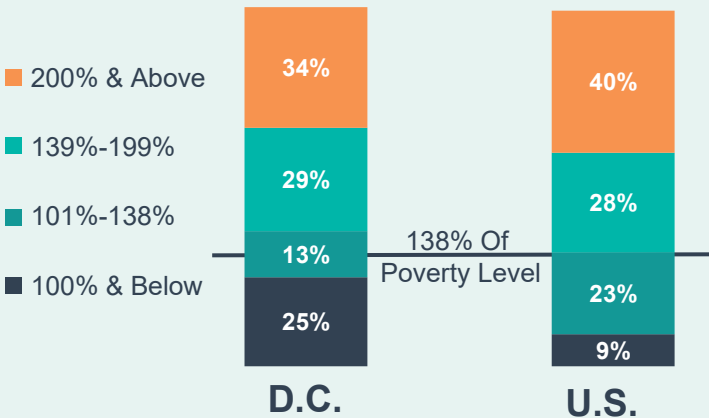
49th most populous state in the nation

Median Household Income	
D.C.	U.S.
\$108,210	\$77,719

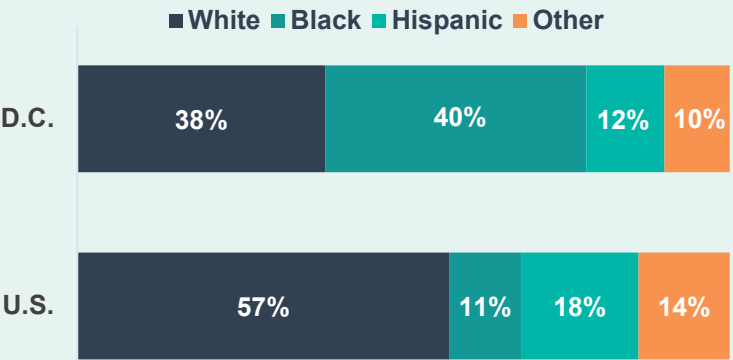
Population Distribution By Age



Population Distribution By Income To Poverty Threshold Ratio



D.C. & U.S. Racial Composition



Note: Totals may not equal 100% due to rounding

Population Centers By Metropolitan Statistical Areas (MSAs)

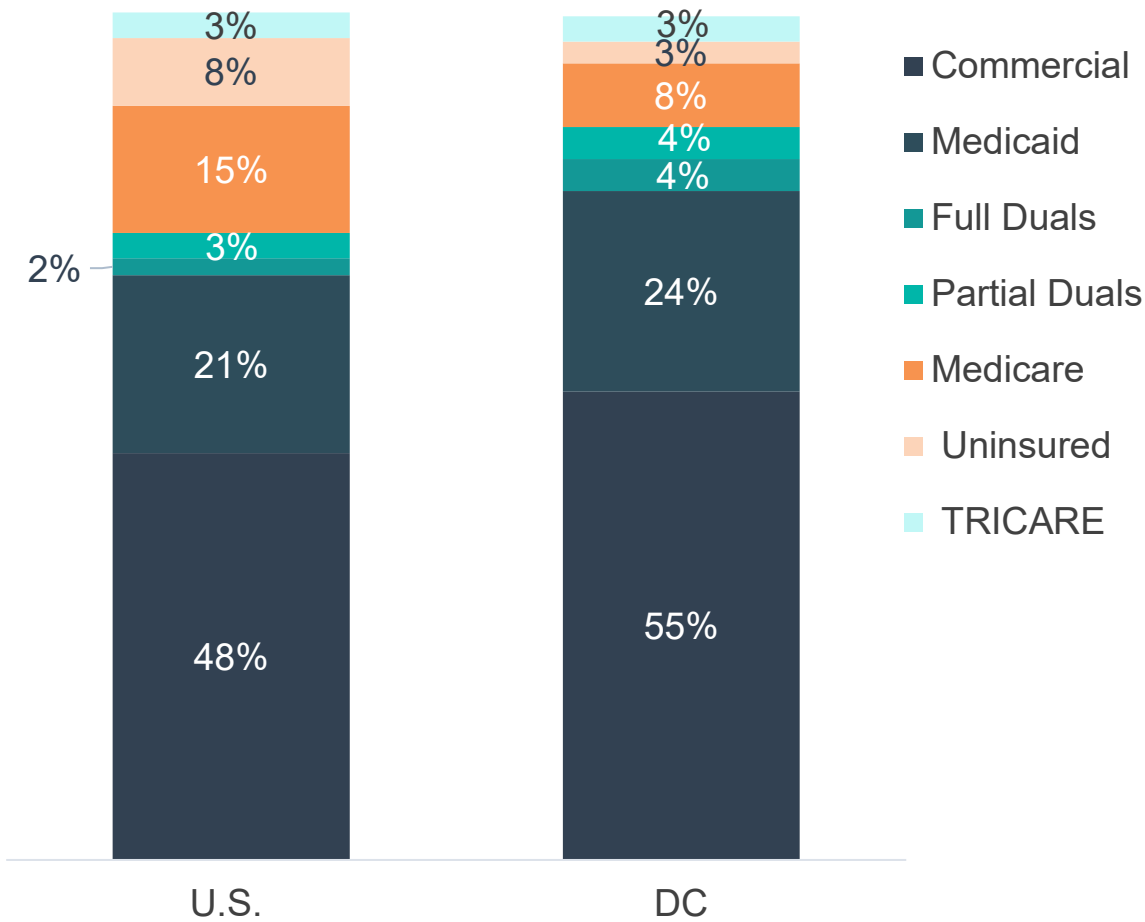
MSA	MSA Residents	% Of State Population
Total MSA Population	6,436,489	N/A
Washington-Arlington-Alexandria, D.C.-VA-MD-WV	6,436,489	N/A

Note: MSA total exceeds state population due to MSA crossing state lines.



B.2 Enrollment Distribution By Payer & Largest Health Plans

Population Distribution By Payer National vs. State

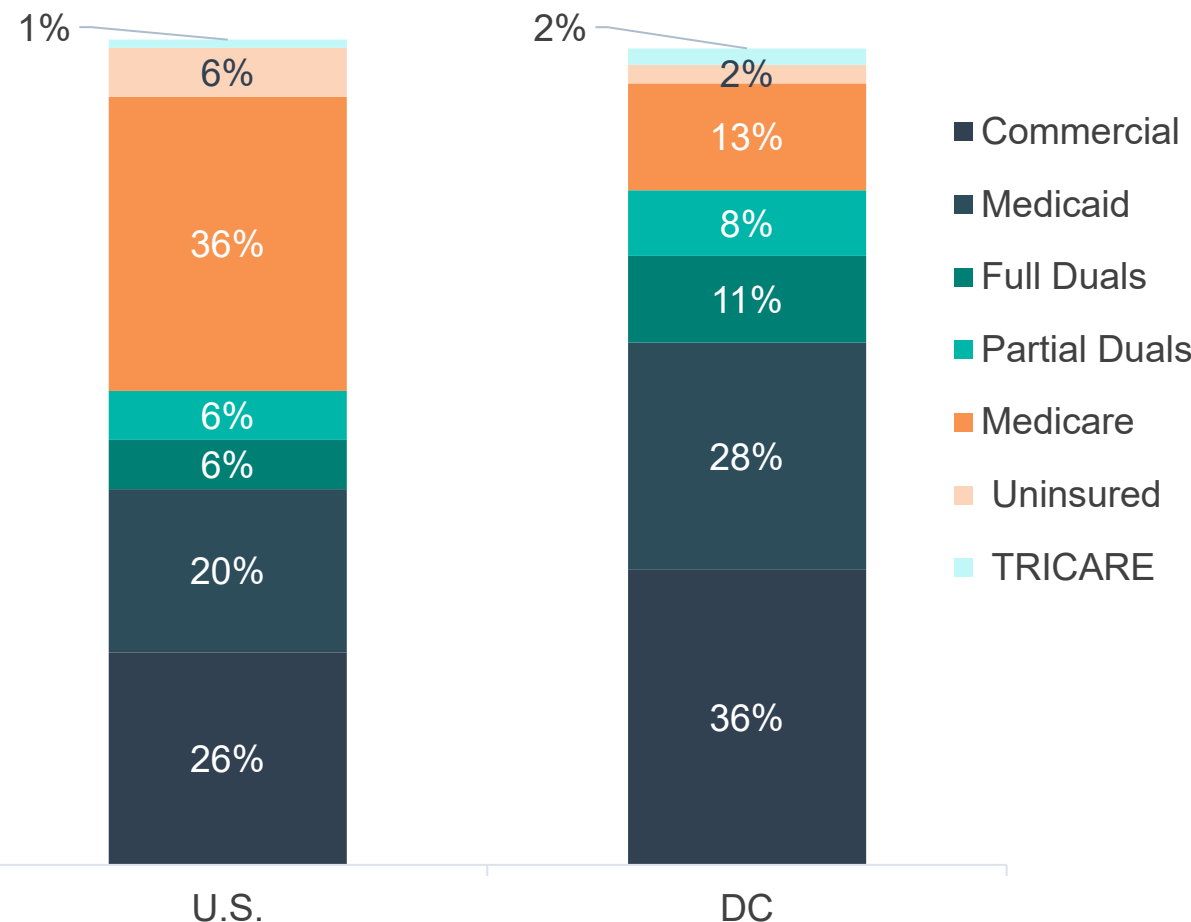


Largest D.C. Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Aetna ASO	Commercial ASO	379,976
CareFirst ASO	Commercial ASO	225,088
Group Hospitalization and Medical Services	Commercial	167,660
Cigna ASO	Commercial ASO	138,067
Aetna Life Insurance Company	Commercial	128,990
UnitedHealthcare Insurance Co	Commercial	116,099
UnitedHealthcare ASO	Commercial ASO	111,570
AmeriHealth Caritas D.C.	Medicaid managed care	107,327
CareFirst BlueChoice	Commercial	104,306
Aetna Health	Commercial	100,650

