



Disability Rights DC at University Legal Services (DRDC) is the federally-mandated Protection and Advocacy Program for people with disabilities in DC. DRDC is a private, non-profit organization and is not affiliated with the DC Board of Elections or any other DC government agency.

DRDC's Protection and Advocacy Program for Voter Access (PAVA) advocates on behalf of people with disabilities to ensure their full participation in all aspects of the DC electoral process including registering to vote, accessing vote centers, and casting ballots.

This guide is intended to provide DC voters with information on the positions of the candidates running for Mayor of the District of Columbia in 2026. The survey was sent to all candidates who had filed their intent of candidacy with the DC Board of Elections as of March 20, 2026.¹ Candidates were asked to provide answers to the same four questions, as well as a headshot of their choice and an accompanying photo description.

Candidate responses are listed in alphabetical order by last name. The text of the responses appear as they were received. This guide is intended as a reference tool only. DRDC does not endorse any candidate, nor does it adopt any of the viewpoints or language provided by the candidates. Additionally,

¹ Though DRDC submitted our survey to all such individuals, not all those individuals replied or will appear on the ballot. A list of all the candidates who will appear on the Primary Election ballot can be found at <https://dcboe.org/elections/2026-elections>. All the responses DRDC received are included in the guide, even if the individual will not appear on the Primary Election ballot. Candidates who did not reply to DRDC's survey include: Jose Font, David Gatling, Kathy Henderson, Regan Jones, Stanley V. Lawson Sr., Terri Little, Anthony Muhammad, Talib Karim Muhammad, Melodie Shuler, Hope Solomon, Myrtle Patricia Alexander, Virginia Griggs, Alexis Littlefield, Esa Muhammad, and Christopher E. Rossi.

DRDC does not guarantee that the information or purported facts candidates present in their responses are accurate.

For more information about DRDC and our voting rights work, please visit <https://www.uls-dc.org/sub-programs/voting>.

YAIDA FORD

1. *What do you see as the biggest challenge currently facing the disability community in the District and how do you plan as Mayor to address it?*

Accessibility to basic needs is one of the biggest challenges. My mom is a stroke survivor with left side paralysis. She cannot live a normal life in DC with her condition because basic public transportation isn't accessible for her. We do not consider how difficult it is for the disabled population, especially those in Wards 7 and 8, to move around safely. During the snow storm, wheel chair bound residents were in the roads with buses, cars and vans trying to get from Point A to Point B. This is insane. The dominance of bike lanes taking up navigable space for wheel chairs, electric bikes on sidewalks making it dangerous for residents with ambulatory conditions to walk safely...all of this is a nightmare for disabled residents.

2. *What is your position on institutionalized care (such as nursing facilities, psychiatric hospitals, or residential facilities) compared to providing community-based services that allow people with disabilities – both adults and children and youth – to live in their communities?*

In Ward 8, we have a number of group homes for adults with intellectual disabilities, but the fraud and abuse that takes place goes virtually unchecked by DC government. Workers go unpaid for months and in one case, never received sick leave or paid time off at these homes. One provider had to shell out hundreds of thousands in unpaid wages to workers she failed to pay as per DC and federal law. While these homes are a good idea, the government must do routine audits of the practices and records of the companies that run them. I think we need diverse types of care to meet the various needs of the residents that we serve.

3. *Do you believe there should be higher income limits for Medicaid eligibility so that more people with disabilities can qualify for coverage? Why or why not?*

I do because the income limits exclude people with great needs.

4. *The District faces a shortage of direct care workers (such as personal care aides). What specific policies would you implement as Mayor to recruit and retain this workforce?*

More workplace protections for them such as guaranteed leave and increased wages.

JANESE LEWIS GEORGE



Janeese Lewis George, a third-generation Washingtonian and former prosecutor, serves as the Councilmember for Ward 4.

1. What do you see as the biggest challenge currently facing the disability community in the District and how do you plan as Mayor to address it?

People with disabilities are impacted at higher rates by housing, healthcare, and job disparities. My campaign is focused on making DC more affordable and inclusive. As mayor, I will look to work with disability advocates to fully understand the needs of disabled people and address these disparities.

DC must do more to make the city accessible to people with disabilities and to help them lead full lives. Beyond the issue noted in question 2, I am concerned that many public services are not accessible to people with mobility and other challenges, including some polling places. I want DC's infrastructure and services to be designated for universal access, and I will also work to ensure that government contracts for services ensure that providers use facilities and design services for universal access.

For example, many areas of the city are without sidewalks or the sidewalks are in disrepair. In addition to repairs to public sidewalks, I support grants for private institutions to repair their private walkways and install ramps.

Many programs already have set-asides for people with disabilities but too few people know about them and it's important to raise awareness so the community of eligible people is broadly aware – we can do better. Access is especially important in housing programs, because private-market housing often fails to meet the unique needs of people with disabilities. That can be done by increasing the amount of points awarded for additional accessible units in projects applying for HPTF, DC LIHTC, and LRSP.

