

# **Who Benefits?**

**2007**

**How disability benefits are  
failing British Columbians**

**BC Coalition of People with Disabilities  
September 2007**

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## Executive summary

British Columbia's income assistance and support programs are not meeting the individual needs of our citizens with disabilities. Most British Columbians believe income assistance exists to ensure a level of dignity, safety and health for its recipients. Unfortunately, our social assistance system is falling far short of fulfilling this purpose.

Over the last few years, extensive legislative and policy changes have drastically eroded people with disabilities' access to needed supports. British Columbians with disabilities find themselves dealing with a benefits system that, from its legislation to the interpretation and execution of policy, is informed by a focus on gate-keeping and cost-cutting.

The legislation governing the provision of disability benefits, *the Employment and Assistance for Persons with Disabilities Act (EAPWD)*, introduced in 2002, sets the tone by its omission of a Preamble such as that included in the previous legislation, the *Disability Benefits Program Act (DBPA)*. That short statement spoke of benefits as a social safety net and of treating people with disabilities with "fairness, dignity and sensitivity to their diverse needs as individuals." (Please see Appendix A.)

A focus on gate-keeping and cost-cutting was highlighted in 2002 when the province announced its intention of requiring 19,000 people on permanent disability benefits to have their eligibility reassessed. Eventually 14,000 people were reassessed—made to re-apply using the 23-page application form of the new system—resulting in the closure of only 46 cases.

*(British Columbia Auditor General Disability Report, issued February 24, 2004.)*

Since 2002, the province has cut the Ministry of Employment and Income Assistance (MEIA) budget by more than \$500 million. Scores of Ministry offices have closed

across BC. British Columbians no longer deal with the same Employment and Income Assistance Worker (EAW) who is familiar with their case and individual needs but must speak to different EAWs when they contact their local office. Or they must struggle to access what they need by computer or phone if the MEIA office in their area has been closed.

The disability benefits application process has become much more demanding. Before individuals are even able to submit their application to MEIA for adjudication they are subject to a number of hurdles including a 3-week wait after they first contact MEIA. The additional procedural barriers involved in proving eligibility for benefits and the many delays have greatly increased the level of anxiety and overall hardship for people who need income supports.

Individuals who establish their eligibility for the Persons with Disabilities (PWD) benefit, often after more than one attempt, are forced to live on grossly inadequate benefits—hundreds of dollars less than the amount estimated as the bare minimum for shelter and support for a person *without* disabilities. (Please see Appendix D.) People with disabilities who rely on income support live restricted lives filled with anxiety, insecurity and the fear of being reassessed and losing their pitifully inadequate benefits. The \$50 increase to the shelter allowance announced in the 2007 budget will not change this dire situation. They will continue to find it necessary to dip into their support allowance to make up shortfalls in rent or to pay for other necessities or emergencies that arise.

In Spring 2005, the BC Coalition of People with Disabilities (BCCPD) issued a preliminary version of this brief. Now *Who Benefits?* has been expanded and updated as part of a province-wide endeavour to improve BC's disability benefits system so that it truly meets the needs of British Columbians.

In *Who Benefits?* we show how the individual needs of people with disabilities in BC are not being met by the current provincial disability benefits system. The brief includes the personal experiences of British Columbians who are recipients of disability benefits or who have applied for them. Through their stories and the many more we hear from the clients we serve at the BCCPD, it is clear that the disability benefits system is not working.

*Who Benefits?* examines four principle issues of concern within the disability benefits system: benefits rates, the PWD benefit, the Persons with Persistent and Multiple Barriers to Employment (PPMB) benefit, and service delivery and accountability. The brief contains 16 recommendations including one for a new disability benefits Act. The recommendations also include our proposed new disability benefits rates that more accurately reflect the real costs of meeting basic living needs in our society.

We know that the current system of disability benefits is not what British Columbians want. It is time for change. We need new legislation so that people with disabilities can feel secure of their income supports and live as healthy lives as possible with dignity and independence in their communities.