B.3. SMI Enrollment By Payer & Largest Health Plans

SMI Population Distribution By Payer National vs. State



Largest D.C. Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment	Estimated SMI Enrollment
Aetna ASO	Commercial ASO	379,976	18,619
CareFirst ASO	Commercial ASO	225,088	11,029
AmeriHealth Caritas D.C.	Medicaid managed care	107,327	9,445
Medicare Fee-for-service (FFS)	Medicare	64,061	8,328
Group Hospitalization and Medical Services	Commercial	167,660	8,215
Cigna ASO	Commercial ASO	138,067	6,765
Aetna Life Insurance Company	Commercial	128,990	6,321
UnitedHealthcare Insurance Co	Commercial	116,099	5,689
CareFirst BlueChoice	Commercial	104,306	5,111
MedStar Family Choice	Medicaid managed care	56,346	4,958

Note: Totals may not equal 100% due to rounding

B.4. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace Enrollment Percentage	2%
Type of Marketplace	District-based
Individual Enrollment Contact	www.D.C.healthlink.com/individuals
	1-855-532-5465
Small Business Enrollment Contact	www.D.C.healthlink.com/smallbusiness
	1-855-532-5465

2025 Individual Market Health Plans
1. CareFirst HMO 2. Kaiser of the Mid-Atlantic States

2025 Small Group Market Health Plans
1. CareFirst HMO 2. CareFirst PPO 3. Kaiser 4. Optimum Choice, Inc 5. UnitedHealthcare Insurance Company 6. UnitedHealthcare of the Mid-Atlantic

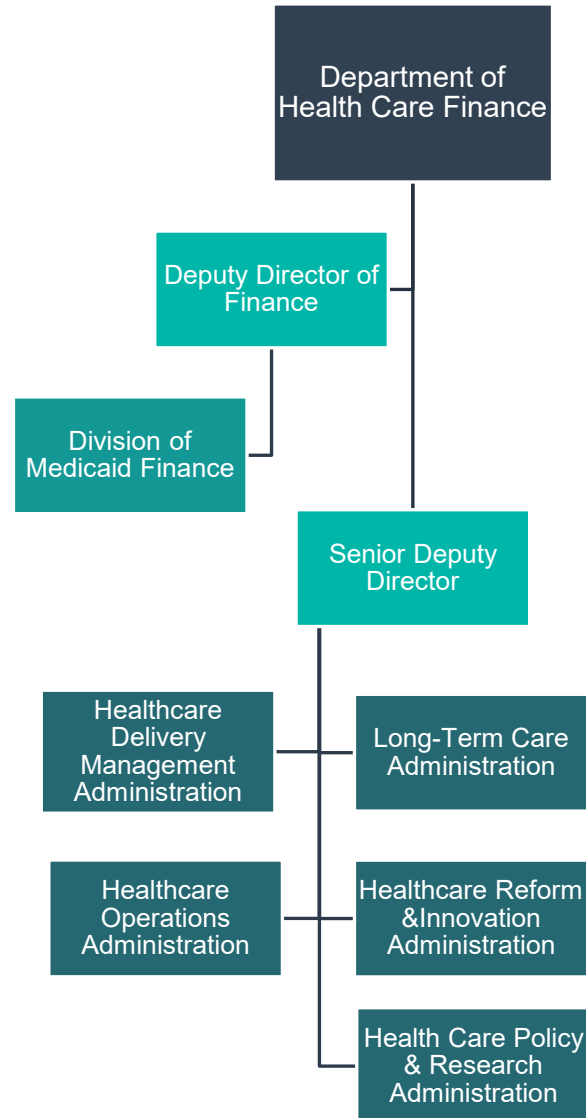
B.5. Accountable Care Organizations

Medicare Shared Savings ACOs	
1. Aledade 200 Chesapeake MSSP Enhanced	6. Accountable Care Coalition of Northeast Partners, LLC
2. Vytalize Health Enhanced ACO	7. GW Health Network
3. C3 MSSP LLC	8. Mid-Atlantic Collaborative Care, LLC
4. Adventist HealthCare ACO, LLC	9. Netrin PrimaryCare ACO, LLC
5. Privia Quality Network Maryland	10. Privia Quality Network, LLC



C. Medicaid Administration, Governance & Operations

C.1. Medicaid Governance: Organization Chart



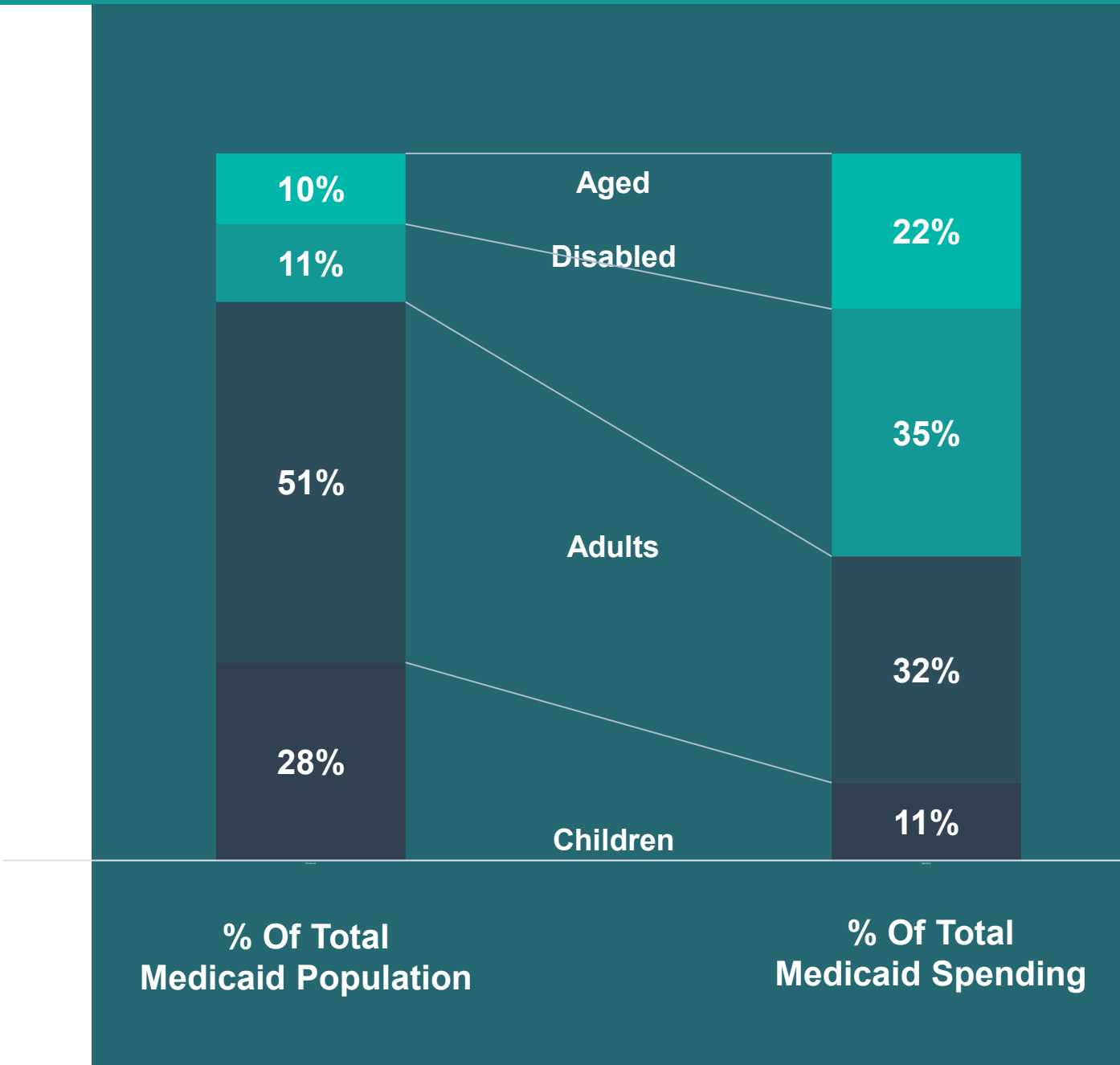
C.1. Medicaid Governance: Key Leadership