I am committed to improving job services for people with developmental and intellectual disabilities, including DC's vocational rehab programs.

2. What is your position on institutionalized care (such as nursing facilities, psychiatric hospitals, or residential facilities) compared to providing community-based services that allow people with disabilities – both adults and children and youth – to live in their communities?

DC should do all we can to enable people with disabilities to live in the community with appropriate support. We underutilize and underadvertise the Medicaid HCBS waiver and, as a result, are the only state-level government in the nation that lacks a waiting list because people simply don't know to use the programs. DC continues to fight in court to avoid meeting our obligation to serve people with disabilities in the least restrictive environment. As mayor, I will assertively help people get services through the waiver, including by funding more outreach and assistance with applications, and will encourage the Attorney General to wind down unnecessary court cases that delay access.

We have too many DC residents on Medicaid living in institutional settings that would be better served in community settings, including many in facilities outside DC, and thus not close to family and friends. That includes people in nursing homes and children in institutional settings.

3. Do you believe there should be higher income limits for Medicaid eligibility so that more people with disabilities can qualify for coverage? Why or why not?

I am committed to setting Medicaid eligibility at the highest level allowed under federal law that will generate matching funds. I support raising DC's very low Medicaid asset limit. I am committed to ensuring a comprehensive set of services are required under health plans under DC Health Link.

4. The District faces a shortage of direct care workers (such as personal care aides). What specific policies would you implement as Mayor to recruit and retain this workforce?

Personal care work is hard and yet pay and benefits are low. I am committed to reforming DC training programs to create clear career ladders that can start without an advanced education and lead to higher-skilled and better-paying positions over time. This includes encouraging more DC residents to pursue jobs related to health care, starting with positions like personal home care or community health workers. We will establish job pipelines as early as 6th grade to ensure that young people know about careers in healthcare and care work broadly and position interested young people to graduate with associate degrees in high-need specialties like healthcare.

I will examine Medicaid reimbursement rates to ensure that they allow direct care workers to receive a dignified wage. Medicaid reimbursement for providers with the intent to raise wages would be paired with wage requirements for people paid under those services.

GARY GOODWEATHER



Gary Goodweather, a man with short gray hair smiles at the camera with his arms crossed. He is wearing a dark blue suit jacket, a light gray dress shirt, a light blue tie, a silver watch, and a wedding band. The background is a light gray-blue solid color.

- 1. What do you see as the biggest challenge currently facing the disability community in the District and how do you plan as Mayor to address it?*

The biggest challenge is that the systems people with disabilities depend on do not talk to each other, and the result is that too many residents fall through the gaps between housing, transportation, healthcare, and employment services. A person with a disability in DC can qualify for home and community-based services on paper and still spend months waiting for a direct care worker. A wheelchair user can live in a neighborhood with no accessible housing stock within their budget. A resident with an intellectual or developmental disability can age out of youth services with no coordinated transition to adult support.

My administration will address this on multiple fronts. First, housing. My Affordable DC plan builds 50,000 new homes by 2032, and I will require that a meaningful share of new publicly funded and incentivized units meet full accessibility standards, not just the federal minimum. Accessible housing cannot be concentrated in one or two wards. My Affordable Housing Equity Map will track accessible unit distribution across the city so every neighborhood does its share. For residents who need to modify existing homes, I will expand home modification assistance programs so people can age and live in place rather than being forced into institutional settings because their bathroom is inaccessible.

Second, transportation. My Fare-Free DC plan eliminates fares on all Metrobus and Metrorail for DC residents. For residents with disabilities, transit costs compound quickly, especially when paratransit is unreliable and alternatives like rideshare are expensive. Free transit is not a discount program. It is infrastructure that treats mobility as a right, not a privilege. I will also push WMATA to improve paratransit reliability and accountability.

Third, workforce. The direct care worker shortage is a crisis, and I address it in detail below. But the broader point is that my administration will treat disability policy as an executive priority. The Office of Disability Rights will have direct access to the Mayor's office, and disability impact will be part of how we evaluate every major policy initiative, from housing production to education to public safety.

2. What is your position on institutionalized care (such as nursing facilities, psychiatric hospitals, or residential facilities) compared to providing community-based services that allow people with disabilities – both adults and children and youth – to live in their communities?

Community-based services are the standard. The Supreme Court settled this question in *Olmstead* over 25 years ago: people with disabilities have the right to receive services in the most integrated setting appropriate to their needs. DC has made real progress. The District was one of the first five jurisdictions to receive full federal approval of its Home and Community-

Based Services transition plan, and the city's Olmstead plan, "One Community for All," lays out a framework for continued community integration. I intend to build on that progress.

Institutional settings serve a purpose in acute care and crisis stabilization. I am not proposing their elimination. But the default must always be community living, with institutional placement only when a person's clinical needs genuinely require it and the individual or their family has been part of that decision. Too often, people end up in institutional care not because it is the right clinical choice but because community-based alternatives are unavailable, underfunded, or understaffed.

