

**Testimony of Chelsea Sharon  
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**Before the Committee on Human Services  
Council of the District of Columbia**

**Performance Oversight Hearing Regarding the Department of Human Services**

**January 29, 2020**

The Legal Aid Society of the District of Columbia<sup>1</sup> submits testimony today to highlight continuing problems with the Department of Human Services (DHS)'s administration of the Health Care Alliance program. As the Council knows, the Alliance program serves a vital purpose: providing health insurance to low-income District residents who are not eligible for Medicaid. However, the program's onerous recertification requirements – which require that beneficiaries recertify their eligibility in person every six months by waiting in line at crowded DHS service centers to conduct face-to-face interviews – mean that, month after month, individuals from some of the District's most marginalized communities needlessly lose their health coverage. Legal Aid's client community includes many Alliance enrollees, and we see first-hand how these burdensome requirements create barriers for individuals trying to maintain their coverage, even when they do everything in their power to comply.

The Council has already taken significant steps towards protecting Alliance beneficiaries by unanimously passing the DC Healthcare Alliance Amendment Act of 2017, which would repeal the current six-month, in-person recertification requirement and replace it with an annual certification schedule similar to what is already in place for Medicaid enrollees. The Mayor, however, has failed to fund the Act in either FY19 or the current fiscal year. *This is simply unacceptable.* The Mayor *must* fund the repeal of the six-month, in-person recertification requirement in her FY21 proposed budget, and we urge this Committee and the Committee on Health to work together to push the Bowser Administration to fix this longstanding problem.

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<sup>1</sup> The Legal Aid Society of the District of Columbia was formed in 1932 to “provide legal aid and counsel to indigent persons in civil law matters and to encourage measures by which the law may better protect and serve their needs.” Legal Aid is the oldest and largest general civil legal services program in the District of Columbia. Over the last 88 years, Legal Aid staff and volunteers have been making justice real – in individual and systemic ways – for tens of thousands of persons living in poverty in the District. The largest part of our work is comprised of individual representation in housing, domestic violence/family, public benefits, and consumer law. We also work on immigration law matters and help individuals with the collateral consequences of their involvement with the criminal justice system. From the experiences of our clients, we identify opportunities for court and law reform, public policy advocacy, and systemic litigation. More information about Legal Aid can be obtained from our website, [www.LegalAidDC.org](http://www.LegalAidDC.org), and our blog, [www.MakingJusticeReal.org](http://www.MakingJusticeReal.org).

## **Alliance Beneficiaries Continue to Face Significant Barriers to Completing Recertification Requirements Due to Long Lines at DHS Service Centers**

The six month, in-person recertification requirement has been in place since 2012 and has proven to be extremely difficult for beneficiaries to satisfy. In order to complete the in-person interview requirement, enrollees typically go to service centers operated by DHS's Economic Security Administration (ESA). These service centers are plagued by long lines and significant problems with service delivery, including long wait times and line lengths, as well as capacity constraints that lead to many beneficiaries being turned away without being able to complete the required in-person interview.

### Long Wait Times and Line Lengths

Legal Aid has been monitoring the length of lines and wait times at service centers since 2014, checking with those who are waiting to be seen to find out when they got in line and how long they have been waiting.<sup>2</sup> During the last two weeks, Legal Aid staff have visited the Taylor Street and H Street Service Centers on six occasions before the doors opened (at around 7:00 a.m.).

The chart below shows that customers routinely reported arriving as early as 3:00 to 4:30 a.m. and that the lines before the doors opened (at around 7:30 a.m.) numbered between 58 and 107 people. The pictures at the end of this testimony reflect the lines at the Taylor Street Service Center on January 23, 2020 and the H Street Service Center on January 24, 2020.