Name 	Position 	Department 	Email 
Wayne Turnage	Director	DHCF	wayne.turnage@dc.gov
Melisa Byrd	Senior Deputy/Medicaid Director	DHCF	melisa.byrd@dc.gov
Vacant	Chief of Staff	DHCF	N/A
Darrin Shaffer	Agency Fiscal Officer, Office of the Chief Financial Officer	DHCF	darrin.shaffer@dc.gov
Lisa Truitt	Director	DHCF, Health Care Delivery Management Administration	lisa.truitt@dc.gov
Donald Shearer	Director	DHCF, Health Care Operations Administration	donald.shearer@dc.gov
Eugene Simms	Director	DHCF, Health Care Policy and Research Administration	eugene.simms@dc.gov

C.2. Medicaid Program Spending By Eligibility Group

Medicaid Spending Per Enrollee, FY 2022		
Eligibility Group	U.S.	D.C.
All populations	\$8,813	\$12,704
Children	\$3,786	\$5,004
Adults	\$5,443	\$7,718
Expansion adults	\$7,569	\$7,882
Blind and disabled	\$25,483	\$41,368
Aged	\$19,191	\$27,143

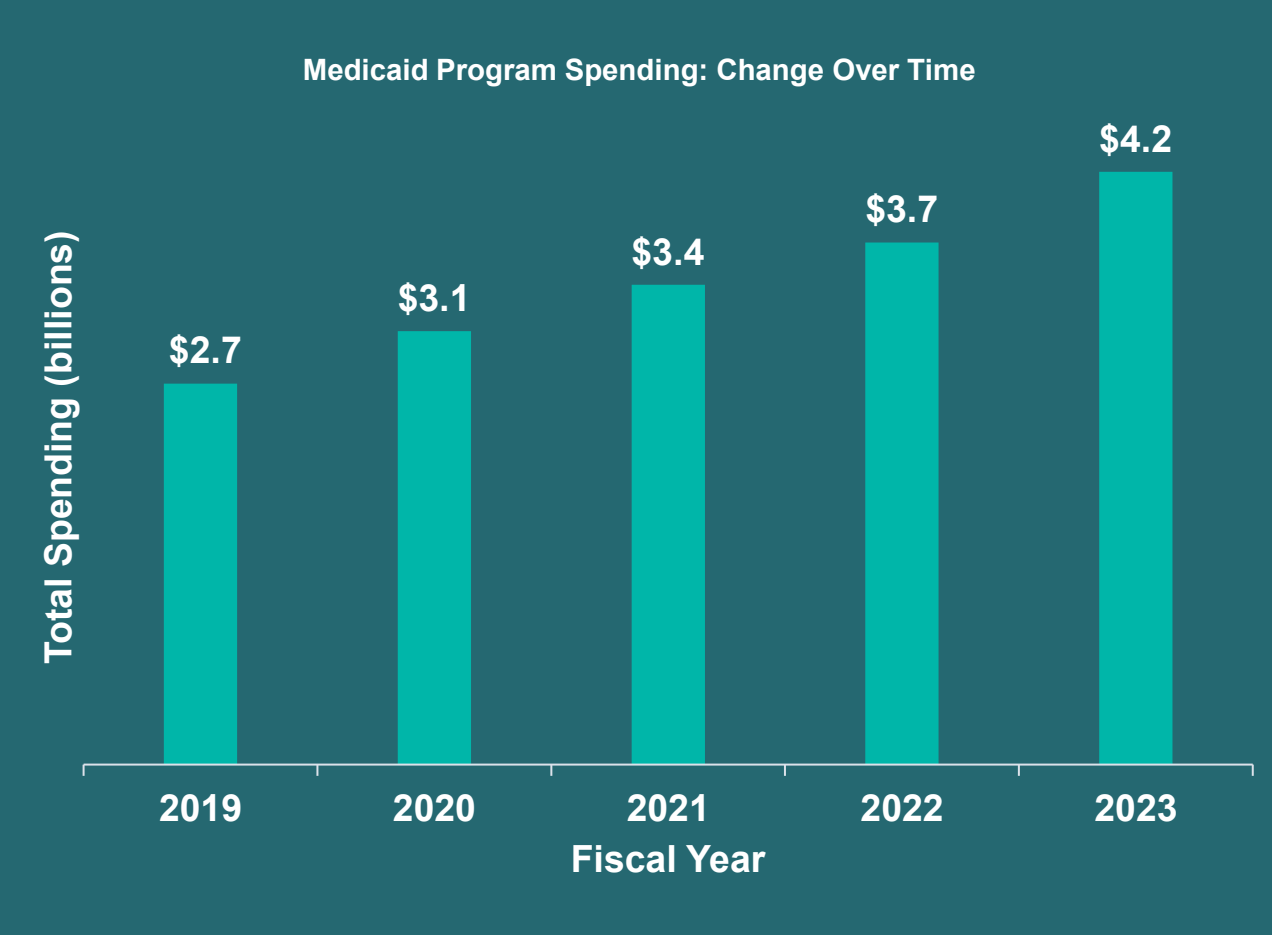
Note: Totals may not equal 100% due to rounding | Based on FY 2022 data



C.2. Medicaid Program Spending

Budget Item	SFY 2023 Spending	Percent Of Budget
Managed care and premium assistance	\$1,918,000,000	46%
Home- and community-based LTSS	\$731,000,000	18%
Institutional LTSS	\$527,000,000	13%
Clinic and health center	\$337,000,000	8%
Other acute	\$219,000,000	5%
Hospital	\$201,000,000	5%
Drugs	\$101,000,000	2%
Medicare premiums and coinsurance	\$86,000,000	2%
Physician	\$28,000,000	1%
Other practitioner	\$6,000,000	<1%
Dental	\$5,000,000	<1%
Budget Total: \$4,159,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	70%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of the Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act of 2010 (PPACA) requires that 5% of income be disregarded in eligibility determination.
Legislation Used To Expand Medicaid	FY 2014 Appropriations Act
Number Of Individuals Enrolled In The Expansion Group (June 2024)	118,303
Number Of Enrollees Newly Eligible Due To Expansion	76,474
Benefits Plan For Expansion Population	The state’s benefit plan for the expansion population is called FamilyCare ABP. The ABP provides all Medicaid state plan benefits.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

District of Columbia's Optional Benefits

1. Podiatry and optometry
2. Private duty nursing
3. Clinic services
4. Dental services
5. Physical and occupational therapy
6. Services for individuals with speech, hearing, and language disorders
7. Prescribed drugs
8. Dentures, eyeglasses, and prosthetic devices
9. Diagnostic, screening, and preventive services
10. Rehabilitative services
11. Services in IMDs for individuals age 65 and over
12. Intermediate care facility services
13. Public institution services for I/DD
14. Inpatient psychiatric facility for individuals under 22
15. Hospice care
16. Case management
17. Special tuberculosis services
18. Nursing facility services for individuals under 21
19. Personal care services
20. Medication-Assisted Treatment for Opioid Use Disorder
21. Kidney or Liver Transplants

C.5. Medicaid Block Grants

- The District of Columbia does not currently operate its Medicaid Program, D.C. Medicaid, under a Medicaid block grant system.





D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (June 2025)	32,043	303,758
SMI Enrollment	OPEN MINDS estimates 10% of the SMI population in FFS, 90% in managed care.	
Management	DHCF	Three health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 335,801

Total Medicaid With SMI: 29,550

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of June 2025: 10% in fee-for-service (FFS), 90% in managed care.
SMI population inclusion in managed care	Estimated 10% of population in FFS, 90% in managed care.
Dual eligible population inclusion in managed care	▪ Dual eligibles are mandatorily enrolled in FFS. ▪ Estimated 100% of population in FFS.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state.	Included in the health plan’s capitation rate.
Specialty behavioral health	Covered FFS by the state.	Excluded from the health plan’s capitation rate and covered FFS.
Pharmaceuticals	Covered FFS by the state.	Included in the health plan’s capitation rate.
Long-term services and supports (LTSS)	Covered FFS by the state.	Covered FFS by the state.

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home	✓	The state has two health home programs—one for individuals with multiple chronic conditions, and one for individuals with SMI.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	Dual eligible beneficiaries are excluded from enrolling in managed care and are currently enrolled in FFS, with the exception of those enrolling in a D-SNP.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	D.C. currently has two planning and development grants for CCBHCs.

D.1. Medicaid Care Initiatives: D.C. Health Care Alliance

- Known as the “Alliance,” the D.C. Health Care Alliance Program provides limited health benefits via managed care organizations to uninsured residents who are over 21 years old with an income up to 200% FPL, have minimal assets, and who are not eligible for Medicaid or Medicare.
 - Alliance enrollment as of June 2025 was 25,884 individuals.
- The program is funded entirely through the District’s annual operating budget and falls under the purview of the DHCF. The Alliance contracts with the same four health plans as the Medicaid program:
 - MedStar Family Choice D.C.
 - AmeriHealth Caritas District of Columbia
 - CareFirst Community Health Plan of D.C.
 - Health Services for Children with Special Needs
- The program provides a limited set of benefits, and does not include services such as behavioral health services, long-term care, vision, etc.
- Alliance beneficiaries do not pay premiums or copayments.



