

Performance Oversight Testimony – Department of Health Care Finance

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Testimony of Maggie Snow

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Good morning, Chairperson Henderson and Committee members. Thank you for convening this hearing and for the opportunity to speak today. My name is Maggie Snow. I am the Anti-Hunger Program Associate overseeing our SNAP work at D.C. Hunger Solutions. I am also a D.C. resident. In my role, I provide direct support to D.C. residents experiencing hunger and use their feedback to inform my advocacy efforts. In FY24, our organization prescreened over 1,400 residents and helped over 700 residents apply for SNAP. We thank the Department of Healthcare Finance for supporting District Direct, which residents rely on to submit initial applications and recertifications, upload verification documents, and check case statuses. All D.C. residents deserve access to a user-friendly, efficient, and accurate benefits portal. Today I will share four recommendations that would make the portal more accessible: improvement to document requests, accuracy in translation, automatic generation of person reference numbers, and the addition of a progress bar to track application status.

We urge the Department of Healthcare Finance to improve the accuracy of document requests in District Direct. Multiple times per day, I see cases where clients are asked to provide documents that do not apply to them. For example:

- non-eligible clients in mixed-status families applying for SNAP for an eligible family member being asked to provide immigration documents
- clients who live alone being asked to provide a “boarder” document

District residents should be able to navigate District Direct and trust that they are only being asked to provide necessary and appropriate documents.

Second, we hope to see improvements to translation in District Direct. Residents who opt to receive all notices in another language sometimes receive notices that are partially in English, which is a language access issue. [In FY23](#), D.C. reported a CAPER (Case and Processing Error Rate) of 58.79%, meaning 58.79% of cases saw inaccurate denial, termination, or suspension. Partially or incorrectly translated notices in District Direct contribute to this rate. Clients work

hard to accurately answer questions and provide supporting documentation, and they deserve proper translation to make the process as easy as possible.

My third recommendation is that District Direct automatically provide a person reference number (PRN) upon application submission. This will allow clients who do not have a Social Security Number to keep their account connected throughout the application process. Currently, clients without a Social Security number who apply for eligible family members must call the service center and request a person reference number that they can use to reconnect their District Direct account after application submission. This is an unnecessary barrier that can provoke fear and confusion. If clients were automatically provided with a PRN, they would not have to call the service center and could more easily track the status of their pending case, further improving case processing times.

Finally, it would be beneficial to add a tool that allows residents to track the status of their application. Often, submitted documents are left “waiting for approval” for months. A helpful progress bar could note when documents were viewed by agency staff and remind residents to complete necessary steps, like the SNAP interview.

These recommendations are directly informed by my daily interactions with clients who rely on District Direct for benefits processing. I urge the Committee to consider these recommendations to further support residents who use District Direct to apply for vital food and medical assistance. Thank you again for the opportunity to offer testimony on the performance of the D.C. Department of Health Care Finance.

Respectfully,

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