# Introduction

## Disability benefits system does not meet needs

The individual needs of applicants and clients are not being met by the current disability benefits system. Narrow eligibility requirements, complicated application processes, delays and unrealistic decisions are causing enormous hardships for disability benefits applicants and clients. Much-needed benefits are being delayed or denied by restrictive legislation and definitions, cost-cutting “streamlining” procedures such as moving decision-making from the local to the regional level, and the removal of discretion in decision-making.

This has resulted in an impersonal system staffed by Employment and Assistance Workers (EAW) who are unable to address situations and individual needs that do not fit neatly into pre-determined boxes. The system has become increasingly focussed on fulfilling administrative requirements and cutting costs. It has moved further and further from its original purpose of providing benefits to those in need.

# Issues and recommendations

## A new provincial disability benefits act

In BC, separate provincial legislation for people with disabilities needing income support is just over a decade old. Although the 1995 *Disability Benefits Program Act (DBPA)* was not perfect, the community saw it as a move in the right direction. The disability community had long argued that its needs were different from those of people without disabilities seeking income support. The community believed then and now that it is crucial to have separate legislation that recognizes and respects these differences.

When the *Employment and Assistance for Persons with Disabilities Act (EAPWD)* replaced the *DBPA* in 2002 the community was extremely disappointed. There had been no broad-based community consultation prior to its introduction. The *EAPWD* contains a narrower definition of disability that, among other things, no longer recognizes the increased cost of living with a disability as part of the eligibility criteria. As well, the disability designation is no longer permanent.

Now after more than four years of experience with the *EAPWD*, it is clear that far from meeting the needs of people with disabilities, the legislation and policy has made it more difficult to access assistance. The BC Coalition of People with Disabilities (BCCPD) is calling on the provincial government to replace the *EAPWD* with a new Act governing disability benefits. An Act that will enable people with disabilities who need provincially-administered income support to live with dignity and independence.

We urge the government to consult the disability community so that we can work together to design legislation that will make the system responsive to the

*Recommendation 1:  
That the provincial government work with the disability community to design a new Act governing the provision of provincial disability benefits.*

*Recommendation 2:  
Include a Preamble in the new disability benefits Act that outlines the philosophy behind the disability programs and reinforces the values of respect, dignity and fairness in responding to the diverse needs of individual British Columbians.*

individual needs of people with disabilities and ensure they are provided with an adequate level of income accessed through a respectful process.

The new Act should include:

- A new definition of disability
- Disability as a permanent designation
- Recognition of the many barriers encountered by people with disabilities in their quest for independence
- Recognition of the importance of accessible services
- Flexibility in addressing the diverse and evolving needs of the disability community
- A broad range of disability supports and programs, not limited to employment, that allow people with disabilities to realize their potential
- Accountability to the principle of ensuring that British Columbians with disabilities receive the support they need to live with health, safety, dignity and the independence to participate in our communities.

*Recommendation 1: That the provincial government work with the disability community to design a new Act governing the provision of provincial disability benefits.*

### **Inclusion of a preamble**

The previous legislation, the *DBPA*, included a Preamble that spoke of benefits as a social safety net and of treating people with “fairness, dignity and sensitivity to their diverse needs as individuals.” This positive language anchored the provision of BC’s disability benefits within a respectful framework. Indeed, the Supreme Court of Canada has noted the importance of “purposive statements” in legislation.

*Recommendation 2: Include a Preamble in the new disability benefits Act that outlines the philosophy behind the disability programs and reinforces the values of respect, dignity and fairness in responding to the diverse needs of individual British Columbians.*

## Benefit rates are inadequate

**K**  
*K knows he is fortunate to live in decent housing in a seniors residence. However, there have been rent increases each year — and the shelter allowance rate has not kept up. K has to make up the increased rent out of his support allowance.*

The amounts that PWD and PPMB recipients receive are grossly inadequate. The recent increase to the PWD shelter rate is not sufficient to radically improve recipients' living conditions.