D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals	✓		
Aged individuals	✓		
Dual eligibles	✓		
Medicaid expansion			✓
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Individuals in foster care		✓	
Other populations	• Children eligible for Supplemental Security Income • Children under 19 receiving care through a coordinated, community-based system	Members of federally recognized tribes	• Individuals eligible for SSI/SSP • Disabled Widows and Widowers • Disabled Adult Children

D.2. Medicaid FFS Program: Overview

FFS enrollment as of **June 2025** was **32,043**.



As of June 2025, *OPEN MINDS* estimates that 10% of the SMI population was enrolled in FFS.



D.2. Medicaid FFS Program: Behavioral Health Benefits

Mental health rehabilitative services (MHRS) and addiction treatment benefits, called Adult Substance Abuse Rehabilitative Services (ASARS), are managed by the DBH. To access ASARS, individuals must be referred through an intake center designated by DBH.

FFS Mental Health Benefits

1. Inpatient treatment
2. Diagnostic services and assessment
3. Medication and somatic treatment
4. Counseling
5. Community support
6. Crisis and emergency services
7. Day services
8. Intensive day treatment
9. Community-based intervention
10. Assertive community treatment
11. Inpatient psychiatric facility services for individuals under age 21
12. Psychiatric residential treatment facility services for individuals under age 22
13. Applied Behavioral Analysis services for individuals under the age of 21.
14. Peer Support Services
15. Applied Behavioral Analysis
16. Outpatient services
17. Community Residences for Adults with Mental Illness

FFS Addiction Treatment Benefits

1. Inpatient detoxification*
2. Assessment and diagnostic services
3. Treatment planning
4. Clinical care coordination
5. Crisis intervention
6. Counseling
7. Medically-monitored intensive withdrawal management
8. Medication management
9. Medication assisted treatment

*Inpatient detoxification is not an ASARS service and does not require intake processing.

D.2. Medicaid FFS Program: Pharmacy Benefit

District Of Columbia FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan Rx Management.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the state utilizes a PDL.
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, and antipsychotics are included on the state's PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, addiction treatment drugs for opioids and smoking cessation are included on the state's PDL.
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are included in the state's PDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Mental health drugs are subject to prior authorization. • Addiction treatment drugs can be dispensed up to FDA guidelines without a prior authorization and can be dispensed above that level with prior authorization. • For the authorization of non-preferred agents, a preferred agent in the same therapeutic class must have been tried within the previous 90 days.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Individuals enrolled in Medicaid FFS who are suspected of misusing drugs in excess of normal dosage may be locked into a single pharmacy for at least 12 months.

D.3. Medicaid Managed Care Program: Overview

Managed care enrollment
as of **June 2025** was
303,758.

Additionally, D.C. operates a small health plan for children with special health care needs called the Health Services for Children with Special Needs, Inc. As of April 2024, enrollment in this plan was 5,055.

The Medicaid managed care program is called D.C. Healthy Families.

- The three health plans deliver physical health and pharmacy benefits for most families and children.
- The health plans are available district-wide and individuals have a choice of plan.

As of June 2025,
OPEN MINDS estimates
that **90%** of the SMI
population is enrolled in
managed care.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Plan Name	Profit Status	Parent company	Behavioral Health Subcontractor	Pharmacy Benefit Manager	Enrollment Share
AmeriHealth Caritas D.C.	For-profit	Independence Health Group	PerformCare	PerformRx	35%
Amerigroup	For-profit	CareFirst Blue Cross Blue Shield	Beacon Health Options	CVS/Caremark	18%
Health Services for Children with Special Needs	Non-profit	None	DBH	CVS/Caremark	2%
MedStar	For-profit	None	None	None	19%

D.3. Medicaid Managed Care Program: Behavioral Health Overview

Inpatient and outpatient mental health services are included in the health plan's capitation rate.

Specialty mental health services, called MHRS, and all addiction disorder treatment services, called ASARS, are excluded from the health plan's capitation rate. These services are covered FFS.

- MHRS and ASARS are managed by DBH.
- To access ASARS services, individuals must be referred through an intake center designated by DBH.
- Inpatient detoxification is not considered a part of ASARS and is included in the health plan's capitation rate.

Behavioral health pharmacy services are included in the health plan's capitation rate.

Health plans are required to contract with the core service agencies (CSAs). CSAs are provider organizations certified by the District to deliver publicly-funded mental health and addiction disorder treatment services.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Mental Health Benefits Provided by Health Plans

1. Care coordination and case management
2. Physician and mid-level visits:
 - Individual, group, and family counseling
 - Diagnosis and assessment
 - Pharmacologic management
3. Inpatient hospitalization
4. Inpatient psychiatric facility services for individuals under age 21
5. Psychiatric residential treatment facility services for individuals under age 22

Addiction Treatment Benefits Provided By Health Plans

1. Inpatient detoxification
2. Evaluations
3. Referrals to Department of Behavioral Health services

Mental Health Benefits Provided by District

1. Community support
2. Crisis and emergency services
3. Day services
4. Intensive day treatment
5. Community-based intervention
6. Assertive community treatment

Addiction Treatment Benefits Provided By District

1. Assessment and diagnostic services
2. Clinical care coordination
3. Crisis intervention
4. Medically managed intensive inpatient detoxification
5. Counseling
6. Medication management
7. Medication assisted treatment

D.3. Medicaid Managed Care Program: Pharmacy Benefit

District of Columbia Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	The health plans have the option to create their own PDL and may include both mental health and addiction treatment medications.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	Utilization restrictions vary between the different health plans.
Health Plan Allowed To Implement Pharmacy Lock-In Program	The health plans have the option of implementing a lock-in program but are not required to have one. There are current plans to make this a requirement, but the legislation is pending.

D.4. State Medicaid Health Home Characteristics

Chronic Care Management For Individuals With Serious & Persistent Mental Health Conditions Health Home Overview	
Target Population	• Individuals with SMI • Intellectual disabilities, developmental disorders, other seizure disorders, and DSM-V addiction disorders are not qualifying conditions without a co-occurring diagnosable mental illness. • To ensure services are not duplicated, individuals cannot receive community support services (CSS), assertive community treatment (ACT), or waiver case management while enrolled in a health home.
Enrollment Model	• Opt-in through letter from the district, and engagement by the health home.
Geographic Service Area	• Districtwide
Care Delivery Model	• Community mental health centers designated as Core Service Agencies (CSA)—as defined by D.C. Municipal Regulations—serve as health homes and establish health home teams. • Delivery of six core health home services, comprehensive needs assessment, and person-centered care plan for each enrollee.
Payment Model	The district pays a per member per month (PMPM) rate based on severity of each individual’s chronic conditions: • Low acuity: \$349 PMPM for at least one care management service and at least one other encounter per month. • High acuity: \$481 PMPM for at least two care management services and at least two other encounters per month.
Practice Performance & Improvement	• Utilization: All-cause 30-day readmissions, rate of inpatient hospital utilization, emergency room visits per 1,000 health home enrollees, short-term nursing facility admissions. • Spending: Actual spending compared to expected spending based on FY 2015 data. • Performance: Enrollment rate, completed assessments rate, completed care plan rate, volume of services received relative to acuity level.

D.4. State Medicaid Health Home Characteristics

My Health GPS Health Home Overview	
Target Population	- Individuals with three or more chronic conditions. - Qualifying conditions include mental health conditions, addiction disorders, and 19 other diagnoses. - Individuals may not receive waiver case management concurrently with health home services.
Enrollment Model	Automatic enrollment with opt-out.
Geographic Service Area	Districtwide
Care Delivery Model	- Clinical practices, clinical group practices, or FQHCs meeting district health home standards and having an embedded health home team. - Delivery of six core health home services, comprehensive needs assessment, and person-centered care plan for each enrollee.
Payment Model	- Initial PMPM of \$163.63 for the development of the care plan, which can also be claimed annually when the plan is updated - Monthly payment based on acuity: - Group 1 (low acuity) - \$46 PMPM - Group 2 (high acuity) - \$137 PMPM - A percentage of the PMPM will be withheld as a pay-for-performance incentive based on readmission and preventable inpatient and emergency room utilization metrics.
Practice Performance & Improvement	- Health homes must have NCQA level 2 PCMH recognition or at least must have begun the application process. - Emergency room utilization, hospitalization, nursing facility admissions, and pharmacy utilization. - Health Homes are required to participate in a pay-for-performance incentive program. Institutions can receive 10% in year one, 15% in year two, and 15% in year three.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
D.C. Behavioral Health Transformation	The waiver authorizes coverage of services in institutions for mental disease (IMD) for individuals with either SMI or addiction disorders. It also temporarily expands the Medicaid behavioral health benefit.	1115	None	01/01/2020	12/31/2025

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
D.C. Elderly and Persons w/Disabilities (0334.R05.00)	Individuals with a physical disability between the ages of 18 and 64 and individuals over the age of 65.	6,360	DHCF, Division of Long Term Care (DLTC)	No
D.C. People with Intellectual and Developmental Disabilities (0307.R05.00)	Individuals with I/DD over the age of 18.	2,003	DDS, Developmental Disabilities Administration	No
D.C. Individual and Family Support (IFS) Waiver (1766.R00.00)	Individuals with I/DD who require support in their homes.	150	DDS, Developmental Disabilities Administration	No

