

**Testimony of Marcia Hollingsworth & Carolyn Rumer  
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**Before the Committee for Human Services  
Council of the District of Columbia**

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

**June 14, 2021**

The Legal Aid Society of the District of Columbia<sup>1</sup> submits the following testimony regarding the Mayor’s proposed FY22 budget for the Department of Human Services (DHS). DHS is a key agency for ensuring that the District’s most vulnerable residents have access to critical benefits. For an equitable recovery, DHS’s FY22 budget must continue to account for the ongoing, increased demand for safety net programs due to the pandemic and its aftermath. Since the Mayor first declared the public health emergency, DHS has prioritized access to benefits and the safety of District residents by working quickly to create online service delivery and application options, suspend recertifications and interviews, expand SNAP and Pandemic-EBT benefits, and waiving interviews through September. The FY22 budget must support DHS’s ability to maintain pandemic-driven operational changes, including increased staffing at the DHS Call Center, processing applications and documents submitted through the online portal or phone app, and simplifying recertification requirements, on a permanent basis to ensure that we do not return to a system in which barriers prevent struggling District residents from getting the assistance they need.

Our testimony today will address the need for funding for additional safety net benefits, including the need for additional Interim Disability Assistance Funding, increased service delivery needs as the agency resumes more pre-pandemic operations, a DHS Ombudsman to ensure access to benefits and timely resolution of issues, and funding to remove the six-month Alliance recertification entirely to match Medicaid recertification requirements.

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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 89 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).

## **The District Must Continue to Strengthen its Social Safety Net as We Recover from The Public Health Emergency**

We applaud the many important steps the Bowser Administration and DHS have taken during the pandemic to reduce barriers and ensure that District residents can safely access benefits and maximize the assistance that families receive. Even while the Mayor and the District's agencies gradually and safely re-open, entire sectors of the economy will continue to be compromised for an extended period of time. Barriers to finding work and earning sufficient wages will remain especially pronounced for certain populations, including low-income and marginalized communities, who were suffering even before the pandemic hit. For residents who are not able to return to consistent work as soon as the immediate crisis ends, safety net programs like SNAP, TANF, and medical assistance represent a lifeline, enabling them to better feed, house, clothe, and care for themselves and their families.

### The Budget Must Account for Additional Extended Benefits

We urge the Committee to ensure that the Mayor's proposed budget allows the District to maintain higher levels of safety net assistance and extend assistance for a period after the public health emergency is lifted. DHS has continued to work with the USDA Food and Nutrition Services since the start of the pandemic to implement Emergency SNAP, meaning recipients receive the maximum amount of benefits for their household size, through this month. We encourage the Mayor and DHS to ensure that District funds are available to continue Emergency SNAP for six months, as the economic impact of the pandemic is still being experienced by the District's low-income residents who experience food insecurity. We also appreciate that the Mayor and DHS are working to use federal funds from the American Rescue Plan to support the TANF funding needs.

One program that is in dire need of expansion and is not accounted for appropriately in the budget is Interim Disability Assistance (IDA). We urge the Council to increase funding for IDA, a critical District-funded program available for child-free individuals with disabilities who are unable to work and have pending Supplemental Security Income (SSI) applications or appeals. We are disappointed that the proposed budget of \$3.45 million remains the same as the FY21 funding, particularly since IDA funding was cut by over \$1 million after FY19 and these numbers fall well below the peak budget of \$10.9 million in FY2009. As we testified during DHS oversight, with existing levels of funding for these capped benefits, IDA applicants encounter waitlists in order to access benefits after their applications are approved. There are no other benefits available for adults with disabilities who do not have children and IDA must be expanded for District residents.