BC's income assistance rates fall far below what has been estimated to be sufficient for a basic level of support. The Social Planning and Research Council of BC (SPARC) has determined that the minimum amount a person *without* disabilities needed to live in BC in 2005 was \$598.99 for support (this allows \$197.79 for food) and \$634.13 for shelter for a total of \$1233.12 a month. (Please see Appendix D.)

People with disabilities need even more support because of the extra cost of living with a disability. Yet, a single person on PWD receives only \$531.42 for support and \$375 for shelter for a monthly total of \$906.42. (See Appendix D.) A single person on PPMB receives \$282.92 for support and \$375.00 for shelter: \$657.92 a month.

The difficulty securing affordable housing in British Columbia, particularly in Greater Vancouver, is well known. It is obvious that the \$375 shelter amount makes it virtually impossible to find decent housing, let alone housing that accommodates a person with disabilities.

The cost of housing has grown at a rapid rate over the past few years. The shelter allowance has not kept up and people will continue to have to dig into their food budgets to pay their rent and heating costs. Months with five weeks are even harder.

It is inhumane to provide benefits so inadequate that people's health and safety is compromised as they struggle to survive in abject poverty. We urge the province to increase all social assistance rates to an amount consistent with those that SPARC has estimated would provide a reasonable level of support.

### **Proposed new disability benefit rates**

We are proposing new benefit rates for people with disabilities, based on a more accurate reflection of the financial assistance they require to meet the costs of living in BC communities today. We are basing our recommended rates on the amounts that SPARC has determined is the minimum a person *without* disabilities needed to live in BC in 2005 combined with the amount that the Ministry deemed necessary to add to its basic Income Assistance (IA) rate to accommodate the additional cost of living with a disability *before* the shelter increase announced in February 2007.

Before the increase, a single person on the PWD benefit received \$346 more for support (\$531) than the basic IA amount for support (\$185). A single person on the PPMB benefit received \$98 more (\$283) than the basic IA amount for support (\$185).

The 2007 increase to the shelter allowance reduced the differential between the basic assistance and disability benefit rate by \$50. However, the real cost of living with a disability has not gone down and people with disabilities do not need less money for support. Our formula is therefore based on MEIA's previous calculation of the cost of living with a disability.

The proposed new benefit rates for a single person\* on disability benefits are reflected in the tables on the following page.

*\* Other household sizes would have corresponding rate increases based on this formula.*

**Proposed PWD benefit rate**

**PWD (single person)**

Basic IA support recommended by SPARC	\$599
Previous difference between basic IA and PWD support	<u>\$346</u>
Total support	\$945
Shelter recommended by SPARC	<u>\$634</u>
<b>Total PWD benefit</b>	<b>\$1,579</b>

**Temporarily Excused benefit**

We are recommending that the seriously flawed PPMB benefit be replaced with the Temporarily Excused category. Our reasons for this are explained in the following section on PPMB (page 20).

**Temporarily Excused benefit (single person)**

Basic IA support recommended by SPARC	\$599
Previous difference between basic IA and PPMB support	<u>\$98</u>
Total support	\$697
Shelter recommended by SPARC	<u>\$634</u>
<b>Total Temporarily Excused benefit</b>	<b>\$1,331</b>

*Recommendation 3: Increase and index-link all benefit rates to reflect the real cost of adequate housing, food and living with a disability. For example, the PWD rate for a single person should be \$1,579 and for the Temporarily Excused rate (replacing PPMB) for a single person should be \$1,331.*

**Index-linked rates**

In addition to increasing the amount of benefits, the rates must be index-linked so that benefits recipients do not fall behind in the financial assistance necessary to live in BC.

*Recommendation 3: Increase and index-link all benefit rates to reflect the real cost of adequate housing, food and living with a disability. For example, the PWD rate for a single person should be \$1,579 and the Temporarily Excused rate (replacing PPMB) for a single person should be \$1,331.*

## Comforts Allowance

Residents of many group homes and other health care facilities receive a small monthly allowance. The Comforts Allowance provides them with \$95 a month spending money for items not provided by the facility.

