Exhibit A

DOES Responses

Follow-up questions for DOES from May 12, 2021 Joint Oversight Roundtable

- 1. At the beginning of the roundtable, the DOES Director said the following new resources were provided to address common claims issues. Please share links to or copies of each of the following resources:
 - Back to back claims issues information on when to file a new claim and additional communications to the general public.
 - Benefit year end issues Additional messaging in newsletter and social media on how to make sure your claim isn't slowed down.
 - Webinar Additional information about benefit year end and combined wage claim issues.

Response: Additional guidance on when a claimant's benefit year is ending, and relatedly when to file a new claim, can be found at: <u>Unemployment Compensation | does (dc.gov)</u>. Once claimants and residents have reached this place, they will click on "How to apply for EB" for more information. Our team has also sent email correspondence to individual claimants who may be receiving messaging that they are monetarily ineligible based on their new application.

In a broader education campaign, the attached "Do I have to Reapply for Benefits?" fact sheet has been shared on our social media platforms and with Council constituent offices. DOES also hosts bi-weekly webinars on Tuesdays and Thursdays to answer questions regarding unemployment insurance during the COVID-19 pandemic. We use this opportunity to instruct UI claimants on how to complete the weekly continued clam form for unemployment benefits and provide other important information related to unemployment claims. Additionally, there is a live question and answer session with DOES staff regarding unemployment eligibility and compliance.

Claimants can register for a session at: <u>DOES COVID-19 Webinar</u>.

2. Claimants with benefit week/year earnings (i.e., partially unemployed) must report their gross wages the week they complete the work and *not* when they get paid. Because workers must report the amount earned before they have received their paycheck, people may under or over-report that amount. If someone gets paid after reporting benefit week earnings to DOES and sees their reported wages were *different* than their paycheck, how can they report this to DOES to prevent a fraud allegation? What are the steps the claimant should follow and what deadlines, if any, apply?

Response: Information on the weekly certifications and reporting requirements can be found in the <u>Claimant's Rights and Responsibilities Handbook</u>. Specific information on weekly earnings starts on page 12. As the handbook notes, "[i]f you do not know the actual amount of your wages, provide an estimate by multiplying your hourly wage by the number of hours worked each week. If after receiving your paycheck, you discover that your estimate was incorrect, contact our Call Center at 202-724-7000." Alternatively, claimants

can call the Benefit Payment Control Unit directly at 202-698-5111. It is important to note that one instance of a variance in earnings amounts—as described in the question above—does not equate to or result in a fraud allegation. However, the claimant should make this report as soon as they discover the discrepancy.

The handbook is also available in Spanish, Amharic, French, Korean, Chinese, and Vietnamese on our website at: https://does.dc.gov/page/unemployment-compensation.

3. Councilmember Pinto asked to update a portal message as follows. Page 6 of the Director's testimony says, "While their claims are being processed, claimants may see a message in their claimant portal indicating that they are monetarily ineligible. Despite this message, claimants should continue to file their weekly certifications." The message should not just say "monetarily ineligible" but ALSO include a note to the claimant to please continue to file weekly certifications. Otherwise claimants do not know to continue filing.

Response: We are sending out emails to individual claimants impacted by this monetarily ineligible flag, along with text messages and robocalls. We are looking into adding language on monetary ineligibility as part of our wider upcoming portal update.

4. Councilmember Henderson flagged a concern about many claimants who want to appeal but cannot because they do not have their "denial" document from DOES. OAH may only accept an appeal for review after the agency has made a final decision. Where is the claimant's notice of determination form provided to them? At the roundtable, the Director said it's mailed (via USPS) and may be emailed. Is it automatically included in the portal for each claimant? Is it emailed only upon request? is it emailed automatically to each claimant when the determination is issued? If a claimant does not receive the form but has been informed there is one, how can they get a copy?