### DHS Requires Adequate Funding for Service Delivery through Call Centers, Service Centers, and Online platforms

Access to benefits requires sufficient funding for service delivery needs, particularly as DHS resumes processing recertifications, re-opening the Anacostia Service Center, and continues to experience high Call Center volume calls. DHS shifted staff from Service Centers to support Call Center volume during the public health emergency, as the agency encouraged District residents to only utilize Service Centers for submitting applications or documents if absolutely necessary. As the District re-opens and DHS prepares to open the newly renovated Anacostia Service Center,

Service Center volume will increase while the Call Center remains a critical avenue for applicants or recipients with questions about their cases. To avoid excessive and burdensome wait times and long lines that plagued Service Centers prior to March 2020 and ensure Call Center accessibility, the Mayor must provide sufficient budget for staffing and case management. This is particularly true as DHS has returned to processing recertifications for TANF, SNAP, and Medicaid. The proposed budget must also include sufficient funding to ensure adequate language access for DHS staff to provide timely translation services in-person at Service Centers, electronically through the phone application and online portal, and by phone at the Call Center.

The Committee should ensure that DHS has sufficient capacity to meet community need for these benefits, including adequate staffing for quickly processing applications and document submissions and responding promptly to questions community members might have about their benefits. In its questions to the Department, the Committee should ask:

1. How DHS has invested and made changes to capacity to adequately staff the Call Center while planning the return to in-person operations at the Service Centers.
2. How DHS has made changes to staffing and resources to adequately handle the volume of online and electronic applications and document submissions, and whether DHS anticipates changing staffing for online versus in-person processing going forward.
3. How DHS has invested in its capacity to process applications and respond to questions from the public about their benefits, including:
  - a. Current processing times for applications and how the Department expects its proposed budget to impact these times; and
  - b. Current DHS Call Center capacity and wait times, and how the Department expects its proposed budget to impact them.
4. How the Department anticipates changing its policies once the current public health emergency is lifted, including:
  - a. Which service delivery changes implemented in response to the public health emergency will continue to be available to applicants and recipients; and
  - b. How it will continue to work to improve access to safety net programs over the course of FY22.
5. Whether the Department has experienced delays with processing recertifications or documents since re-implementing recertification requirements, and how DHS plans to address these issues.
6. How the Department has made changes in order to adequately address wait times, both in general and since resuming recertifications.
7. How much of the budget does the Department anticipate will be dedicated to ensuring adequate language access services, both in-person, electronically via the phone application and DHS portal, and at the Call center.
8. Whether the recommendation in the budget to cut 20 FTEs for eligibility determinations and 1 FTE for case management (p. 154 of the proposed budget) reflects an anticipated decline in applications or reflects a decrease in FTEs in the past year.

## Funding for DHS Ombudsman

The Council should increase funding in the proposed Budget to create a Human Services Ombudsman to assist and advocate for District residents in accessing benefits and resolving issues related to their public benefits in a timely manner. Unfortunately, efficient and timely resolution of benefits-related questions can be difficult for customers to obtain through the Call Center, Service Center, or administrative hearing process. While DHS focuses on Call Center wait time, many consumers who speak with a Call Center representative are unable to obtain the assistance they need. For example, Legal Aid often hears from customers who report inquiring about benefit terminations or reductions with the Call Center and receiving a response that there is a technical issue, or “ticket,” on the case, and that a supervisor will return the customers’ call within 72 hours to address the issue. However, customers rarely receive return calls from supervisors despite repeated follow up calls to the Call Center.

As the option for additional in-person services returns, customers may have additional opportunities to speak with managers or senior staff at Service Centers about benefits questions and problems; however, this requires a significant amount of time and waiting. While customers can file an administrative fair hearing request at the Office of Administrative Hearings to resolve disputes over delayed application or recertification processing, terminations, or benefit amounts, hearings often take months to schedule and resolve, meaning individuals and families often go without the benefits or health insurance in the interim. An email option exists for advocates and organizations to escalate and attempt to resolve cases via the DHS Division of Program Operations. However, this option is limited to the small amount of customers who connect with advocates and also involves delayed response times due to high volume.