My administration will invest in expanding the infrastructure that makes community living real: accessible and affordable housing, reliable direct care staffing, robust personal care services, and coordinated transition planning for youth with disabilities moving into adult services. I will ensure that the Elderly and Persons with Physical Disabilities Waiver program is funded at a level that reduces waitlist times, and that the Department on Disability Services has the staffing and authority to coordinate across agencies effectively.

3. Do you believe there should be higher income limits for Medicaid eligibility so that more people with disabilities can qualify for coverage? Why or why not?

Yes. DC has done more than most jurisdictions to expand Medicaid access, and I give the city credit for that. But the income limits for disability-related Medicaid categories remain punitively low. The Aged, Blind, and Disabled Medicaid income limit in DC is roughly \$1,330 per month for a single individual. A person with a disability who earns modestly above that threshold can lose access to the healthcare and long-term services they depend on to live and work. This is the benefits cliff, and it traps people in poverty by design.

The perverse result is a system that punishes people for working. A resident with a disability who gets a raise or picks up additional hours should

not face the loss of personal care services, home health aides, or prescription coverage that makes their employment possible in the first place. Higher income limits, combined with income phase-outs rather than hard cutoffs, would allow more residents with disabilities to work to build savings, and participate fully in the economic life of this city without risking the services that keep them stable.

We should explore expanding Medicaid Buy-In options for working people with disabilities, building on models other states have implemented successfully. The city should also ensure that any expansion accounts for asset limits, which can be just as punishing as income limits. A resident who saves \$5,000 should not lose their healthcare coverage.

4. The District faces a shortage of direct care workers (such as personal care aides). What specific policies would you implement as Mayor to recruit and retain this workforce?

The direct care workforce crisis is a national emergency and it is acute in DC. The workforce is overwhelmingly women, disproportionately Black women and Latinas, and many direct care workers themselves qualify for the same Medicaid programs that fund their wages. The system is asking the people with the least financial security to do some of the most essential work in the city, and then wondering why it cannot retain them.

My administration will take direct action. First, Medicaid reimbursement rates for home and community-based services must reflect the actual cost of hiring, training, and retaining a skilled workforce. I will work with the Department of Health Care Finance to ensure that rate increases reach the workers themselves, not just the agencies that employ them, through wage pass-through requirements and public reporting on how Medicaid dollars translate into frontline pay.

Second, the Capital Corps, my citywide civic service initiative, includes a Health and Medical Corps and an Elder Care Corps that will create structured training, certification pathways, and career ladders for residents entering

direct care work. Participants receive stipends, education credits, and mentorship. The goal is to build a pipeline of trained, supported workers who see direct care as a career with a future.

Third, Fare-Free DC directly supports this workforce. Home care aides travel between clients throughout the day. Every fare adds up. Free transit for DC residents means direct care workers keep more of what they earn, and the city removes one more barrier to showing up for shifts that are often spread across multiple locations.

Fourth, I will push for standardized, portable training credentials so that workers can move between agencies and settings without repeating training requirements, and for career advancement pathways that connect direct care experience to nursing, social work, and health administration roles.

Fifth, I will launch a portable benefits pilot for care workers. Right now, a home health aide working 30 hours a week across three families has zero benefits because no single employer considers her full-time. The system punishes the structure of the work itself. Portable benefits mean every employer or client contributes a small amount into a personal benefits account that belongs to the worker and follows them from job to job. Health coverage, paid time off, retirement savings, all accumulating across every hour worked regardless of who is paying for that hour. DC should pilot this model for direct care workers first, because this is the workforce where the gap between hours worked and benefits received is widest.

ROBERT L. GROSS

1. *What do you see as the biggest challenge currently facing the disability community in the District and how do you plan as Mayor to address it?*

The core failure isn't a lack of programs it's **system fragmentation built on legacy infrastructure**. D.C. is still operating disability services across siloed agencies, outdated eligibility systems, and inconsistent data-sharing frameworks many rooted in pre-digital governance models. As Mayor, I would implement:

- A **Unified Disability Services Platform (UDSP)** modern, interoperable case management across agencies
- Real-time eligibility verification and benefits coordination (aligned with 2026 digital standards)
- A **Disability Equity Dashboard** public-facing transparency on waitlists, service gaps, and outcomes[.]

This aligns with HLS: if a system cannot deliver access efficiently, it is structurally failing human life. This means a parent doesn't wait months for services, a returning veteran doesn't navigate five agencies to live independently, and a young person with disabilities can move from school into workforce pipelines without losing support.

2. *What is your position on institutionalized care (such as nursing facilities, psychiatric hospitals, or residential facilities) compared to providing community-based services that allow people with disabilities – both adults and children and youth – to live in their communities?*

Institutionalization should be a **last resort, not a default pipeline**. The current system incentivizes institutional care because, it's easier to fund in bulk, workforce shortages make individualized care harder and housing supply is misaligned.