D.6. Medicaid Program: New Initiatives- D.C. Healthcare Alliance Overhaul

- DHCF, which administers the D.C. Health Care Alliance, is preparing for a phased overhaul that will affect eligibility, benefits, and enrollment procedures over the next two years.
- Due to budget constraints and policy shifts, Mayor Muriel Bowser's FY26 budget proposal includes amendments to the program with the inclusion of the "D.C. Health Care Alliance Reform Amendment Act of 2025." The Council's Committee on Health has reviewed this amendment to the program and recommended changes to it for the full Council to review.
- The Committee made several key changes to the Mayor's proposal to minimize harm to current and future participants, including removing the requirement for face-to-face recertification, allowing public school enrollment as proof of residency, restoring coverage of durable medical equipment for adults and youth, and increasing the moratorium age for new adult enrollees from 21 to 26 for FY 2026. These changes will begin on August 1, 2025 and culminate in the phase-out of adult coverage by October 1, 2027.
- To manage costs, DHCF recommended a cap on total adult enrollment in the Alliance at 28,000 or the current number of adult participants, whichever is lower. There will be no cap on the number of children who can enroll in the program. These caps and phased eligibility reductions were part of the Mayor's proposal, but the Committee on Health worked to mitigate their impact by adjusting the moratorium age and restoring certain benefits.





E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (February 2025)	63,183	33,412
SMI Enrollment	OPEN MINDS estimates 35% of the population in Medicare Advantage, 65% in Traditional Medicare.	
Management	- Part A: inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care. - Part B: clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs.	Medicare Advantage Plans provide all of your Part A and Part B benefits, plus additional benefits based on plan chosen.
Payment Model	Part A & B cover up to 80%, remaining costs can be paid out of pocket.	Fixed amounts paid based on health plan chosen.
Geographic Service Area	Statewide	Statewide

Total Medicare: 96,595

Total Medicare With SMI: 12,557

E.2. Medicare System Overview

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of February 2025: 35% Medicare Advantage, 65% in traditional Medicare.
SMI population inclusion in managed care	Estimated 35% of population in Medicare Advantage, 65% in traditional Medicare.
Medicare population inclusion in Chronic Special Needs Plan or (C-SNP)	Estimated that less than 1% of population in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP)	There are no I-SNP plans in the District of Columbia.

E.2. Medicare System: Overview

Medicare enrollment as of February 2025 was **96,595**.

OPEN MINDS estimates that about **8%** of the state population is enrolled in a Medicare plan.

- Of the SMI population **13%** are enrolled in a Medicare plan.

There are 20 Medicare Advantage plans available for purchase in 2025.

There are 12 insurers offering **Medigap** plans in D.C..

There are 14 stand-alone Medicare prescription drug plans available for purchase, with premiums as low as \$0 a month.

Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare, such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs	
1. Aledade 200 Chesapeake MSSP Enhanced	6. Accountable Care Coalition of Northeast Partners, LLC
2. Vytalize Health Enhanced ACO	7. GW Health Network
3. C3 MSSP LLC	8. Mid-Atlantic Collaborative Care, LLC
4. Adventist HealthCare ACO, LLC	9. Netrin PrimaryCare ACO, LLC
5. Privia Quality Network Maryland	10. Privia Quality Network, LLC

E.4. Medicare System: New Initiatives- Transforming Maternal Health Model

- The DHCF's Transforming Maternal Health (TMaH) model, funded by an award from the Centers for Medicare & Medicaid Services (CMS) in January 2025, aims to advance innovative approaches to maternal health care to meet the needs of District residents enrolled in the Medicaid program.
- Over a 10-year period, DHCF and 14 other state Medicaid agencies will develop and implement payment and care delivery initiatives to support a whole-person approach to maternal health from the prenatal period up to one year after pregnancy.
- TMaH's initiatives will center on three main pillars:
 - Access to care, infrastructure, and workforce capacity.
 - Quality improvement and safety
 - Whole-person care delivery
- TMaH will work with participating states to address gaps in maternal health care through activities like supporting access to midwives and doulas, improving prenatal care for chronic conditions like diabetes and hypertension, and reducing complicated procedures like c-sections for low-risk mothers.





F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible Medicaid System Characteristics	
Characteristics	Medicaid FFS
Enrollment (March 2024)	15,263
Estimated SMI Enrollment	3,205
Management	DHCF
Payment Model	FFS
Geographic Service Area	Statewide

Total Dual Eligible Enrollment: 15,263

Total Dual Eligible Enrollment With SMI: 3,205

Note: Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	June 2025 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	15,409	1,356
Edenbridge PACE	Edenbridge PACE	PACE	55	12

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

Dual eligible enrollment as of March 2024 was **15,263**.

D-SNP enrollment as of June 2025 was **15,409**, SMI enrollment for D-SNP was **1,356**.



Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.



- Dual eligible beneficiaries are excluded from enrolling in managed care and are currently enrolled in FFS with the exception of those enrolling in a D-SNP.
- D.C. began implementation of its **PACE** program in 2020. It is now available in three zip codes in Wards 7 and 8.



F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending dual eligible initiatives currently.





G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

D.C. does not offer MLTSS services and instead all individuals received care through the FFS system.

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2024)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

Total LTSS Enrollment: N/A

Total LTSS Enrollment With SMI: N/A

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults	✓		
Disabled children	✓		
Blind individuals	✓		
Aged individuals	✓		
Dual eligibles	✓		
Individuals with I/DD	✓		
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Other HCBS Recipients	✓		
Other populations			

G.2. LTSS Medicaid Financing & Delivery System: Overview

- D.C. does not offer MLTSS services and instead all individuals received care through the FFS system.



G.3. Medicaid LTSS Program: Health Plan Characteristics

- D.C. does not offer MLTSS services and instead all individuals received care through the FFS system.



G.4. Medicaid LTSS Program: Health Benefits

- D.C. does not offer MLTSS services and instead all services are the same as the FFS program.



G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

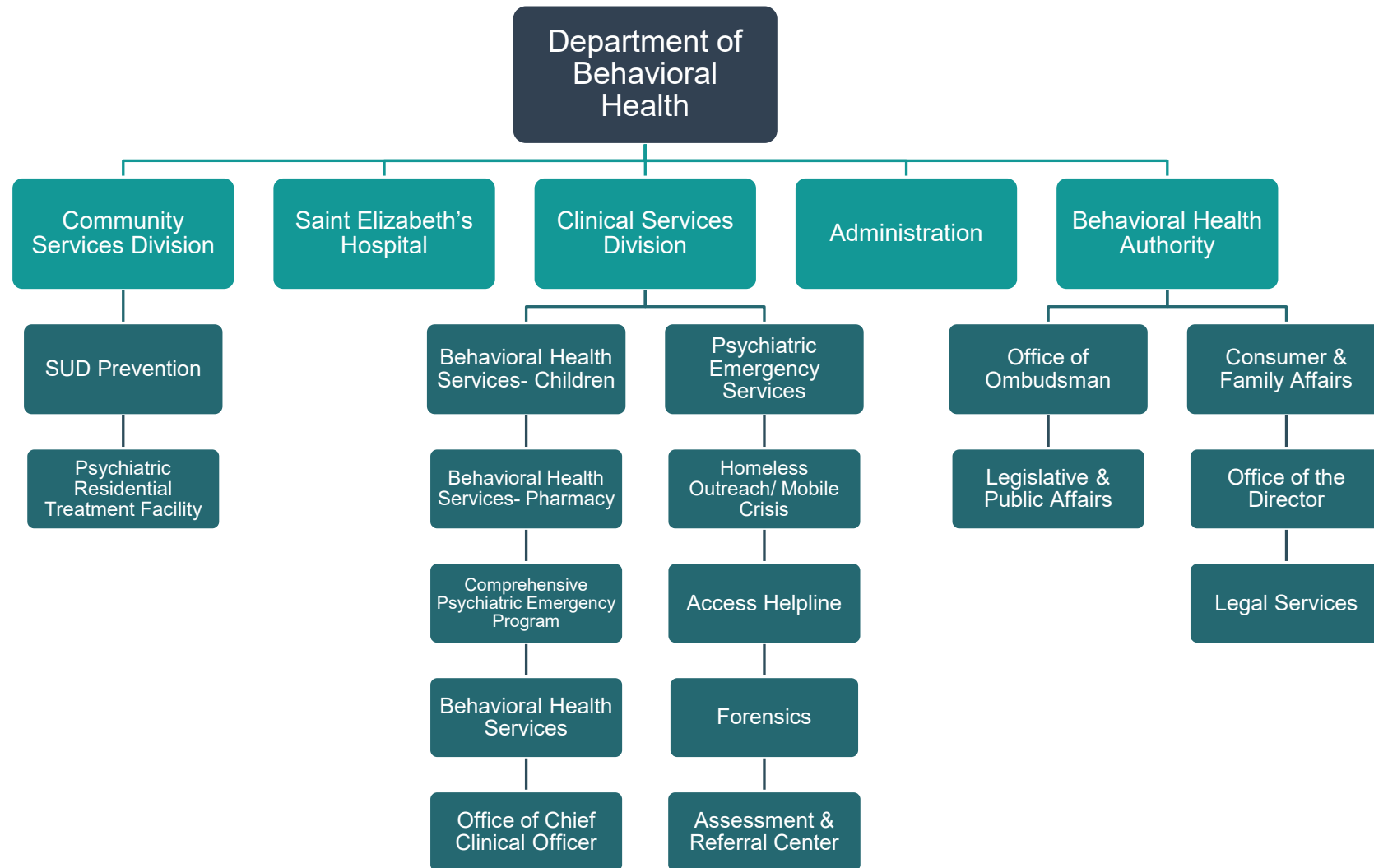
- D.C. has no pending initiatives that will influence the finance or delivery systems of the LTSS population.