The Council should fund a Human Services Ombudsman, similar to the Office of Healthcare Ombudsman and Bill of Rights, in order to provide timely access to District residents in resolving questions or problems related to accessing benefits. The Healthcare Ombudsman is available by phone and email to assist customers in navigating and understanding the health care system, including assisting with appealing health insurance decisions, providing explanations to aid in understanding health care coverage, and instructing on next steps to address insurance claims and procedures that have been denied. A recent experience of a Legal Aid experience is illustrative:

*In May 2021, a mother contacted Legal Aid for assistance with Medicaid insurance for her daughter. The mother was having problems obtaining medications for her daughter and having medical bills paid that should have been covered by Medicaid. She had repeatedly contacted the Call Center over the prior seven months to try to fix the problem and get clarity regarding her daughter’s coverage. The Call Center was unable to resolve her inquiries and the mother never received a call back from a supervisor, despite assurances that she would. During her phone intake with Legal Aid, we called the Health Care Ombudsman with the mother. Over the course of a single call, the Ombudsman representative explained the source of the issues, confirmed her daughter’s Medicaid coverage and information, and provided an email for the mother to send the unpaid bill to in order that it could be processed.*

District residents attempting to navigate and obtain SNAP, TANF, Medicaid, and Alliance deserve and require assistance in resolving problems that they cannot address effectively with DHS. A Human Services Ombudsman would serve that role and would greatly expand accessibility to benefits for District residents. In its questions to the Department, we encourage the Council to ask:

1. Whether the Department tracks Call Center inquiries, including number of calls made by the customer in relation to a case, the amount of time from the initial call/inquiry to resolution, and the amount of time until a supervisor responds to the customer.
2. The number of cases in which DHS representatives, at the Call Center or Service Center, assist customers with completing a fair hearing request form after informing them of the right to file a fair hearing request.
3. Whether customers have access to speak with Service Center staff, including managers, to resolve inquiries and problems under current operating procedures.

Although the District is past the most critical parts of the pandemic, the need among District residents for vital safety net benefits persists and these programs must be both accessible and responsive. We urge the Committee to guarantee that DHS's proposed budget is able to address these needs.

### **The Council Should Fund the Full Removal of Barriers to Maintaining Health Care Alliance Coverage in FY22**

The Alliance program serves a vital purpose: providing health insurance to low-income District residents who are not eligible for Medicaid. But for far too long the Alliance enrollment and recertification procedures had been unnecessarily burdensome.<sup>2</sup> In the years leading up to the pandemic, Alliance beneficiaries had to recertify their eligibility in person every six months by waiting in unconscionably long line at crowded Service Centers to conduct face-to-face interviews. This meant that month after month, individuals from some of the District's most marginalized communities, needlessly lost their health coverage.

On multiple dates, Legal Aid documented scores of people queuing up in front of a Service Center early in the morning, with some people reporting that they arrived before 4:00 a.m., and in weather as cold as 22 degrees.<sup>3</sup> We have also testified about numerous people being unable to complete

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<sup>2</sup> See, e.g., Legal Aid Testimony Regarding Agency Performance Oversight for the Department of Human Services (Jan. 29, 2020), <https://www.legalaiddc.org/wpcontent/uploads/2020/02/Legal-Aid-DHS-Oversight-Testimony-FY19-FY20YTD-AllianceFINAL.pdf>; Legal Aid Testimony Regarding Agency Performance Oversight for the Department of Health Care Finance (Feb. 6, 2019), <https://www.legalaiddc.org/wpcontent/uploads/2019/02/Legal-Aid-FY18-19-DCHF-Oversight-Testimony-Health-CareAlliance-FINAL.pdf>

<sup>3</sup> Legal Aid Testimony Regarding Agency Performance Oversight for the Department of Human Services (Jan. 29, 2020), <https://www.legalaiddc.org/wp-content/uploads/2020/02/Legal-AidDHS-Oversight-Testimony-FY19-FY20YTD-Alliance-FINAL.pdf>

the required face-to-face recertification after being turned away from ESA Service Centers due to limited capacity.

Wisely, one of the first things the Bowser Administration did during this public health emergency was to temporarily suspend the program's in person requirements, allowing people already in the program to remain covered and permitting applications to be submitted without going to a service center. This action filled long-standing gaps in our public health system, allowing the District's residents, including thousands of immigrants (roughly three-quarters of whom are black or Latinx)<sup>4</sup> and communities particularly vulnerable to health emergencies to maintain access to health services.<sup>5</sup>

In December 2020, the Council passed Bill 23-0890, the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020.<sup>6</sup> This Act contains language that, if funded, would shift the Alliance to an annual in-person recertification schedule and end the requirement that recertifications be completed in person with DHS.<sup>7</sup> Despite community and advocates continued concerns with the onerous program requirements imposed on Alliance enrollees – concerns which are shared by many on the Council as well – prior legislation to permanently end the six-month, in-person recertification requirement was not funded by either the Mayor or the Council.