My administration will:

- **Rebalance funding toward Home and Community-Based Services (HCBS)**
- Expand **housing-linked care models** (tying vouchers to support services)
- Implement **“Aging in Place + Disability in Community” infrastructure.**

3. *Do you believe there should be higher income limits for Medicaid eligibility so that more people with disabilities can qualify for coverage? Why or why not?*

My position is **no we should not expand access by simply raising income limits alone**, because the real issue isn't just who gets in it's **how the system manages continuity, need, and transition.**

Right now, the system fails in two directions:

- It creates **benefits cliffs**, forcing people to choose between income and care
- It lacks **structured pathways** for people whose needs change over time[.]

What I support instead:

- **Needs-based continuity over income-based cutoffs**
- A **graduated transition model** as individuals gain financial or functional independence, supports phase down gradually, not abruptly
- For individuals with permanent or high-support needs, care should be **guaranteed and structurally embedded** within long-term health services without repeated requalification cycles[.]

This is not about limiting access it's about **stabilizing the system so it serves the right people at the right level for the right duration.**

4. *The District faces a shortage of direct care workers (such as personal care aides). What specific policies would you implement as Mayor to recruit and retain this workforce?*

We don't have a worker shortage we have a **compensation, pipeline, and respect shortage**[.] Direct care workers are underpaid, undertrained, and disconnected from career pathways. My administration would implement:

- **Wage standardization tied to cost of living in D.C.**
- **A Direct Care Corps Program** (modeled like civilian service pipelines)
- Paid training, certification ladders, and tuition support
- Immigration pathway alignment for care workers (where legally applicable)
- Integration into workforce tech systems matching supply to demand in real time[.]

You stabilize the workforce, reduce turnover, and ensure consistent, high-quality care for residents while creating thousands of dignified, middle-skill jobs.

ERNEST E. JOHNSON



Ernest E. Johnson, a native Washingtonian and former manager of Marion Barry's first mayoral campaign, stands smiling at the camera wearing a dark business suit, white dress shirt, and patterned tie. He is an African American man with closely cropped gray hair and glasses. The background is professional and neutral in tone.

1. *What do you see as the biggest challenge currently facing the disability community in the District and how do you plan as Mayor to address it?*

The biggest challenge facing the disability community in Washington, D.C. is a system that too often fails to deliver consistent, coordinated, and accountable services – particularly in education, transportation, and long-term support. This is not a new issue. It has persisted for years and even required federal court oversight at one point, which should never have been the case in our nation's capital.

As a native Washingtonian, a graduate of the University of Maryland and Harvard University with a degree in Interdisciplinary Studies and a minor in mathematics, and someone who helped lead and win Marion Barry’s first mayoral campaign against all odds, I understand both the history and the urgency of getting this right.

As Mayor, I will:

- Ensure on-time, reliable accessible transportation, including strict performance standards for MetroAccess and school transportation.
- Strengthen classroom and in-home supports, ensuring students with disabilities receive the services outlined in their IEPs without delay.
- Establish a “Mayor’s Office of Disability Accountability” to track outcomes, respond to complaints, and ensure no parent or resident concern is ignored or buried in bureaucracy.
- Require agencies to meet clear benchmarks, with transparency dashboards so the public can see results in real time.

We will no longer tolerate a system where families must fight the government to receive what they are already entitled to by law.

2. What is your position on institutionalized care (such as nursing facilities, psychiatric hospitals, or residential facilities) compared to providing community-based services that allow people with disabilities – both adults and children and youth – to live in their communities?

I strongly believe that individuals with disabilities should have the opportunity to live, learn, and thrive in their communities whenever possible. Community-based services are not only more humane – they are more effective and consistent with civil rights.

Institutional care should be a last resort, not the default.

As Mayor, I will:

- Expand home- and community-based services (HCBS) so families are not forced into institutional options due to lack of support.

- Increase investment in community housing, wraparound services, and family support systems.
- Ensure that children receive the educational and therapeutic services they need both in school and at home, reducing the pipeline into institutional settings.
- Conduct a full review of placements to ensure every individual is in the least restrictive, most supportive environment possible.

Washington, D.C. must lead with dignity, independence, and inclusion.

3. Do you believe there should be higher income limits for Medicaid eligibility so that more people with disabilities can qualify for coverage? Why or why not?

Yes, I support raising income limits for Medicaid eligibility for people with disabilities.

Too many residents are forced to remain in poverty just to maintain access to essential healthcare and support services. This is both unjust and economically counterproductive.

Individuals with disabilities should not have to choose between:

- Working and earning a livable income, or
- Receiving the healthcare and support they need to survive.

As Mayor, I will advocate for:

- Expanded eligibility thresholds and Medicaid buy-in programs.
- Policies that allow individuals to work, save, and build wealth without losing coverage.
- Coordination with federal partners to maximize flexibility and funding.