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<sup>2</sup> *Legal Aid Testimony Regarding Agency Performance Oversight for the Department of Human Services* (Mar. 1, 2019), <https://www.legalaiddc.org/wp-content/uploads/2019/03/Legal-Aid-FY18-19-DHS-Oversight-Testimony-Public-Benefits-FINAL2.pdf>; *Legal Aid Testimony Regarding Agency Performance Oversight for the Department of Health Care Finance* (Feb. 6, 2019), <https://www.legalaiddc.org/wp-content/uploads/2019/02/Legal-Aid-FY18-19-DCHF-Oversight-Testimony-Health-Care-Alliance-FINAL.pdf>; *Legal Aid Testimony Regarding Agency Performance Oversight for the Department of Health Care Finance* (Feb. 23, 2018); *Joint Testimony of Legal Aid Society of the District of Columbia and DC Fiscal Policy Institute for Public Oversight Hearing on the Performance of the Economic Security Administration of the Department of Human Services* (May 12, 2015), <https://www.legalaiddc.org/wp-content/uploads/2015/03/CSharon3.12.15.pdf>; Mezey, Sharon & Rivers, *Closing the Gap Between Policy and Reality: Preventing Wrongful Denials and Terminations of Public Benefits in the District of Columbia* (May 22, 2014), <https://www.legalaiddc.org/wp-content/uploads/2014/05/Closing-the-Gap-Final.pdf>.

Table 1: Service Center Arrival Times and Line Lengths (Jan. 2020)

Date	Service Center	Number of people in line when doors opened (around 7:30 am)	Time of arrival reported by first person in line	Weather Outside
Jan. 21, 2020	H Street	75	4:30 a.m.	24 degrees
Jan. 23, 2020	Taylor Street	85	3:00 a.m.	22 degrees
Jan. 23, 2020	H Street	58	4:30 a.m.	22 degrees
Jan. 24, 2020	H Street	83	4:00 a.m.	36 degrees
Jan. 27, 2020	Taylor Street	107	3:00 a.m.	35 degrees
Jan. 27, 2020	H Street	91	4:05 a.m.	35 degrees

The weather during each of these visits was grueling, with cold temperatures and severe wind chill. Legal Aid staff observed several individuals with disabilities standing in line with canes, as well as several infants being held by their parents. Legal Aid also spoke with one pregnant woman who had arrived early in the morning; she reported asking DHS staff if she could wait inside and was told she could not.

These issues with long wait times and early arrivals are not new – when we testified about DHS and DCHF’s performance in 2019 and 2018, we reported the same concerns.<sup>3</sup> DHS’s Performance Oversight Responses acknowledge that wait times remain high, citing an average wait time of 2 hours and 3 minutes across all service centers for FY19 and 1 hour and 55 minutes across all service centers for FY20 through November 2019.<sup>4</sup> Specifically for Alliance recertifications, this wait time was 1 hour and 56 minutes in November 2019.<sup>5</sup>

While these wait times are significant, they vastly undercount the amount of time that customers actually wait when visiting a service center. As DHS has recognized, this figure only counts wait times beginning from when the customer passes through security.<sup>6</sup> This figure thus fails to

<sup>3</sup> *Legal Aid Testimony Regarding Agency Performance Oversight for the Department of Human Services* (Mar. 1, 2019), <https://www.legalaiddc.org/wp-content/uploads/2019/03/Legal-Aid-FY18-19-DHS-Oversight-Testimony-Public-Benefits-FINAL2.pdf>; *Legal Aid Testimony Regarding Agency Performance Oversight for the Department of Health Care Finance* (Feb. 6, 2019), <https://www.legalaiddc.org/wp-content/uploads/2019/02/Legal-Aid-FY18-19-DCHF-Oversight-Testimony-Health-Care-Alliance-FINAL.pdf>; *Legal Aid Testimony Regarding Agency Performance Oversight for the Department of Health Care Finance* (Feb. 23, 2018).

<sup>4</sup> See DHS FY19-FY20 Performance Oversight Responses, Q136(a).

<sup>5</sup> See DHS FY19-FY20 Performance Oversight Responses, Q140(e)(i).

<sup>6</sup> See DHS FY19-FY20 Performance Oversight Responses, Q136(a) (noting that the “total average lobby wait time” measures wait time beginning from when the customer passes through

account for the time customers wait before the service center doors open and before they can reach security (which, for customers who arrive as early as 3:00 a.m., would be more than four hours).

