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**Testimony Before the Council of the District of Columbia  
Committee on Health and Committee on Housing**

**Public Hearing:  
Joint Oversight Roundtable  
on  
Continued Challenges with the DC Access System and Public Benefits Enrollment  
July 2, 2024**

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Good morning, Chairperson Henderson and Members of the Committee on Health and Chairperson White and Members of the Committee on Housing. My name is Stephanie McClellan and I am the Deputy Director of DC KinCare Alliance. I am pleased to testify today regarding the experiences that I, and, more importantly, DC KinCare Alliance clients, have had applying for benefits in the District of Columbia, both as a general matter and, in particular, with District Direct. DC KinCare Alliance is a member of the Fair Budget Coalition and we support budget priorities and policies that alleviate poverty in the District of Columbia.

The mission of DC KinCare Alliance is to support the legal, financial, and related service needs of relative caregivers who step up to raise children in their extended families in times of crisis when the children's parents are not able to care for them due to mental health and substance use disorders, incarceration, death, abuse and neglect, and/or deportation. DC KinCare Alliance is the only organization in DC focused solely on serving relative caregivers raising DC's at-risk children. In the seven years since our founding, we have helped over 1,000 relative caregivers to obtain legal custody of and public benefits for more than 1,000 DC children in their care.

Here in D.C., approximately 22,000 Black and brown DC children are living in kinship care arrangements, representing about 20% of all DC children of color.<sup>1</sup> The majority of these children live at or near the poverty level, have experienced trauma, and are at grave risk for poor physical, emotional, and educational outcomes. Research shows that kinship

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<sup>1</sup> United States. Census Bureau 2021 American Community Survey, *available at* <https://www.census.gov/programs-surveys/acs/data.html>; this is consistent with national statistics, where “the likelihood that African-American children will experience kinship care is more than double that of the overall population, with 1 in 5 black children spending time in kinship care at some point during their childhood.” Annie E. Casey Foundation, “Stepping Up for Kids,” *available at* <https://assets.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf>.

care is a powerful stabilizing force for these children, changing the trajectory of their lives for the better.<sup>2</sup>

The relatives who raise these children are primarily Black women who live in Wards 5, 7 and 8. They often live at the economic margins of our society, even before they are called upon to raise a relative child. Many also report a significant disability. These relative caregivers need financial help and stable housing to raise the children. However, benefits applications, whether on paper or through District Direct, are complicated and burdensome, leaving many caregivers to give up.

We know that there are devastating impacts for children growing up in poverty.<sup>3</sup> Advancements in neuroscience have made it possible to demonstrate that poverty disrupts the developing brain architecture, which leads to significantly lower educational achievement, earnings, and overall health, as well as a disproportionately higher rate of developmental delays and learning disabilities.<sup>4</sup> And, research has found that there is a “dose-response” pattern, such that outcomes are worse the longer children are exposed to poverty.<sup>5</sup> These studies posit that interventions aimed at increasing the income and stability of families with children can alter the link between childhood poverty and deficits in cognition and academic achievement. This can only happen if the supports intended to benefit these children like TANF and SNAP are available, accessible and timely provided.

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<sup>2</sup> Hair NL, Hanson JL, Wolfe BL, Pollak SD. Association of Child Poverty, Brain Development, and Academic Achievement. *JAMA Pediatr.* 2015;169(9):822–829. doi:10.1001/jamapediatrics.2015.1475. <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2381542>.

<sup>3</sup> Toxic Stress Key Concepts,” Harvard University Center on the Developing Child. <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>.

<sup>4</sup> Perry Firth, “Homelessness and Academic Achievement: The Impact of Childhood Stress on School Achievement,” Firesteel: The Network of Washington YWCAs Washington. (September 8, 2014). <http://firesteelwa.org/2014/09/homelessness-and-academic-achievement-the-impact-of-childhood-stress-on-school-performance/>.

<sup>5</sup> Hair NL, Hanson JL, Wolfe BL, Pollak SD. Association of Child Poverty, Brain Development, and Academic Achievement. *JAMA Pediatr.* 2015;169(9):822–829. doi:10.1001/jamapediatrics.2015.1475. <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2381542>.

## 1. HISTORY

When Marla Spindel and I founded DC KinCare Alliance in 2017, our goal was to advocate for and represent a group that we had identified as long being underrepresented in DC Superior Court—relative caregivers caring for District children outside of the foster care system. As family law attorneys who had previously represented children in these situations, we saw how relative caregivers were doing the most work and receiving the least help. Little did we know then that lack of representation in custody cases was just the tip of the iceberg.