We should be empowering independence – not penalizing it.

4. The District faces a shortage of direct care workers (such as personal care aides). What specific policies would you implement as Mayor to recruit and retain this workforce?

The shortage of direct care workers is a crisis that directly impacts the quality of life for residents with disabilities and their families.

To address this, we must treat this workforce as essential – and compensate them accordingly.

As Mayor, I will:

- Increase “wages and benefits” for direct care workers to reflect the critical nature of their work.
- Create a “career pipeline and training programs”, including partnerships with high schools, community colleges, and workforce development programs.
- Offer sign-on bonuses, retention incentives, and tuition assistance.
- Provide **professional certification pathways** to elevate the field.
- Improve working conditions and reduce administrative burdens so workers can focus on care, not paperwork.

Additionally, I will launch a “DC Care Workforce Initiative” to recruit locally – including engaging young people through job programs – while ensuring we hire the best-trained specialists and caregivers available.

This is not just a workforce issue – it is a moral responsibility.

As Mayor, I will bring accountability, urgency, and compassion to disability services in Washington, D.C. Families will be heard. Services will be delivered. And we will build a system that reflects the dignity and potential of every resident.

KENYAN R. MCDUFFIE

1. *What do you see as the biggest challenge currently facing the disability community in the District and how do you plan as Mayor to address it?*

The biggest challenge facing the disability community in the District right now is the convergence of two compounding threats: (1) the federal government's dismantling of Medicaid funding, and limited integration for those who are dual eligible for both Medicare and Medicaid, and (2) the chronic shortage of direct care workers who make community living possible. The two problems are deeply intertwined. When Medicaid funding is cut or eligibility is narrowed, provider reimbursement rates stagnate, workers leave the field, and people with disabilities lose access to the services that keep them in their homes and communities. People with disabilities are one of the largest populations facing health disparities including higher rates of unmet medical needs, avoidable deaths and poor health outcomes.² These challenges – Medicaid/Medicare cuts and shortage of direct care workers – exacerbate existing health disparities faced by disability communities in DC making these threats more severe.

The District recently lowered Medicaid income eligibility for childless adults and parent/teach relatives to 138% of the Federal Poverty Level as of January 1 2026, reversing the prior expanded threshold.³ Additionally, the District has not fully integrated Behavioral Health and Long-Term Services and Supports (LTSS) services into the Medicaid program, which impacts those with SSI or SSI eligible disabilities the most. For people with disabilities who rely on government funded healthcare for home and community-based services, these reductions create enormous instability.

² National Institutes of Health (Sept. 2023), https://www.nih.gov/news-events/news-releases/nih-designates-people-disabilities-population-health-disparities?utm_source=chatgpt.com.

³ D.C. Dep't of Health Care Fin., Medicaid Director Letter No. 25-02, D.C. Medicaid Income Eligibility Changes Effective January 1, 2026 (Oct. 16, 2025), https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/MDL_25-02-Medicaid_PCR_and_CA_Income_Change_Eff_01_01_26_1.pdf.

My healthcare platform includes defending the safety net, stopping avoidable institutional placements, improving equity, and treating housing, transportation, and behavioral health as core health outcomes. As Mayor, I will fight federal interference in DC's Medicaid program advocate for restoration of funding, and align all health, housing, and workforce investments to keep people with disabilities living in their communities with the support they need.

2. What is your position on institutionalized care (such as nursing facilities, psychiatric hospitals, or residential facilities) compared to providing community-based services that allow people with disabilities – both adults and children and youth – to live in their communities?

I believe strongly that people with disabilities have the right to live in their communities with dignity, and that the District's policy should reflect that commitment in both law and budget. Institutionalization should never be the default. When people are placed in nursing facilities, psychiatric hospitals, or residential facilities because there are no community supports available, that is a system failure, and I intend to treat it as one.

The District's long-term care system should prioritize protecting consumer choice, strengthening home and community-based services, supporting providers, and helping more residents age with dignity in their homes and communities whenever possible. Any changes should be implemented thoughtfully and responsibly, with strong safeguards for beneficiaries and families.

The Olmstead decision has been the law for more than 26 years.⁴ Under Olmstead and the ADA's integration mandate, public entities including states and localities must provide services to qualified individuals with disabilities in the most integrated setting appropriate to their needs.⁵ This obligation applies when a treatment professional determines that community placement is

⁴ *Olmstead v. L.C.*, 527 U.S. 581 (1999).

⁵ 28 C.F.R. § 35.130(d) (1999)[.]

appropriate, when the individual does not oppose it, and the placement can be reasonably accommodated given available resources.

District agencies merit a comprehensive review of where people with disabilities are being served for purposes of identifying gaps in community-based capacity, and to expand that capacity so that institutionalization is a genuine last resort rather than a cost-cutting default. The District's existing Home and Community-Based Services waiver programs, which currently provide services to people with intellectual and developmental disabilities as an alternative to institutional care, should have the necessary resources and support to carry out their underlying objective.