Response: Monetary determinations are automatically mailed out through the benefit system. Non-monetary determinations from claim's examiners are both mailed and emailed out to claimants using the contact information in the claimant's portal. Determination letters cannot be uploaded into the claimant portal due to existing space and coding restrictions. Claimants who have been informed of a determination, but have not received the formal notice, can contact our Customer Navigation Center at 202-724-7000 to have the determination mailed or emailed to them again. DOES will continue to send messaging to claimants, advising and reminding them to look in their spam and junk mail, as a large majority of DOES' communications and correspondence, including determinations, have been located there.

5. The Director said DOES will add 40 resources for adjudication. Is one "resource" the same as one person? Are these to be contractors or DOES staff? If contractors, who is the vendor? How long will they be employed by DOES? When will they start?

Response: Yes, one resource equals one person. The resources will be contractors with Capitol Bridge. They will be employed through December 31, 2021. The resources have already started and are currently being trained to support more extensive adjudication.

6. Councilmember Henderson: For claims that become "inactive" due to the claimant not filing weekly certifications, how many weeks of not filing must occur before the claim is "closed out"?

Response: Due to the public health emergency, the current number of weeks before an active claim becomes inactive is eight. With the public health emergency ending on July 25, 2021, DOES is still offering the extended eight weeks as a courtesy to our claimants.

7. Councilmember Robert White: Of the 2,813 claimants not receiving benefits, what is the breakdown for reasons why they have not been paid?

Response: Due to some slight differences as to how questions were sent ahead of the hearing and how they were asked during the hearing, there was some confusion. As of May 11, 2021, 2,813 claimants were waiting to receive back pay that is a result of a monetary redetermination and/or a back date (i.e. a change to the benefit year start date) on their claim.

For benefit week ending (BWE) April 17, 2021, the first benefit week after the ARPA changes were implemented, the table below shows the full breakdown of claims that were certified for that BWE April 17.

Of the 63,473 claims that were certified for April 17, 50,822 claims have received payment. 12,651 claims that certified for April 17 have not been paid. 52% of those unpaid claims were either monetarily ineligible or disqualified. 37% (4,638 claims) of the unpaid claims have an unresolved issue. The other 11% either did not certify or had other reasons for not being payable as detailed in the table below. Because claims can have multiple issues, there are 5,832 unresolved issues for claims that were unpaid for 4/17. 73% of the 5,832 issues were established *before* BWE April 17, meaning that those issues existing on the claims before the ARPA changes were implemented.

	BWE 4/17/21
Number of Claims Certified	63,473
Number of Claims Paid	50,822
Breakdown by Week Paid:	
04/24/21	43,986
05/01/21	3,378
05/08/21	1,865
05/15/21	1,070

	BWE 4/17/21
05/22/21	523
Number of Claims Not Paid	12,651
Breakdown by Reason:	
Claim has one or more issues	4,638
Memo: Total Number of Issues (A single claim can have	5 922
multiple issues.)	5,832
Breakdown by Issue Type:	
Unable to Work	330
Unavailable for Work	257
Not Totally or Partially Unemployed	747
Failure to Meet Reporting Requirements	48
Discharge - Misconduct	58
Voluntary Quit	212
Refused Work/Quit Job/Discharged	240
Disaster Unemployment Assistance	210
Quality Control Report Failure	1
Other	2
Between Academic Years	2
Alien without Lawful Permanent Residence	60
Receiving Other State or Federal Compensation	205
Issue Code 59	121
Failure to Supply Earnings Amount	63
Severance or Terminal Pay	260
Pension	104
Re-qualifications for Back-to-Back Claims	1,359
Change in Pension for Training/School	191
Failed SSA Validation	51
Lexis Nexis	817
Administrative Fraud	1
Misconduct	436
TEUC/EUC/EBB Administrative Stop	1
Administrative Stop	56
Breakdown by Date of Issue	
Before BWE 4/17/2021	4,263
During BWE 4/17/2021	773
After BWE 4/17/2021	796
Monetarily Ineligible	3,729
Disqualified	2,824
High Earnings	944
Benefits Exhausted	162
Returned to Work	130
Offset	155
Withdrawn	23
Not on EB	23

	BWE 4/17/21
Not Claimed	16
Other	7
Not Certified, But Certified Previous Week	3,242
Not Certified, But Paid Previous Week	2,137

8. Councilmember Silverman: Call center vendor metrics:

• For quality assurance, how many calls are recorded? How many calls are listened to/reviewed and how often?