As we got to know the DC kinship family community through representing relative caregivers in Court and through our Community Board made up entirely of relative caregivers, we kept hearing the same stories over and over again. Relative caregivers said it was so hard to apply for benefits—that they would spend days at the Economic Security Administration (ESA) offices with tremendously frustrating results. Applications and supporting documentation would be lost. They would hear different stories from different staff about what documentation was needed. They would be told that everything had been submitted but would never hear back about whether they had been approved or denied for benefits. ESA employees, even at the supervisory level, provided incorrect information about what was required so often that I copied relevant pages from DHS's Policy and Procedure Manual and provided those pages to my clients to take with them to ESA offices. Often, relative caregivers were told falsely that, if the mother, with whom the child was no longer living, was still receiving benefits for the child, it was the relative caregiver's obligation to get the mother to terminate her benefits for the child, rather than DHS's responsibility to investigate eligibility and provide benefits accordingly.

When the COVID pandemic hit, and applying for benefits moved on-line, first with the portal and then with District Direct, we faced a new set of problems. Most of our clients' only access to the internet was and continues to be through their cell phones, making it difficult or

impossible for them to upload documents. As a result, DC KinCare Alliance started helping clients with their combined benefits applications on-line and we have never stopped. We did not intend to have a benefits practice when we started DC KinCare Alliance, but it is what our clients need, so that is what we do.

## **2. CURRENT OBSTACLES**

The District Direct combined benefits application process is incredibly long and complicated and can take hours to complete. The software is often glitchy and will kick you out of the system so you have to start all over. Sometimes I get error messages when trying to log in. Sometimes the software does not provide a way to do things that you need to do. Most recently, we have been stymied in assisting caregivers to add children to their Medicaid cases by filing a change of circumstances through District Direct—a much shorter and more condensed process. Instead, we have been forced to help relative caregivers file new applications for Medicaid for the children—if the system will even let them do that.

And even in those situations where we are able to complete the application or change of circumstances online, it is not acted upon within 45 days and we have to file a request for a fair hearing. In other cases, the application is processed but the client is improperly denied benefits and we have to file a request for fair hearing regarding the improper denial. Rarely is the application both timely and properly processed and the client receives the benefits to which they are entitled. That particular outcome has happened only once in the past year.

Another problem we see quite frequently is that a client who has been receiving benefits suddenly stops receiving them. Sometimes there is no notice at all. Sometimes there is a notice, such as a failure to recertify, even though the client has recertified through District Direct. Again, we file for fair hearings for these clients and it eventually gets sorted out—until next time—but the problems caused to our clients while they are waiting can be catastrophic.

I currently have a client who was terminated from SNAP with no notice at all. Of course, I have filed a request for fair hearing on her behalf but this case is particularly galling because she had just settled a SNAP fair hearing case a few months prior. The client had received her back benefits and one regular monthly payment before her SNAP benefits stopped again. A watershed event occurred as a result because she was forced to use money for utilities to pay for food, which in turn caused her to get behind in her utility bills and receive a shut-off notice. We helped her get on a payment plan, but this never would have happened if her SNAP had not been wrongly terminated.

What I tell clients now when we apply for benefits together is that they should expect the process to last about 3 months—45 days for the application and 45 days to actually get it done through a fair hearing request and to be pleasantly surprised if it happens sooner.

Because most of our clients are older Black women who are not comfortable with technology, they often want to go to the ESA service center in person, now that is an option again, or telephone the Call Center when they have an issue. I strongly discourage clients from doing this because there is often no record or an inaccurate record of what happens—both regarding the application and documents submitted and the advice provided. Many clients have told me that ESA service center staff refuse to provide them with receipts when they submit a paper application, despite there being a page in the application specifically designed for that purpose. Moreover, when a client does apply or submit documentation at an ESA service center, that information is not later available on District Direct. Correspondingly, when a client applies on District Direct, the ESA service center does not seem to have access to their information nor does the Call Center.

### **3. ISSUES UNIQUE TO KINSHIP FAMILIES**

Some of our most pressing concerns are those unique to relative caregivers. For example, relative caregivers are asked to provide documentation related to their household income when they are applying for child-only TANF, which by its own terms is only permitted to count the child's income. This requirement results in substantial delays because the caregiver needs to obtain this information for everyone in the household, and then they are may be wrongly denied because they are determined to be over income.