For children and youth specifically, early childhood behavioral health resources, pediatric offices, Federally Qualified Health Centers and schools should be connected so that families can get support before a crisis escalates to residential placement. Keeping children in their families and communities requires early intervention, not emergency institutionalization.

3. Do you believe there should be higher income limits for Medicaid eligibility so that more people with disabilities can qualify for coverage? Why or why not?

Yes. Medicaid income limits for people with disabilities should reflect the true cost of living in the District and the real financial realities faced by those working and living with disabilities.

The current situation in DC illustrates exactly why this matters. As of January 1, 2026, the income limit for childless adults was lowered to 138% of the Federal Poverty Level (roughly \$1,800 per month for a single person).⁶ People with disabilities who obtain employment and earn above that threshold can lose Medicaid coverage, even though their disability-related

⁶ D.C. Dep't of Health Care Fin., Medicaid Director Letter MDL #25-02: D.C. Medicaid Income Eligibility Changes Effective January 1, 2026 (Oct. 16, 2025), https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/MDL_25-02-Medicaid_PCR_and_CA_Income_Change_Eff_01_01_26_1.pdf.

medical costs and support needs are unchanged. That is a work disincentive and a coverage cliff that no one should face.

For people with disabilities who qualify under the aged, blind, and disabled category, the current income limit is 100% of the Federal Poverty Level.⁷ In a city where the cost of living is among the highest in the nation, this is inadequate.⁸ People should not have to choose between working and keeping the Medicaid coverage that allows them to live safely in the community.

The District once was among leaders in the Nation for healthcare coverage of its citizens however recent shifts in eligibility jeopardize our standing. The District should work towards expanding Medicaid access, ensuring better integrations and coordination with Medicare, fully support the ACA marketplace products, and protecting the safety net. We need to advocate more directly with federal counterparts for higher income eligibility thresholds for people with disabilities, explore all available Medicaid waiver options that allow the District to extend coverage to working people with disabilities, and resist any federal or local actions that further narrow eligibility.

4. The District faces a shortage of direct care workers (such as personal care aides). What specific policies would you implement as Mayor to recruit and retain this workforce?

The direct care workforce shortage is one of the most serious structural problems facing the disability community and the long-term care system. Nationally, the median wage for direct care workers was just \$17.36 per hour in 2024, median annual earnings were just under \$26,000, and 36% of the workforce lives in or near poverty.⁹ Between 2024 and 2034, 9.7 million total

⁷ Aged, Blind and Disabled (ABD) Individuals, D.C. Dep't of Health Care Fin., <https://dhcf.dc.gov/service/aged-blind-and-disabled-abd-individuals>.

⁸ 7News Staff, *The Average DC Family Needs \$233k a Year to live Comfortably*, WJLA (Nov. 19, 2025, 12:22 PM), <https://wjla.com/news/local/washington-dc-cost-of-living-family-233k-a-year-to-live-comfortably-budget-expenses-family-children-metro-areas-income>.

⁹ PHI, *Direct Care Workers in the United States: Key Facts 2025* (Sept. 2025), <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2025/>.

direct care jobs will need to be filled, making direct care the largest single area of job growth in the country.¹⁰ The DC market faces these pressures intensely, and the situation is made worse when Medicaid reimbursement rates fail to keep pace with the cost of living.

I will take the following specific steps as Mayor:

- **Updating Reimbursement Rates Tied to Real Wages**
 - The single most effective leveler for improving direct care worker recruitment and retention is wages. Low Medicaid reimbursement rates are a primary driver of low wages in this sector, and states that have raised rates have seen improvements in retention.¹¹ As Mayor, I will direct the Department of Health Care Finance to conduct a comprehensive review of Medicaid reimbursement rates for home and community-based services and personal care, with the stated goal of aligning those rates with wages competitive with comparable entry-level work in the District.
- **Treat the Care Economy as an Industry**
 - As Mayor, I will strengthen the care economy by boosting licensing support, access to capital, and business coaching for local employers while raising quality and wage standards. To do this I will use public contracts as a market access tool for locally owned care businesses and raise professional standards across the sector to help DC-based firms stand out in a competitive labor market. When direct care work is treated as a profession with career pathways and stable wages, workers stay longer and agencies can hire more reliably.
- **Build Workforce Pipelines for the Care Sector**