Response: All calls are recorded. Quality review is conducted on a minimum of three calls per agent per week. Additional live monitoring (occurring while the call is in progress) is conducted for 300-500 calls per week.

• Please provide all metrics required by the Service Level Agreement (SLA) for each call center vendor, and any other performance requirements.

Response: The SLA requires the following metrics:

- o The Contractor shall answer 90% of all calls within 30 minutes for all calls.
- o The Contractor shall maintain an abandon rate of less than 10% for calls.
- The Contractor shall conduct a minimum of 3 call monitoring sessions, per call taker, per week to assess the quality of the calls.
- The Contractor shall provide DOES the results of the call monitoring sessions on a monthly basis.
- Please provide the SLA data (results) for each metric for each vendor and note the time period, along with any other performance evaluations.

Response: Please see below for the metrics for Capitol Bridge and Codice over the last three months.

Capitol Bridge	Feb-21	Mar-21	Apr-21	Combined
Total Calls Received	36,509	66,995	82,827	186,331
Total Calls Answered	31,181	60,588	69,439	161,208
Total Calls Abandoned	5,317	6,397	13,349	25,063
Answer %	85%	90%	84%	87%
Abandoned %	15%	10%	16%	13%
Average Wait time	0:13:53	0:12:30	0:19:51	0:16:00
Longest Call Waiting (Max Delay)	0:46:58	1:03:40	1:08:10	1:03:40

Codice	Feb-21	Mar-21	Apr-21	Combined
Total Calls Received	12,370	15,385	15,771	43,526
Total Calls Answered	11,374	13,701	13,026	38,101
Total Calls Abandoned	996	1,684	2,745	5,425
Answer %	92%	89%	83%	87%
Abandoned %	8%	11%	17%	13%
Average Wait time	0:13:32	0:14:31	0:19:51	0:16:00
Longest Call Waiting (Max Delay)	1:03:28	1:25:35	1:00:56	1:25:35

9. Councilmember Lewis-George asked: Please specify the law(s) and paragraphs of those laws that require claimants to seek UI benefits from another jurisdiction -- specifically which section and which subsection of which act? Where does it say in the statute that there is a \$300.00 threshold? Where does it say that the claimant is required to use the multi-wage process as opposed to being eligible for the multi-wage process?

Response: Combined-wage claims are claims where a claimant can ask that wages from more than one state be combined to help the individual be eligible for a benefit or to increase the amount of a benefit. The purpose of the combined wage claims is to help the claimant's case. In some cases, if a claimant only uses the wages from one jurisdiction, they may not have enough wages to be eligible for a benefit under that state's unemployment law. There is no monetary threshold for determining whether a claim should be filed as a combined wage claim. However, a claimant is required to access benefits where eligibility has been determined, and in most cases, a claimant will only be eligible for benefits using a combined wage claim (i.e., utilizing wages that are located in another state or by filing in another jurisdiction). Below are some common scenarios and the corresponding legal references to assist with understanding why some claimants in D.C. would need to file for an unemployment benefit in another state in order to receive benefits.

Currently, all states, including the District of Columbia, are signatories of the Interstate Benefit Payment Plan (IBPP), which provides a standard method to pay unemployment compensation benefits to those unemployed individuals who have earned unused wage credits or accumulated unused credit weeks under the unemployment compensation laws of one or more states, and who otherwise might be denied benefits because they are no longer present in a state or states in which their benefit wages were earned and/or credit weeks accumulated. Federal law and U.S. Department of Labor Handbooks that govern the IBPP include but are not limited to the following.