DHS's Performance Oversight Responses also acknowledge that the agency "does not capture" information about how early customers get in line each day "but it is informally known that customers come in early in the mornings." DHS notes that a survey completed in March 2019 showed that 59% of customers interviewed between 8:00 and 9:00 a.m. reported arriving before 7:30 a.m., with 31% reporting arriving before 6:30 a.m.<sup>7</sup>

DHS may testify that customers arrive so early because this is what they are "used to" doing. This is not the experience of Legal Aid's clients or of those customers we have spoken to at the service centers. These individuals do not choose to line up at 3:00 or 4:00 a.m. out of habit. Instead, customers regularly tell us that they line up this early *because this is the only way to guarantee they can be seen by service center staff*. As discussed below, service centers frequently stop seeing new customers midway through the day, with the result that customers who arrived too late in the day cannot be seen for their Alliance interview. Indeed, one person we interviewed at the H Street Service Center told us he had arrived at 4:30 a.m. because when he came the day before at 9:30 a.m., he was told that he would have to come back because the service center was no longer seeing new customers.

#### Inability to Complete Interview Requirement Due to Service Center Capacity Constraints

It is already unacceptable that Alliance beneficiaries must withstand long wait times in long lines and grueling weather conditions simply to retain the vital health coverage to which they are entitled. However, what is even worse is that many of these beneficiaries withstand these long waits only to be told they cannot complete the required in-person recertification interview because the service centers have reached capacity for the day. DHS acknowledges that their service centers call "limited services" when "it is realized that more customers are waiting compared to the number of staff who are available to interview and process their applications." DHS's Performance Oversight Responses note that, "[s]ince August 2019, Service Centers have been calling limited services at about 1:00 p.m."<sup>8</sup>

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security); Q140(e)(ii) ("There is no mechanism for measuring wait time for customers while they wait in line outside of the Service Center."). DHS also reports a "Normalized average lobby wait time" figure that excludes the time customers spend waiting between passing through security and being checked-in at the triage desk, but this figure is even less representative of the actual time a customer spends waiting to be seen at the service center.

<sup>7</sup> See DHS FY19-FY20 Performance Oversight Responses, Q136(b)(iii).

<sup>8</sup> See DHS FY19-FY20 Performance Oversight Responses, Q136(b)(iv).

When this occurs, customers no longer have the option to meet with DHS staff to complete in-person interviews like those currently required for the Alliance recertification. Although the agency states that, even when limited services is called, customers have the option of “dropping off/mailing their applications or supporting documentation or calling the Call Center,”<sup>9</sup> Alliance beneficiaries have no such choice. They have to be seen for an interview in order to maintain their benefits. Therefore, their only choice is to return for repeated visits.

Indeed, Legal Aid has worked with many clients who have made multiple unsuccessful attempts to recertify their Alliance, only to be turned away at each visit due to capacity constraints. And for those beneficiaries who work full-time or are struggling to manage childcare responsibilities or health conditions, it may be impossible to make repeated return visits to the service centers in an effort to maintain their health coverage. Moreover, the requirement that beneficiaries go through this process every six months (as opposed to the annual recertification schedule for Medicaid enrollees) doubles the opportunity to be dropped from coverage for failure to complete a difficult-to-obtain in-person interview.<sup>10</sup>

### **Removing the Six-Month, In-Person Recertification Requirement Would Help Improve DHS Service Delivery in Other Public Benefits Programs**

Legal Aid recognizes that DHS shares the goal of reducing customer traffic to the service centers and enabling customers to conduct more business outside the service centers. However, these efforts cannot succeed if Alliance beneficiaries must continue to come in person every six months to complete the in-person interview requirement. Indeed, DHS reports that between 905 and 1,202 individuals visited the service centers each month from September 2018 to November 2019 attempting to recertify their Alliance coverage.<sup>11</sup> This influx of Alliance beneficiaries to the service centers has a cascading effect on service delivery for customers visiting DHS for help with all public benefits programs the agency administers.

### **Barriers to Recertification Increase Program Costs and Lead to Poor Health Outcomes For Enrollees**

These onerous recertification requirements lead to a high rate of churn in the Alliance program, causing many eligible enrollees to lose their coverage for some period of time due to the significant barriers described above. DHS’s performance oversight data indicates that, for FY19

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<sup>9</sup> See DHS FY19-FY20 Performance Oversight Responses, Q136(b)(iv).