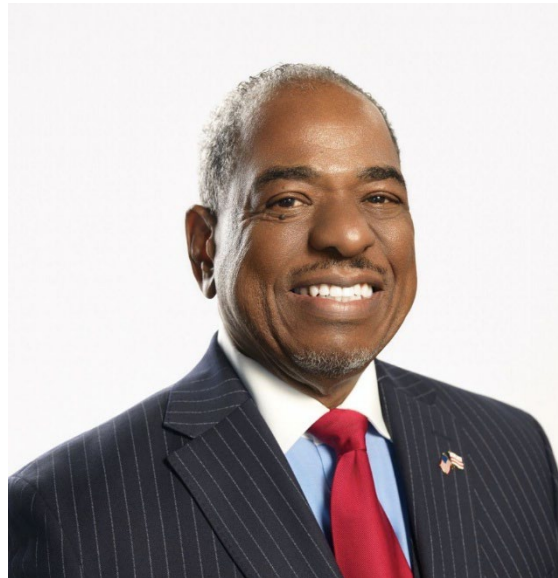
¹⁰ *Id.*

¹¹ Barbara Lyons & Molly O’Malley Watts, *Addressing the Shortage of Direct Care Workers: Insights from Seven States*, Commonwealth Fund (Mar. 2024), <https://www.commonwealthfund.org/publications/issue-briefs/2024/mar/addressing-shortage-direct-care-workers-insights-seven-states>.

- A McDuffie Administration commits to sector pipeline support in healthcare specifically, and to aligning University of the District of Columbia and adult workforce programs with in-demand industries. I will create direct pipelines between DC’s training institutions and direct care employers, with stackable credentials, apprenticeship programs, and connections to the DC Resident Hiring Incentive for businesses receiving economic development support.
- **Address Barriers to Workforce Entry**
 - My healthcare platform calls for tuition and loan repayment programs tied to DC service commitments, with preference given to District residents and DC-area training programs in primary care, behavioral health, and nursing. I will extend these supports specifically to direct care workers and direct support professionals.
- **Strengthen Benefits and Job Quality**
 - A job with no benefits or career stability cannot compete with other entry-level work. As Mayor, I commit to raising wage standards and expanding access to employer-provided benefits across sectors, with a particular focus on industries where Black residents are disproportionately employed. The direct care workforce, which is predominantly women and people of color,¹² should be among the first beneficiaries of that commitment.

¹² PHI, Direct Care Workers in the United States: Key Facts 2025 (Sept. 15, 2025), <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2025/>.

VINCENT ORANGE



1. What do you see as the biggest challenge currently facing the disability community in the District and how do you plan as Mayor to address it?

The greatest challenge facing the disability community in the District is the gap between rights on paper and outcomes in daily life – particularly in housing, healthcare access, employment, and coordinated services.

Too many residents with disabilities still face barriers to affordable, accessible housing, long wait times for services, and fragmented care systems that require navigating multiple agencies.

As Mayor, I will focus on measurable outcomes:

- **Housing First for Accessibility:** Expand accessible housing production and enforce compliance with ADA and DC accessibility standards.
- **Integrated Service Delivery:** Create a “no wrong door” model so individuals and families can access services through a single, coordinated system.

- Workforce Pathways: Expand employment opportunities through apprenticeships and partnerships with employers to ensure people with disabilities can work, earn, and thrive.
- Accountability: Require agencies to report measurable outcomes on service delivery, wait times, and quality of care.

My administration will ensure that disability inclusion is not an afterthought, but a core part of how government operates.

2. What is your position on institutionalized care (such as nursing facilities, psychiatric hospitals, or residential facilities) compared to providing community-based services that allow people with disabilities – both adults and children and youth – to live in their communities?

I strongly support prioritizing community-based services over institutionalized care whenever possible and appropriate.

Individuals with disabilities deserve the dignity of living, learning, and working in their communities. Community-based models:

- Promote independence
- Strengthen family and social connections
- Deliver better long-term outcomes[.]

However, I recognize that a full continuum of care is necessary. Some individuals may require institutional settings for clinical or safety reasons, and those settings must meet the highest standards of care and oversight.

As Mayor, I will:

- Expand Home and Community-Based Services (HCBS)
- Reduce unnecessary institutional placements
- Ensure smooth transitions from institutional care back into the community
- Strengthen oversight and accountability for all facilities[.]

The goal is simple: institutional care should be the exception, not the default.

3. *Do you believe there should be higher income limits for Medicaid eligibility so that more people with disabilities can qualify for coverage? Why or why not?*

Yes, I support raising income limits for Medicaid eligibility, particularly for individuals with disabilities.

Current thresholds often create a “benefits cliff,” where individuals risk losing critical healthcare and long-term services if they earn modest additional income. This discourages work and limits economic mobility.

We should pursue policies that:

- Allow individuals to work and earn without losing essential coverage
- Expand eligibility thresholds or create buy-in options for people with disabilities
- Protect access to long-term services and supports[.]

As Mayor, I will work with the Council and federal partners to ensure our Medicaid system reflects the reality that people with disabilities should not have to choose between health coverage and economic opportunity.

4. *The District faces a shortage of direct care workers (such as personal care aides). What specific policies would you implement as Mayor to recruit and retain this workforce?*

The shortage of direct care workers is a critical issue affecting service quality and access.