H. State Behavioral Health Administration & Finance System

H.1. Department Of Behavioral Health: Organization Chart



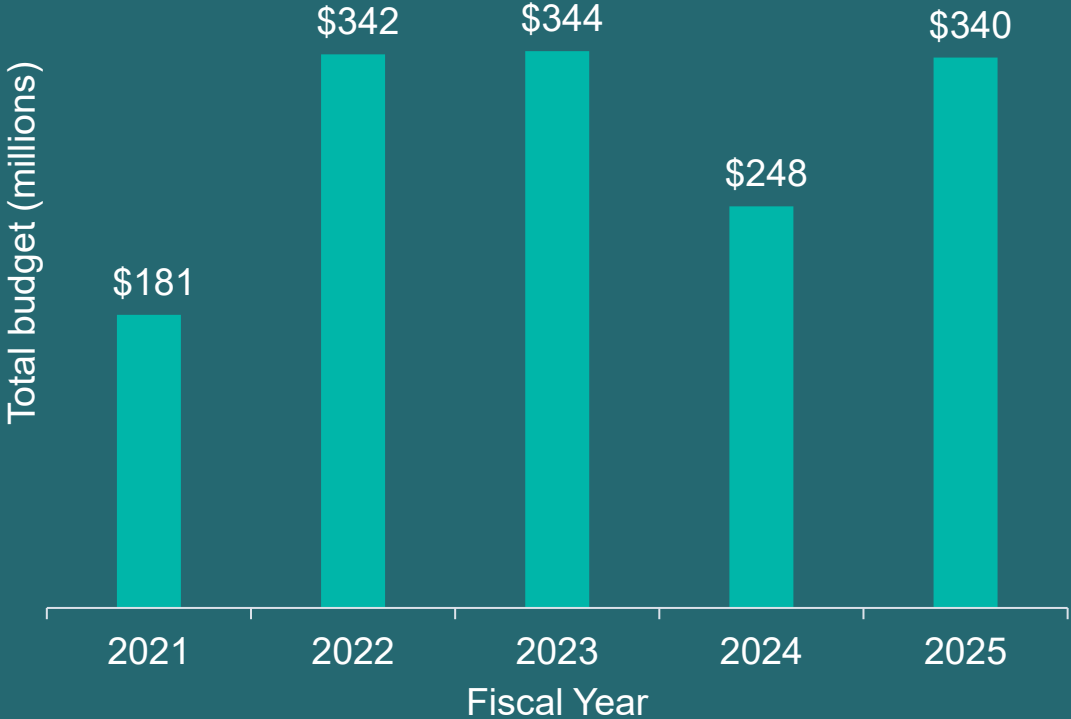
H.1. Department Of Behavioral Health: Key Leadership

Name 	Position 	Department 	Email 
Barbara J. Bazron, Ph.D.	Director	Department of Behavioral Health (DBH)	barbara.bazron@dc.gov
Michael Neff	Chief Operating Officer	DBH	michael.neff@dc.gov
Richard Bebout	Chief of Crisis Services	DBH	richard.bebout@dc.gov
Nancy Black	Interim Chief Clinical Officer	DBH	nancy.black@dc.gov
Mark J. Chastang	Chief Executive Officer	DBH, St. Elizabeths Hospital	mark.chastang@dc.gov
Jean Moise	Deputy Director, Adult-Transitional Youth Services	DBH	jean.moise@dc.gov
Barbara Paulson	Deputy Director, Child/Adolescent/Family Services	DBH	barbara.paulson@dc.gov

H.2. Department Of Behavioral Health: Budget

Budget Item	SFY 2025 Revised Budget	Percent Of Budget
Adult Services Administration program	\$157,401,000	46%
St. Elizabeths Hospital	\$112,139,000	33%
Child/Adolescent/Family services	\$36,793,000	11%
Agency management	\$21,081,000	6%
Behavioral Health Authority	\$5,994,000	2%
Clinical Services program	\$4,795,000	1%
Financial operations	\$2,278,000	1%
Budget Total: \$340,481,000		

Behavioral Health Budget: Change Over Time



H.3. State Psychiatric Institutions

Psychiatric Institutions					
Institution	Location	Beds	February 2025 Average Monthly Admissions	February 2025 Average Monthly Discharges	February 2025 Average Daily Census
St. Elizabeths Hospital	Washington	292	26	31	269

H.4. Behavioral Health Safety-Net Delivery System

- DBH provides funding for safety-net mental health and addiction treatment services.
- Services are delivered through a network of local provider organizations and financed through a combination of federal, local, and private funds.
- To access mental health treatment services, individuals may directly contact any provider organization certified by DBH.
- Individuals access addiction treatment services through intake centers designated by DBH.



H.4. Physical Health Safety-Net Delivery System

- Known as the “Alliance,” the D.C. Health Care Alliance Program provides limited health benefits via managed care organizations to uninsured residents who are over 21 years old with an income up to 200% FPL, have minimal assets, and who are not eligible for Medicaid or Medicare.
 - Alliance enrollment as of June 2025 was 25,884 individuals.
- The program is funded entirely through the District’s annual operating budget and falls under the purview of the DHCF. The Alliance contracts with the same four health plans as the Medicaid program:
 - MedStar Family Choice D.C.
 - AmeriHealth Caritas District of Columbia
 - CareFirst Community Health Plan of D.C.
 - Health Services for Children with Special Needs
- The program provides a limited set of benefits, and does not include services such as behavioral health services, long-term care, vision, etc.
- Alliance beneficiaries do not pay premiums or copayments.



H.5. Behavioral Health: New Initiatives

- There are no new or pending initiatives currently.





I. Appendices

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for full Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

I.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

1. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved August 2025 from <https://data.census.gov/cedsci/table?q=S0101>
2. United States Census Bureau. (2022). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved August 2025 from <https://data.census.gov/cedsci/table?q=S1701>
3. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved August 2025 from <https://data.census.gov/cedsci/table?q=S1901>
4. United State Census Bureau. (2022). 2023 Population Distribution by Race/Ethnicity. Retrieved August 2025 from <https://data.census.gov/cedsci/table?q=race%2F%20ethnicity>

B.2. Population Centers

1. Federal Reserve Bank of St Louis. (2024, March) US Regional Data, MSAs. Retrieved January 2025 from <https://fred.stlouisfed.org>
2. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved August 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=Core+Based+Statistical+Areas>
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved August 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29>
4. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved August 2025 from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html>

B.3. Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2023 Beneficiaries. Retrieved December 2024. <https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State>
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (September 2022). Retrieved December 2024. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/zMedicare-Medicaid-Coordination-Office/Analytics>
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2023). Retrieved December 2024. <https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1¤tTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

I.3. Sources

B.3. SMI Population Distribution By Payer: National vs. State

1. *OPEN MINDS*. (2025). Serious Mental Illness Prevalence Estimates.