Legal Aid strongly supports B23-0890's Alliance provisions that, if funded would: 1) remove the requirement for a face-to-face interview while applying for / recertifying for Alliance coverage; 2) extend the certification period for Alliance enrollees to 12 months; and 3) allow for recertifications to be completed by phone and online.<sup>8</sup> By moving to a one-year recertification period and removing the face-to-face interview requirement, DHS will substantially reduce the likelihood of people losing their DC Health Care Alliance coverage because they were unable to comply with excessively burdensome administrative barriers.

A full and permanent repeal of the Alliance's programs onerous recertification requirements necessitates that the Mayor's FY22 budget fully funds moving to an annual recertification period for Alliance beneficiaries and gives DHS the funding necessary to address the long-standing

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<sup>4</sup> FY18-19 Department of Health Care Finance (DHCF) performance oversight data shows that in FY18, a combined 74.7% of Alliance enrollees identified as either black or Hispanic (25.3% black, 49.4% Hispanic). DHCF FY18-FY19 Performance Oversight Responses, Q35.

<sup>5</sup> See, e.g., Andrea Swalec, *DC Flags Coronavirus Risks for African Americans, Latinos, Those With Medical Conditions*, NBC Washington, May 4, 2020. Available at: <https://www.nbcwashington.com/news/local/dc-flags-coronavirus-risks-for-african-americanslatinos-those-with-medical-conditions/2292660/>

<sup>6</sup> See DC B23-0890, <https://lims.dccouncil.us/Legislation/B23-0890>

<sup>7</sup> B23-0890, Title II D.C. Health Care Alliance Reform.

<sup>8</sup> *Id.*

service deficits. These deficits will continue to prevent Alliance enrollees from complying with even the amended program requirements.

Our understanding is that the Mayor's budget proposes shifting the in-person interview requirement for Alliance beneficiaries to a phone interview. While this is a step in the right direction, this proposal raises serious concerns about whether the proposed FY22 budget will effectively remove the barriers that prevent Alliance enrollees from complying with program requirements and maintaining their health coverage. These challenges include long Call Center and Service Center wait times, language access issues, and DHS terminating benefits despite customers submitting recertification or verification documents, sometimes multiple times. Even if the amendment allows Alliance beneficiaries to complete recertifications by phone, or through automated call systems or online platforms, DHS still needs to allocate sufficient funding to adequately staff the Call Center to handle call volume and effectively and expeditiously serve callers. Dedicated staffing is also needed to process completed recertifications and documents uploaded via automated systems or electronically, so customers are still not forced to go in-person to service centers, as well as funding for adequate language access services.

A budget that fails to account for these needs and address DHS's existing service delivery issues will reopen the type of public health gap that we should be closing to ensure that everyone can seek medical care promptly whenever they need it. Filling this gap is especially critical as we move toward a gradual re-opening of our economy in the wake of the pandemic. It is also necessary to ensuring that the transition back to regular DHS operations is orderly and responsible.

B23-0890 will end the onerous application and recertification requirements that have been imposed for years on some of the District's most vulnerable residents. The Council must ensure that the Act's Alliance provisions are fully funded to finally and meaningfully address these longstanding concerns about the DC Health Care Alliance program.

### **Conclusion**

We appreciate the opportunity to testify before this Committee on DHS's budget, as well as the work this Committee has done over the course of the COVID-19 crisis to protect District residents. We ask the Committee to continue to work with DHS and the Mayor to ensure that the FY22 budget allocates sufficient funding to DHS to support the resources and staffing necessary to provide critical services and safety net programs to an increasing number of District residents who rely on public benefits, including through providing a post-pandemic path to recovery for all District residents, addressing service delivery gaps, and ensuring adequate funding for the implementation of the Alliance Recertification Simplification Act.