As Mayor, I will implement a comprehensive workforce strategy:

- **Competitive Wages & Benefits:** ensure reimbursement rates support livable wages and career stability
- **Career Pathways:** Create apprenticeship and credentialing programs that allow workers to advance in healthcare careers
- **Training & Certification:** Partner with community colleges and workforce programs to expand training pipelines

- Retention Incentives: Provide bonuses, childcare support, and transportation assistance for workers
- Immigrant Workforce Support: Recognize and support immigrant workers who are essential to this sector[.]

This is not just a workforce issue – it is a quality-of-care issue.

By investing in this workforce, we ensure that residents with disabilities receive the dignified, reliable care they deserve.

RINI SAMPATH



Rini Sampath, a South Asian woman with long black hair, smiling broadly at the camera with her arms crossed and resting on a table. She is wearing a brown blazer over a white blouse, with gold hoop earrings, a gold chain bracelet, and a gold ring. The background is plain white.

- 1. What do you see as the biggest challenge currently facing the disability community in the District and how do you plan as Mayor to address it?*

The biggest challenge facing DC's disability community right now is the compounding effect of federal cuts and local budget decisions that are eroding the services people depend on to live independently and with dignity. Medicaid cuts at the federal level, paired with proposed reductions to paid family leave, rapid rehousing, and direct care worker supports are hitting the disability community disproportionately hard at exactly the wrong moment.

As Mayor, my first commitment is to protect Medicaid and the DC Healthcare Alliance. I will oppose any further cuts to these programs and work

with the Council to identify alternative revenue sources before reducing services that people with disabilities rely on to stay in their communities, stay employed, and stay healthy.

I will also prioritize cross-agency coordination, because the disability community's needs do not fit neatly into a single agency's budget. Housing, healthcare, transportation, and employment services must work together. As Mayor, I will designate a senior official responsible for coordinating disability policy across agencies, require agencies to report publicly on outcomes for residents with disabilities, and ensure that people with disabilities and their advocates have a meaningful seat at the table when decisions are being made.

- 2. What is your position on institutionalized care (such as nursing facilities, psychiatric hospitals, or residential facilities) compared to providing community-based services that allow people with disabilities – both adults and children and youth – to live in their communities?*

People with disabilities have the right to live in their communities with the supports they need, and the District has both a legal and moral obligation to make that possible. Institutionalization should be a last resort, not a default, and not a cost-cutting mechanism. For youth with mental and behavioral health challenges, I will prioritize investment in intensive community-based services so that families have real alternatives to residential placement. For adults in nursing facilities who wish to return to the community, I will redirect DC's Medicaid long-term services and support programs to actively assist with transitions and ensure the services people need are in place before, not after, they leave a facility. Community-based care is not only the right approach from a rights and dignity standpoint. The evidence consistently shows it produces better outcomes and, over time, is more cost-effective than institutionalization.

- 3. Do you believe there should be higher income limits for Medicaid eligibility so that more people with disabilities can qualify for coverage? Why or why not?*

Yes. People with disabilities often face higher costs of living, including costs for personal care, medical equipment, transportation, and housing modifications, that make the current eligibility thresholds an inadequate measure of their actual financial need. Many people with disabilities are caught in a bind: they earn too much to qualify for Medicaid but far too little to afford the services they need in the private market. That gap pushes people toward institutionalization and poverty.

As Mayor, I will support expanding Medicaid eligibility thresholds for people with disabilities to reflect the real costs they face. I will also work to ensure that DC's Medicaid program is designed with enough flexibility to serve people at different income levels through sliding-scale structures that do not create sudden benefit cliffs where a small increase in income results in a loss of coverage.

At a moment when the federal government is moving to cut Medicaid, the District needs a mayor who will use every available tool to protect and expand access, not simply accept federal parameters as fixed. I will advocate aggressively at the federal level for Medicaid policies that serve people with disabilities, while doing everything within DC's authority to protect coverage locally.

4. The District faces a shortage of direct care workers (such as personal care aides). What specific policies would you implement as Mayor to recruit and retain this workforce?

Too many families across the District can't get the care they need because there are not enough workers, and the workers who do these essential jobs are chronically underpaid, undersupported, and undervalued. As Mayor, I will support full funding and implementation of the Certified Nursing Aide Amendment Act, which establishes a new credential for direct care workers, allows workers certified in Maryland and Virginia to practice in DC, and establishes an average wage floor for direct support services. Second, I will prioritize funding in the budget to ensure direct care workers receive meaningful wage increases. This workforce cannot be stabilized without pay

that reflects the skill and dedication the job requires. Third, I will create a Long-Term Care Coordinator position within DC government to oversee cross-agency coordination on direct care workforce issues, modeled on approaches that have worked in states like Maine. Fourth, I will direct the Department of Employment Services to strengthen partnerships with workforce development providers and union apprenticeship programs so that direct care is treated as a career pathway, not a dead-end job. Fifth, I will require regular public reporting on direct care workforce vacancy rates, turnover, and wages so that my administration is held accountable for progress and the Council and public can see whether policies are working.