B.4. Largest State Health Plans By Enrollment

1. *OPEN MINDS*. (2025, March). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved August 2025 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2025). Subscription Database. Available from <http://www.markfarrah.com/>

B.4. Largest State Health Plans By Estimated SMI Enrollment

1. *OPEN MINDS*. (2025, March). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved August 2025 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2025). Subscription Database. Available from <http://www.markfarrah.com/>

B.5. Health Insurance Marketplace

1. United States Department of Health and Human Services. (2024, October 21). PY2025 Individual Medical Landscape. Retrieved August 2025 from <https://data.healthcare.gov/dataset/735facd9-1df8-400e-b650-da881c728a2b>
2. United States Department of Health and Human Services. (2024, October 21). QHP Landscape PY2025 SHOP Market Medical. Retrieved August 2025 from <https://data.healthcare.gov/dataset/2ffb5a20-8b08-48cb-b0ba-115de4381ca1>
3. Health Insurance. Washington D.C. health insurance marketplace: history and news of the state's exchange. Retrieved August 2025 from <https://www.healthinsurance.org/states/health-insurance-dc/>

B.6. Accountable Care Organizations

1. *OPEN MINDS*. (2022). ACO Database.
2. Centers for Medicare & Medicaid Services. (2025, January) Accountable Care Organization Participants. Retrieved January 2025 from <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>

I.3. Sources

C.1. Medicaid Governance: Organizational Chart

1. District of Columbia Department of Health Care Finance. Department of Health Care Finance Organizational Chart. Retrieved August 2025 from <https://dhcf.dc.gov/page/dhcf-meet-our-executive-team>

C.1. Medicaid Governance: Key Leadership

1. Department of Health Care Finance- Meet Our Executive Team. Retrieved August 2025 from <https://dhcf.dc.gov/page/dhcf-meet-our-executive-team>
2. Department of Health Care Finance- DHCF Administrators. Retrieved August 2025 from <https://dhcf.dc.gov/node/1109727>

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>

C.2. Medicaid Program Spending: Budget

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
2. United States Government Printing Office. (2024, November 28). Federal Medical Assistance Percentages FY 2025. Retrieved August 2025 from <https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>
3. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
4. Centers for Medicare and Medicaid Services. (2013, March 29). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved August 2025 from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html>

I.3. Sources

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
4. Medicaid and CHIP Payment and Access Commission. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>
5. Medicaid and CHIP Payment and Access Commission. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/publication/macstats-archive/>

C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2025, January). Medicaid Enrollment Data Collected Through MBES. Retrieved August 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html>
4. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved August 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>
5. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved August 2025 from <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315>

C.4. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved August 2025 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>

I.3. Sources

D.1. Medicaid Financing & Service Delivery System

1. District of Columbia Department of Health Care Finance. (2025, June). Monthly Enrollment Report Retrieved August 2025 from <https://dhcf.dc.gov/page/monthly-medicaid-and-alliance-enrollment-reports>

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. District of Columbia Department of Health Care Finance. (2010, November 9). State Plan Amendment #10-08. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-10-08.pdf>
2. District of Columbia Department of Health Care Finance. (2014, January 27). State Plan Amendment #13-0019. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-13-0019.pdf>
3. District of Columbia Department of Health Care Finance. (2020, August 10). State Plan Amendment #20-004. Retrieved August 2025 from <https://www.medicaid.gov/media/file/dc-20-0004.pdf>

D.1. Medicaid Care Coordination Initiatives: D.C. Healthcare Alliance

1. ArentFox Schiff LLP. (2025, June 30). Restructuring D.C. Health Care Alliance With New Eligibility Rules and Timelines for 2025. Retrieved August 2025 from <https://www.afslaw.com/perspectives/alerts/restructuring-dc-health-care-alliance-new-eligibility-rules-and-timelines-2025>
2. D.C. Department of Health Care Finance. (2025). Health Care Alliance. Retrieved August 2025 from <https://dhcf.dc.gov/service/health-care-alliance>

D.2. Medicaid FFS Program: Overview

1. District of Columbia Department of Health Care Finance. (2025, June). Monthly Enrollment Report Retrieved August 2025 from <https://dhcf.dc.gov/page/monthly-medicaid-and-alliance-enrollment-reports>
2. District of Columbia Department of Health Care Finance. (2020, August 10). State Plan Amendment #20-004. Retrieved August 2025 from <https://www.medicaid.gov/media/file/dc-20-0004.pdf>

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. District of Columbia Department of Health Care Finance. (2015, July 23). State Plan Amendment 15-004. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-15-004.pdf>
2. District of Columbia Department of Health Care Finance. (2012, July 17). Medicaid State Plan. Retrieved August 2025 from <https://dhcf.dc.gov/page/medicaid-state-plan>

I.3. Sources

D.2. Medicaid FFS Program: Pharmacy Benefits

1. District of Columbia Department of Health Care Finance. (2021, June 16). Pharmacy Preferred Drug List (PDL). Retrieved August 2025 from https://dc.fhsc.com/downloads/providers/DCRx_PDL_listing.pdf
2. E Laws. (2017, September 23). Pharmacy Lock-in Program Retrieved August 2025 from <http://dcrules.elaws.us/dcmr/29-2712>
3. District of Columbia Department of Health Care Finance. (2020, September). District of Columbia's Medicaid Pharmacy Program. Retrieved August 2025 from <http://www.dc-pbm.com/>
4. District of Columbia Department of Health Care Finance. (2018, April 19). District of Columbia Pharmacy Benefit Manager Services Fee-For-Service (FFS) Provider Manual. Retrieved August 2025 from https://www.dc-pbm.com/provider/external/mcicaid/dc/doc/en-us/District_FFS_Provider_Manual.pdf
5. District of Columbia Department of Health Care Finance. (2019, May 15). Removal of Prior Authorization (PA) Requirements for Medication-Assisted Treatment Drug Products. Retrieved August 2025 from <https://www.dc-mcicaid.com/dcwebportal/documentInformation/getDocument/21554>

D.3. Medicaid Managed Care Program: Overview

1. District of Columbia Department of Health Care Finance. D.C. Healthy Families. Retrieved August 2025 from <https://dhcf.dc.gov/service/dc-healthy-families>
2. District of Columbia Office of Contracting and Procurement. (2017, May 23). DCHT-2017-C-0024-A01. Retrieved August 2025 from <https://app.cab.dc.gov/cabasp/download.aspx?filepath=352941.pdf&minLevel=>
3. HSC Health Care System. Washington, D.C.'s health plan for children with special care needs. Retrieved August 2025 from <https://hscsnhealthplan.org/>
4. District of Columbia Department of Health Care Finance. (2025, June). Monthly Enrollment Report Retrieved August 2025 from <https://dhcf.dc.gov/page/monthly-mcicaid-and-alliance-enrollment-reports>

D.3. Medicaid Managed Care Program: Managed Care Plan Characteristics

1. District of Columbia Department of Health Care Finance. (2018, February 28). D.C. Medical Care Advisory Committee. Retrieved August 2025 from https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/MCAC%20Meeting%20Minutes%20-%20Feb%2028%2C%202018_Approved.pdf
2. AmeriHealth Caritas. (2025). 2025 Provider Manual. Retrieved August 2025 from <https://www.amerihealthcaritasdc.com/pdf/provider/manual.pdf>
3. Care First Health Plan. Provider Manual. Retrieved August 2025 from <https://provider.carefirst.com/providers/resources/manuals-and-guides.page>
4. AmeriHealth Caritas. Provider Quick Reference Guide. Retrieved August 2025 from <https://www.amerihealthcaritasdc.com/pdf/provider/reference-guide.pdf>
5. MedStar. Provider Manual. Retrieved August 2025 from <https://www.medstarfamilychoice.com/maryland-providers/provider-resources/provider-manual>

I.3. Sources

D.3. Medicaid Managed Care Program: Behavioral Health Overview

1. District of Columbia Department of Health Care Finance. (2015, July 23). State Plan Amendment 15-004. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-15-004.pdf>
2. District of Columbia Department of Health Care Finance. (2012, July 17). Medicaid State Plan. Retrieved August 2025 from <https://dhcf.dc.gov/page/medicaid-state-plan>

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. District of Columbia Department of Health and Human Service. (2015, July 23). State Plan Amendment 15-004. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-15-004.pdf>
2. District of Columbia Department of Health Care Finance. (2018, July 26). MCO Behavioral Covered Services. Retrieved August 2025 from https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/DG852345_KT0000009718_1.pdf

D.3. Medicaid Managed Care Program: Pharmacy Benefits

1. AmeriHealth Caritas. (2025). 2025 Provider Manual. Retrieved August 2025 from <https://www.amerihealthcaritasdc.com/pdf/provider/manual.pdf>
2. Care First Health Plan. Provider Manual. Retrieved August 2025 from <https://provider.carefirst.com/providers/resources/manuals-and-guides.page>
3. AmeriHealth Caritas. Provider Quick Reference Guide. Retrieved August 2025 from <https://www.amerihealthcaritasdc.com/pdf/provider/reference-guide.pdf>
4. MedStar. Provider Manual. (2023). Retrieved August 2025 from <https://www.medstarfamilychoice.com/maryland-providers/provider-resources/provider-manual>

D.4. District Of Columbia Medicaid Health Home Characteristics

1. District of Columbia Department of Health Care Finance. (2015, September 4). State Plan Amendment 15-005. Retrieved August 2025 <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-15-005.pdf>
2. Centers for Medicare and Medicaid Services. (2021, April). Medicaid Health Homes: An Overview. Retrieved August 2025 from <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/hh-overview-fact-sheet.pdf>
3. District of Columbia Department of Behavioral Health Contracts and Procurement Services. (2016, January 12). RM-16-RFP-HCA-036-BY4-SDS Health Home Services. Retrieved August 2025 from <https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/HEALTH%20HOMES%20-%20RM-16-RFP-HCA-036-BY4-SDS%20-%20Amendment%20%231.pdf>
4. District of Columbia Department of Health Care Finance. Medical Fee Schedules. Retrieved August 2025 from <https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload>