In the February 2007 budget, the government announced changes in the way in which Community Living BC (CLBC) residents will receive their spending money. All CLBC residents will now receive \$190 per month. Residents of other facilities will continue to receive only \$95.

The disability community has serious concerns about the Comforts Allowance system and would like to see it reviewed. The disparity created by the February 2007 announcement is unacceptable. In the meantime, the Comforts Allowance should be increased to at least \$200 a month for all residents of group homes and health care facilities.

*Recommendation 4:  
Increase the Comforts Allowance to at least \$200 a month for all residents of group homes and health care facilities.*

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## Review of current disability benefits

In the following two sections — *Persons with Disabilities Benefit (PWD)* and *Persons with Persistent and Multiple Barriers to Employment (PPMB)* — we review these two benefits and the reasons why they are not meeting the needs of people with disabilities living in British Columbia.

The review is accompanied by our recommendations for changes that will enable people with disabilities to live with secure financial assistance so that they can be as independent as possible.

## Persons with Disabilities Benefit (PWD)

### **PWD definition: The need for permanent status**

When the PWD definition was introduced with the 2002 *EAPWD* Act, one of the most important changes was the addition of a clause giving the Minister the power to rescind the disability benefits designation. In other words, as noted above, the designation is no longer permanent.

Despite the extremely negative reassessment experience for thousands of people with disabilities, the policy to review PWD recipients' disability designation every two, three, or five years still stands. This means they can be required to complete the 23-page PWD application (re-application) form in order to keep their benefits.

People with disabilities should not have to suffer the indignity of proving over and over again that they have a disability. Experience has demonstrated that an ongoing review of disability designations is not only administratively unnecessary, it is also extremely harmful to those subject to the review. The level of fear and anxiety that the 2002 reassessment created was unprecedented and severely damaged the physical and mental health of many, many people.

The temporary nature of the designation acts as a disincentive to PWD recipients who may want to become more independent by pursuing vocational programs, volunteering or working. Some medical conditions are episodic: an individual may be able to work or volunteer temporarily, but find it necessary to return to benefits if their condition worsens. The fear of losing the designation and the medical coverage attached to it means that people are much less likely to attempt other options. They need the security of knowing they can return to benefits if or when they need to.

*Recommendation 5: That the PWD designation be permanent.*

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That the PWD designation  
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## **The application process**

### **Establishing financial eligibility**

When a person with disabilities first applies for benefits they are expected to wait for three weeks before an intake interview takes place. The applicant will not receive a PWD application form until the intake has been completed and it has been confirmed they are financially eligible to apply.

During the waiting period, applicants are usually required to complete an orientation session and seek employment. They are not eligible for any regular assistance until the intake process is completed. People with disabilities who leave the system for any reason for more than two months may also be required to wait three weeks and look for work before they can re-establish their financial eligibility.

For the intake interview, applicants are required to present numerous documents indicating who they live with, their financial situation, and details of past income tax returns.

*Recommendation 6: Eliminate arbitrary time barriers, including the three-week waiting period, and ensure that procedural requirements do not delay or deny the receipt of financial assistance.*

When people with disabilities contact MEIA for assistance, they have usually exhausted their savings, are unable to work and have no income. The three-week wait delays the provision of financial help and creates additional hardship. The employment search requirement serves no useful purpose for people whose disabling conditions are significant barriers to employment. The requirement merely adds further stress to people who are already facing very difficult changes in their lives.

The requirements of the process are so arduous for some people that they are denied financial assistance, not because of financial ineligibility, but because they cannot manage the procedural barriers that are part of the application. This situation is obviously made worse when an applicant is unable to obtain help with the process which frequently happens, particularly in rural areas.

*Recommendation 6: Eliminate arbitrary time barriers, including the three-week waiting period, and ensure that procedural requirements do not delay or deny the receipt of financial assistance.*

## The application form

Once an applicant has confirmed their financial eligibility, they are given the PWD application form. The form, more than twice the size of the previous disability benefits application, has three parts. Two sections make up the bulk of the form: one must be completed by a physician; the other by a physician or different health care professional.