- ET Handbook No. 392 Handbook for Interstate Claims Taking;
- ET Handbook No. 399 Interstate Arrangement for Combining Employment and Wages;
- ET Handbook No. 391- Unemployment Compensation for Federal Employees (UCFE);
- ET Handbook No. 384 Unemployment Compensation for Ex-servicemembers;
- 20 CFR 616 Interstate Arrangement for Combining Employment and Wages;
- 20 CFR 609.9(b) Administration of Unemployment Compensation for Federal Employees (UCFE) program;
- 20 CFR 614.9(b) Unemployment Compensation for Ex-servicemembers; and
- USDOL's Unemployment Insurance Program Letters (UIPLs).

The national unemployment compensation system is a Federal/state partnership. It is primarily guided by the Federal Unemployment Tax Act, or FUTA (found at 26 U.S. Code, Chapter 23), the Social Security Act (found at 42 U.S. Code, Chapter 7, and specifically subchapters III, IV, and XII), and local state law (in D.C., this can be found in the D.C. Code at Title 51, Chapter 1). Many of the relevant Federal regulations can be found in Title 20 of the Code of Federal Regulations (CFR). District regulations are in Title 7 of the D.C. Municipal Regulations.

Perhaps more importantly, states take their directions on implementing all of the CARES Act and other Federal unemployment and emergency benefit programs (for example, PUA and PEUC) from the Department of Labor, Employment and Training Administration's Unemployment Insurance Program Letters, or UIPLs. A UIPL contains the specific prevailing interpretation of the Federal laws governing the Federal benefits, straight from the agency that regulates state compliance with Federal law. Because all of these texts must be read together, there is often no one location that can be cited to cover all questions and scenarios.

District law requires that District employers contribute a percentage of their employee's wages into the Unemployment Trust Fund (see D.C. Code section 51-103). By reviewing the definitions of who constitutes an employer, employee, unemployed person, etc. in the D.C. Code, it is clear that workers need to file for unemployment in the state in which they work. Quite simply, that's the state that will hold the employer's financial contribution to the Fund that will, in turn, pay the claimant's unemployment benefits.

When an individual files for regular unemployment benefits in D.C., DOES will look for D.C. wages to determine whether an individual is eligible. If DOES determines that there are no wages, or insufficient wages to establish eligibility, that individual will not typically be eligible for unemployment benefits in the District. If DOES discovers that the individual has wages in D.C. and wages in another state, the agency will review those other wages and determine if a combined-wage claim would make the person eligible for District unemployment benefits. Under Federal regulation, a claimant may elect to have the wages combined to try and meet the minimum wage threshold to be eligible for an unemployment benefit (see, for example, 20 CFR 616.7(a)). If NO wages are found in D.C., but DOES

identifies the individual has wages in another state, DOES will provide that info to the claimant and encourage the individual to file for unemployment insurance in the other state.

Specific situations

- PUA: A self-employed individual <u>must</u> file the PUA application with the state where he or she was working at the time of becoming unemployed just like with regular unemployment claims (see UIPL 16-20, change 1, page I-3).
- PUA: If an individual becomes eligible for regular unemployment compensation (or extended benefits or PEUC), due to the start of a new benefit year or otherwise, payment of PUA <u>must</u> stop and the individual should file for that other benefit (see UIPL 16-20, page I-8). In some cases, it may be that the individual starts a new benefit year in another state and, therefore, that is the state where the individual should file.
- PEUC: An individual is only eligible for PEUC if they have exhausted their rights to regular unemployment compensation under District law and they have no rights to unemployment compensation under another state's unemployment laws (see UIPL 17-20, page 3). In D.C., we have many claimants who have wages in both D.C. and another state. Although they may exhaust their D.C. unemployment benefits, DOES may determine that the individual could have eligibility for another state's basic unemployment benefit. In that case, DOES informs the individual of the need to file in the other jurisdiction to determine eligibility. DOES may not adjudicate or determine final eligibility for another state's unemployment program.
- DOES's Interstate Program Coordinator and team work with claimants to assist them with filing their claims with the appropriate state. They also work with regulators in other states to clarify claimant situations, check for wages, and take such other steps as may be necessary to process claims and pay benefits appropriately.