Further, as we testified at oversight last year, caregivers are required to provide documentation to show they are related to the child that only parents would have for their own children, making the process onerous and even impossible for some. For example, in order for a relative caregiver to obtain TANF benefits in DC, they must prove they are related to the child and that they are living with the child. Typically, relatedness is established by a relative caregiver providing his or her own birth certificate, the parent's birth certificate, and the child(ren)'s birth certificates. However, requiring relatives to provide all of these birth certificates is not practical as they typically do not have the parent's or child(ren)'s birth certificates. For instance, a grandparent can only obtain the birth certificates of his or her grandchild(ren) if the information in DC Vital Records shows that the grandparent is related to the parent and the grandchild(ren). In addition, the only way for other relatives to obtain a child's birth certificate in DC is to have a certified court order granting the relative custody. Moreover, the cost to obtain a birth certificate is \$23 each, which is often prohibitive, especially when a relative takes in a group of siblings. Notably, paternal relatives may not be able to prove relatedness at all because fathers frequently are not listed on birth certificates. While the ESA Policy Manual provides a list of other documents to establish relatedness, most are either: (a) not accessible to relative caregivers, or (b) only relevant to prove relatedness

between a parent to his or her own child (*i.e.*, would not prove relatedness between the relative and the child).<sup>6</sup>

Further, with respect to the “living with” requirement, the ESA Policy Manual provides a list of the types of documentation required to prove this; however again, many of those documents are not accessible or relevant to relative caregivers.<sup>7</sup>

Finally, even when our clients are able to submit the required documentation, they are often wrongly denied benefits, told they need to provide documentation not required by law or policy, and/or terminated from the receipt of benefits before their annual recertification. This in turn, results in our clients not receiving benefits to which they are entitled.

We submitted the attached recommended revisions to the ESA Policy Manual to DHS about two years ago. We understand that the Manual is being revised to address some of these documentation concerns and we urge DHS to do so expeditiously.

We also recommend that ESA staff receive specialized training on the unique issues of kinship families applying for benefits. We would be happy to be a resource for ESA with any such trainings.

#### **4. POSITIVE CHANGES AT DHS**

We want to acknowledge some positive changes we have seen and believe should be expanded. First, DHS staff has been receptive to our policy suggestions and made changes as a result of the same. In particular, DC KinCare Alliance would like to recognize the positive change of no longer requiring home visits as part of the application process for General

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<sup>6</sup> Primary documents include adoption records (these are sealed), marriage license/certificate, divorce papers, hospital records of birth (subject to HIPAA), vital statistics records, court records of parentage (these are sealed), baptismal records, juvenile court records (these are sealed), child support records, and SSA records indicating relationship (requires a court order if you are not the parent). Secondary documents include a statement from a priest, minister, or rabbi; family bible; health records maintained by a hospital, clinic, or physician (subject to HIPAA); child care records; social service agency records; insurance records; school records; and Census records (all of which require a court order if you are not the parent). *See* ESA Policy Manual at Part IV, § 5.8.1.

<sup>7</sup> For instance, child welfare agency records (these are confidential), health records (subject to HIPAA), or juvenile court records (these are sealed).



Assistance for Children. Second, DHS staff who work on the District Direct technology have tried to be responsive when we point out a software glitch and have scheduled meetings with us where we can share our screens and show them the problem. Third, the leadership in charge of Administrative Review Conferences at DHS has recently improved greatly. I have been able to resolve almost every case prior to fair hearing because of the competence and responsiveness of that leadership.

## **5. SUGGESTIONS FOR IMPROVEMENT**

- a. The on-line combined benefits application should be made easier to use by significantly limiting the number of questions that require an answer (marked with a red asterisk) before you can move to the next page. People should be able to submit applications even if they cannot answer every question, and DHS employees should follow up with applicants who submit applications with missing information.
- b. Combine the two software systems (District Direct and the software used at the ESA service centers) into one integrated system. In the alternative, if two separate software systems are actually necessary, the software system used by DHS employees and the District Direct software need to communicate with each other better. I have more than once spoken to a DHS employee at the Call Center and told them that something that they needed had already been submitted via District Direct, only to have that employee tell me that they do not have access to District Direct.
- c. Prioritize training at all levels, including supervisory, in the processing of applications and recertifications so that filing for fair hearings is only required in rare instances, not as a matter of course. If that is not possible, designate a smaller number of employees with specific expertise in relative caregiver applications.

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Thank you for your consideration of these important matters. The effective administration of DHS benefits lays the groundwork for families to maintain their homes, obtain education and employment, and have the opportunity to build wealth and power. This, in turn, will result in fewer individuals needing these services in the future as they are lifted up out of poverty.

I am happy to answer any questions.