I.3. Sources

D.4. District Of Columbia Medicaid Health Home Characteristics

1. District of Columbia Department of Health Care Finance. (2018, November 23). Notice of Emergency and Proposed Rulemaking. Retrieved August 2025 from <https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/My%20Health%20GPS%20Program%20Notice%20of%20Emergency%20and%20Proposed%20Rulemaking.pdf>
2. District of Columbia Department of Health and Human Services. (2017, May 11). State Plan Amendment 17-0003. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-17-0003.pdf>
3. District of Columbia Department of Health Care Finance. (2019, February 4). Responses to Fiscal Year 2018-2019 Performance Oversight Questions. Retrieved August 2025 from <https://dccouncil.us/wp-content/uploads/2019/04/dhcf.pdf>
4. District of Columbia Department of Health Care Finance. (2019, April). My Health GPS Provider Operational Manual. Retrieved August 2025 from https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/My%20Health%20GPS%20Provider%20Manual%20v.2_April%202019.pdf
5. District of Columbia Department of Health Care Finance. (2018, December 31). State Plan Amendment #18-0007. Retrieved August 2025 from <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-18-0007.pdf>

D.5. Medicaid Program: Demonstration & Care Management Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved August 2025 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved August 2025 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.6. Medicaid Program: New Initiatives- D.C. Healthcare Alliance Overhaul

1. ArentFox Schiff LLP. (2025, June 30). Restructuring D.C. Health Care Alliance With New Eligibility Rules and Timelines for 2025. Retrieved August 2025 from <https://www.afslaw.com/perspectives/alerts/restructuring-dc-health-care-alliance-new-eligibility-rules-and-timelines-2025>
2. D.C. Department of Health Care Finance. (2025). Health Care Alliance. Retrieved August 2025 from <https://dhcf.dc.gov/service/health-care-alliance>

I.3. Sources

E.1 Medicare Financing & Service Delivery System

1. OPEN MINDS. (2025, March). Health Plans Database.
2. OPEN MINDS. (2025). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2024, February) Medicare Monthly Enrollment. Retrieved December 2024 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/cms-program-statistics-medicare-total-enrollment>

E.1. Medicare Financing & Service Delivery System

1. OPEN MINDS. (2025, March). Health Plans Database.
2. OPEN MINDS. (2025). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2024, February) Medicare Monthly Enrollment. Retrieved December 2024 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/cms-program-statistics-medicare-total-enrollment>

E.2. Medicare System Overview

1. Healthinsurance.org (2024, December) Medicare in Washington, D.C.. Retrieved December 2024 from <https://www.healthinsurance.org/states/health-insurance-dc/>

E.3. Medicare ACOs

1. OPEN MINDS. (2022). ACO Database.
2. Centers for Medicare & Medicaid Services. (2025, January) Accountable Care Organization Participants. Retrieved January 2025 from <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>

E.4. Medicare System: New Initiatives-

1. Derived from information throughout this section.

F.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2025, August). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved August 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDENrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2025, August). Special Needs Plan (SNP) Data. Retrieved August 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDENrolData/Special-Needs-Plan-SNP-Data.html>

I.3. Sources

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2025, August). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved August 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2025, August). Special Needs Plan (SNP) Data. Retrieved August 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2024, September). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved August 2025 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. Derived from information throughout this section.

G.1. LTSS Financing & Service Delivery

1. District of Columbia Department of Health Care Finance. (2010, November 9). State Plan Amendment #10-08. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-10-08.pdf>
2. District of Columbia Department of Health Care Finance. (2014, January 27). State Plan Amendment #13-0019. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-13-0019.pdf>
3. District of Columbia Department of Health Care Finance. (2020, August 10). State Plan Amendment #20-004. Retrieved August 2025 from <https://www.medicaid.gov/media/file/dc-20-0004.pdf>

G.1. LTSS Service Delivery System Enrollment By Eligibility Group

1. District of Columbia Department of Health Care Finance. (2010, November 9). State Plan Amendment #10-08. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-10-08.pdf>
2. District of Columbia Department of Health Care Finance. (2014, January 27). State Plan Amendment #13-0019. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-13-0019.pdf>
3. District of Columbia Department of Health Care Finance. (2020, August 10). State Plan Amendment #20-004. Retrieved August 2025 from <https://www.medicaid.gov/media/file/dc-20-0004.pdf>

I.3. Sources

G.2. LTSS Financing & Service Delivery System: Overview

1. District of Columbia Department of Health Care Finance. (2010, November 9). State Plan Amendment #10-08. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-10-08.pdf>
2. District of Columbia Department of Health Care Finance. (2014, January 27). State Plan Amendment #13-0019. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-13-0019.pdf>
3. District of Columbia Department of Health Care Finance. (2020, August 10). State Plan Amendment #20-004. Retrieved August 2025 from <https://www.medicaid.gov/media/file/dc-20-0004.pdf>

G.3. LTSS Health Plan Characteristics

1. District of Columbia Department of Health Care Finance. (2010, November 9). State Plan Amendment #10-08. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-10-08.pdf>
2. District of Columbia Department of Health Care Finance. (2014, January 27). State Plan Amendment #13-0019. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-13-0019.pdf>
3. District of Columbia Department of Health Care Finance. (2020, August 10). State Plan Amendment #20-004. Retrieved August 2025 from <https://www.medicaid.gov/media/file/dc-20-0004.pdf>

G.4. LTSS Program: Health Benefits

1. District of Columbia Department of Health Care Finance. (2010, November 9). State Plan Amendment #10-08. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-10-08.pdf>
2. District of Columbia Department of Health Care Finance. (2014, January 27). State Plan Amendment #13-0019. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DC/DC-13-0019.pdf>
3. District of Columbia Department of Health Care Finance. (2020, August 10). State Plan Amendment #20-004. Retrieved August 2025 from <https://www.medicaid.gov/media/file/dc-20-0004.pdf>

I.3. Sources

G.4. LTSS Program: New Initiatives

1. Derived from information throughout profile

H.1. Public Behavioral Health System Governance: Organization Chart

1. D.C. Department of Behavioral Health Organizational Chart. (2023, August) Retrieved August 2025 from https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/Organizational%20Chart_0.pdf

H.1. Public Behavioral Health System Governance: Key Leadership

1. D.C. Department of Behavioral Health Organizational Chart. (2023, August) Retrieved August 2025 from https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/Organizational%20Chart_0.pdf

H.2. Public Behavioral Health System Budget

1. Department of Behavioral Health. Department of Behavioral Health 2025 Operating Budget Request. Retrieved August 2025 from https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/rm_dbh_chapter_2025m.pdf

H.2. Public Behavioral Health System Budget over time

1. Department of Behavioral Health. Department of Behavioral Health 2025 Operating Budget Request. Retrieved August 2025 from https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/rm_dbh_chapter_2025m.pdf
2. Department of Behavioral Health. (2023, March). Department of Behavioral Health 2024 Proposed Budget. Retrieved August 2025 from https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/rm_dbh_tables_2024m.pdf
3. Department of Behavioral Health. Department of Behavioral Health 2023 Operating Budget Request. Retrieved August 2025 from https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/rm_dbh_chapter_2023j.pdf
4. Department of Behavioral Health. 2022 Operating Budget Request. Retrieved August 2025 from https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/rm_dbh_chapter_2022s.pdf
5. Department of Behavioral Health. Department of Behavioral Health 2021 Operating Budget Request. Retrieved August 2025 from https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/rm_dbh_tables_2021m.pdf

I.3. Sources

H.3. State Psychiatric Institutions

1. District of Columbia Hospital Association. (2025). Member Hospitals. Retrieved August 2025 from <https://dcha.org/our-members/saint-elizabeths-hospital/>
2. Department of Behavioral Health. (2025, February). PRISM Report February 2025. Retrieved July 2023 from https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/SEH%20PRISM%20Dashboard%20PDF%20-%20Feb%202025.pdf

H.4. State Behavioral Health Safety-Net Delivery System

1. Center for Substance Abuse Prevention. (2019, April 19). Uniform Application FY 2018-2019- State Behavioral Health Assessment and Plan Substance Abuse Prevention and Treatment Block Grant. Retrieved August 2025 from <https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/Combined%20MHBG%20and%20SABG%20FY20-21%20Final%20Version.pdf>
2. District of Columbia Department of Behavioral Health. Substance Use Disorder Services. Retrieved August 2025 from <https://dbh.dc.gov/page/apra>

H.4. Physical Health Safety-Net Delivery System: The Alliance

1. District of Columbia Department of Health Care Finance. (2018). D.C. Alliance Homepage. Retrieved August 2025 from <https://dhcf.dc.gov/service/health-care-alliance>
2. Code of the District of Columbia. (2013). Authorization to contract for comprehensive health care services. Retrieved August 2025 from <https://code.dccouncil.gov/us/dc/council/code/sections/7-1405>
3. District of Columbia Department of Health Care Finance. (2025, June). Monthly Enrollment Report Retrieved August 2025 from <https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/documents/MCAC%20Enrollment%20Report%20-%20July%202025.pdf>

H.5. Behavioral Health System: New Initiatives

1. Derived from information throughout this section.

Turning Market Intelligence Into Business Advantage

OPEN MINDS market intelligence and technical assistance helps over 830,000+ industry executives tackle business challenges, improve decision-making, and maximize organizational performance every day.



© 2025 *OPEN MINDS*. All rights reserved.

