

December 13, 2013

The Honorable Mayor Vincent Gray  
Mayor of the District of Columbia  
1350 Pennsylvania Avenue, NW, Suite 316  
Washington, DC 20004  
**VIA EMAIL: eom@dc.gov**

The Honorable Jim Graham  
District of Columbia City Councilmember  
Chair of the District of Columbia City Council Committee on Human Services  
Council of the District of Columbia  
1350 Pennsylvania Avenue NW, Suite 105  
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**VIA EMAIL: jgraham@dccouncil.us**

The Honorable Yvette Alexander  
District of Columbia City Councilmember  
Chair of the District of Columbia City Council Committee on Health  
1350 Pennsylvania Avenue NW, Suite 400  
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**VIA EMAIL: yalexander@dccouncil.us**

Dear Mayor Gray, Councilmember Graham and Councilmember Alexander:

The undersigned organizations write to express concern that the agencies responsible for implementing health care reform's public insurance provisions in the District of Columbia -- the Economic Security Administration (ESA) of the Department of Human Services (DHS) and the Department of Health Care Finance (DHCF) -- do not have sufficient resources to effectively implement the new DC Access System (DCAS) and maintain its existing caseload of Medicaid and other public benefit enrollees. While we appreciate that governments are always trying to do more with less, we fear that the lack of adequate staffing at the caseworker, management and policy levels jeopardizes the ability of low income individuals and families to access essential public benefits in an accurate and timely fashion. We believe that ESA needs additional staff to implement the expanded access to health insurance under the Affordable Care Act (ACA) while also serving existing customers. To ensure that additional staff are utilized well, ESA also needs to develop new plans for staff utilization. We seek your support to ensure that both of these happen.

As you know, DHCF has been delegated the task of developing policy to implement health care reform's public insurance provisions and ESA has been tasked with implementation. So far, with the resources available, staff at both agencies have made great efforts to meet these challenges and have contributed to the District's reputation as a leader in health reform implementation. However, current resources are not sufficient to both satisfy existing

obligations and meet these new challenges; without additional resources, we fear that vulnerable clients will fall through the cracks and go without needed benefits.

Under the ACA, families and individuals with incomes up to 400% of the federal poverty level (FPL)—an income limit that is much higher than other public benefits programs—can receive financial assistance to pay for health insurance. The ACA also requires that states adopt a no wrong door policy, meaning that anyone can apply for assistance online, by mail, over the phone, or in person. This means that ESA, which has primarily served the District residents with incomes under 200% of FPL, must also serve an entirely new population, those with incomes between 200% and 400% of FPL. The streamlined application for health coverage and the focus on technological support will decrease the burden on DHS staff over time. However, the burden on staff to serve this new population will likely be tremendous, particularly in the early phases of health reform. DC Health Link staff and trained assisters will provide some support, but many residents, especially those familiar with the public benefits system, will continue to rely on ESA. There is no doubt that the demand at ESA centers has increased and will continue to remain at high levels.

At the same time, ESA must continue to serve low-income District residents who qualify for other public benefits, such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) benefits, the Qualified Medicare Beneficiary (QMB) Program, or the DC Health Care Alliance. Long before the District began working on health reform, ESA has faced complaints of lengthy wait times at service centers, lost paperwork and delays in application processing. Many of the organizations who have signed on to this letter have anecdotal reports that these problems have increased since the implementation of the ACA in the District.

To address these concerns, ESA must hire additional staff at all levels (including managers and supervisors as well as line and policy staff) and continue to develop a comprehensive plan to deploy these staff effectively. We recognize that ESA has hired some new employees; however, the number is inadequate to address the need for assistance. Moreover, because all ESA staff are undergoing intensive training, a process which is both beneficial and necessary, not all ESA employees are available to work with clients.

ESA officials have communicated to advocates their belief that the continued move towards automating application and recertification processes will lessen the need for agency staff. We share the agency's hope that additional automation will make these processes more efficient and effective in many ways. The technology is just not far enough along to eliminate the need for substantial staffing to take on new responsibilities as well as ensure that current obligations are met. Furthermore, the process of getting all ESA programs integrated into the DCAS system will itself require additional agency staff.

Finally, the lack of meeting space at ESA Service Centers only exacerbates existing problems, restricting the ability of available staff to meet with clients. We believe that ESA is aware of the space issues and is working on creative solutions. However, without a significant number of additional staff, this planning will not yield effective results in the short term or long term.

Your support for these changes will help ensure the success of health reform in the District, and will protect other public benefits programs from falling by the wayside as the District enters this exciting new phase. The District is an undisputed leader in providing access to health insurance for its citizens. But that leadership requires an ongoing commitment to ensuring that programs can operate effectively. Therefore, we ask that you increase ESA's funding for more staff and require ESA to conduct the comprehensive needs assessment described above.

We look forward to continuing to work with you on this issue. Please feel free to contact Jennifer Mezey of the Legal Aid Society of the District of Columbia ([jmezey@legalaiddc.org](mailto:jmezey@legalaiddc.org)) or Wes Rivers at the DC Fiscal Policy Institute ([rivers@dcfpi.org](mailto:rivers@dcfpi.org)) to discuss the topics raised in this letter further.

Sincerely,

DC Fiscal Policy Institute  
Legal Aid Society of the District of Columbia  
AARP of the District of Columbia  
Associated Federation of State, County and Municipal Employees (AFSCME)  
Bread for the City  
Capitol Area ADAPT  
Children's Law Center  
Covenant House Washington  
DC Alliance of Youth Advocates  
DC Behavioral Health Association  
DC Coalition Against Domestic Violence  
DC Coalition on Long Term Care  
DC Employment Justice Center  
DC Hunger Solutions  
DC Primary Care Association  
DC Senior Advisory Coalition  
DC Statehood Green Party  
DC Volunteer Lawyers Project  
DIRECT Action  
Employment Justice Center  
Fair Budget Coalition  
Families USA  
Family and Medical Counseling Services  
Family Voices of the District of Columbia, Inc.  
Greater Washington Society for Clinical Social Work  
Health Insurance Counseling Project, George Washington University Community Legal Clinics  
Healthy Families/Thriving Communities Collaborative Council  
Hemophilia Association of the Capital Area  
Hemophilia Federation of America  
Home Care Partners

Iona Senior Services  
Legal Counsel for the Elderly  
Many Languages One Voice (MLOV)  
Mary's Center  
MetroHealth  
Miriam's Kitchen  
National Multiple Sclerosis Society, National Capital Chapter  
Nonprofit Roundtable of Greater Washington  
Positive Force DC  
Reentry Task Force  
Sasha Bruce Youthwork, Inc.  
University Legal Services  
Washington Legal Clinic for the Homeless  
We Are Family Senior Outreach Network

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