<sup>10</sup> Legal Aid understands that DHS piloted an effort whereby Alliance beneficiaries could drop off their recertification paperwork when the service center is at capacity and complete the recertification process without having to return for a face-to-face interview. Legal Aid is eager to learn more about the implementation of these efforts and hopes they can serve as an important safeguard to prevent improper termination of coverage for Alliance beneficiaries attempting to complete the recertification requirements.

<sup>11</sup> See DHS FY19-FY20 Performance Oversight Responses, Q140(e)(i)

and FY20 to date, approximately 36% of Alliance customers due to recertify did not complete their recertification.<sup>12</sup>

When enrollees lose their coverage for even short periods of time due to barriers to recertification, they often go without necessary preventative care, to the detriment of their own health and well-being. When these individuals then re-enroll in the program, their health care needs are likely to be more acute due to the interruption in care they experienced, putting greater strain on the Alliance program's costs. In addition, the onerous recertification requirements often keep healthier people out of the Alliance program, since oftentimes only the sickest beneficiaries will go to extraordinary lengths to overcome the recertification barriers described above. This, in turn, increases the program's per capita health care costs, putting further strain on the Alliance program's limited funding.

Removing the six-month recertification requirement would improve the health of immigrant communities in the District and help to address problems with rising costs in the Alliance program.

### **Legal Aid Has Seen No Persuasive Evidence That the Six-Month Recertification Requirement Is Necessary to Prevent Fraud**

DHCF claims that the six-month recertification requirement is necessary in order to ensure that limited local dollars are only spent on eligible District residents. But DHCF's own data show that every year, a substantial number of Alliance enrollees who are terminated from the program re-enroll within a year, suggesting that they are in fact DC residents. Last year, DHCF reported that from 2014-2018, between 2,439 people to 2,979 people re-enrolled in Alliance within one year of termination<sup>13</sup>—something that would be very unlikely if these enrollees were “medical tourists.” DHCF has not determined what percentage of those losses and subsequent recoveries of coverage were attributable to an inability to complete the recertification process. However, it is likely that the significant obstacles posed by long lines at (and potentially being turned away from) service centers substantially contributed to the terminations.

### **Funding the DC Healthcare Alliance Re-Enrollment Reform Amendment Act Would Significantly Ease the Burdens on Vulnerable Immigrant Communities and Help Lower the Costs of the Program in Future Years**

We commend the District for standing up for our immigrant neighbors by providing access to legal services and publicly opposing proposed changes to federal regulations that would threaten receipt of vital public benefits. By funding the DC HealthCare Alliance Amendment Act of 2017 and providing stringent oversight over DHS operations, the Mayor and the Council can once again show solidarity with the District's immigrant communities by removing burdensome

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<sup>12</sup> See DHS FY19-FY20 Performance Oversight Responses, Q140(c).

<sup>13</sup> DHCF FY18-FY19 Performance Oversight Responses, Q36.

recertification requirements that fall exclusively on these communities and prevent them from maintaining essential health coverage.

Funding and implementation of the DC Healthcare Alliance Re-Enrollment Reform Amendment Act would help these vulnerable communities in two important ways.

First, it would eliminate the requirement that Alliance enrollees recertify every six months, instead allowing for annual recertifications. This would significantly reduce the burdens on enrollees, who would no longer be in danger of losing their health coverage every few months.

Second, the Act would allow enrollees to recertify at community health centers. This would give enrollees additional options for completing their interviews that avoid the lines and capacity limitations at service centers. Furthermore, community health centers have language capacity that would make the process easier for enrollees with limited English proficiency. Finally, enrollees' familiarity with and trust in their local community health center would facilitate recertifications.

In short, if funded, the Act would directly address the problems that make it so difficult for Alliance enrollees to stay in the program. The Act would improve these enrollees' ability to maintain essential health care and help control the problems with increasing health care costs in the Alliance program. It would also reassure our immigrant communities, who are under attack on so many fronts, that the District does not believe that they are more likely to commit fraud than any other District resident. These communities would have one less thing to worry about, as they would be able to maintain the health insurance coverage that they rely upon without having to sacrifice their ability to work or care for their families. For these reasons, we urge the Council to fully fund the Act for FY21 and fulfill the District's commitment to providing health insurance to our immigrant communities.