Doctors are required to respond to a great many questions on the application and frequently do not provide comments in all of its sections. The form provides boxes to be checked and encourages a kind of shorthand which can put applicants at a disadvantage. Unless a physician consults an applicant about the impact of their disability on their daily life, they may miss important information because busy health professionals may not be familiar with a patient's day-to-day experience of living with a disability. The PWD application form has not been substantially changed since it was introduced in 2002. It is cumbersome for health care professionals and applicants. Asking more questions does not necessarily obtain better information and a more concise form could also be more informative.

*Recommendation 7: Redesign the PWD application form to make it shorter and easier for health professionals to provide appropriate and relevant information about applicants.*

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## Adjudication times

Once an applicant has submitted their PWD application to MEIA, it usually takes one to two months for them to be notified of the eligibility decision. If approved, they will not receive their disability benefits until the benefit month after the date of the decision.

We are pleased to acknowledge that adjudication times have improved. However, taking into account the three-week waiting period, the time it takes to complete the application, the adjudication period and the "month after"

*Recommendation 8:  
Reduce the time it takes  
to adjudicate PWD appli-  
cations and make disabili-  
ty benefits payable from  
the date the Ministry  
receives the application.*

## W

***W was living in a BC Housing complex in Vancouver. A monthly inspection revealed that his apartment was infested with bedbugs. He was told that he would have to get rid of his mattress, bedding, and any furniture with fabric on it, including his one chair. Because of his health problems, W was unable to physically remove the furniture and bedding himself, so someone from BC Housing took it to the dumpster. As his furniture was being removed, W called his worker at the Ministry office to ask for help. He was told that all they could do was give him a plastic cover***

rule, new applicants can still wait up to six months before they receive disability assistance and the supplementary benefits that go with the designation. During this time, they usually have to survive on basic income assistance with no access to crucial health supplements.

*Recommendation 8: Reduce the time it takes to adjudicate PWD applications and make disability benefits payable from the date the Ministry receives the application.*

## Income supports: Meeting exceptional expenses

A single person who qualifies for PWD receives a maximum amount of \$906 per month. Recipients are expected to budget this amount to cover almost all of their daily living needs.

Most disability benefits recipients are on the system for years and need funds to purchase items such as clothing and furniture that are unaffordable on this very low income. They need funds for health-related goods and services. And they need funds to cover exceptional situations such as moving or when money is lost or stolen.

The current system fails to address all the financial demands of daily life people with disabilities have to manage. Some needs are not covered at all in the existing legislation. For example, if a health item is not listed under the health supplement section of the regulations, MEIA will not pay for it, even if it is prescribed by a medical practitioner. There are other instances where arbitrary limits have been set on the amount of financial help that can be granted. As an example, the regulations set a maximum of \$20 per month that may be provided to an individual who has no money for food, regardless of how long they must wait for their next benefit cheque. As well, one of the conditions that the Ministry places on moving costs is that it will cover the costs only if the person is moving to a place with lower rent.

**for the mattress he no longer had. W asked for a crisis grant, but was denied because the grants are not provided for furniture or bedding. He was advised to go to a thrift store and buy himself another mattress, even though bed-bugs are believed to live for some time in second-hand mattresses. Without furniture, W was forced to sleep on the floor until he could buy new bedding.**

*Recommendation 9: Allow discretion in decision-making at all levels of the Ministry to assess and address people with disabilities' individual needs and situations.*

*Recommendation 10: Everyone with the PWD designation should retain their medical coverage if they become ineligible for provincial disability assistance.*

The erosion of the ability of Ministry staff at local offices and in Victoria to make decisions based on their knowledge of an individual and an assessment of their personal needs has contributed to an impersonal and unresponsive disability benefits system. Discretion should be built into all levels of the Ministry.

Latitude for decision-making based on the individual information and situation before a worker must be restored. Arbitrary limits that restrict the amount of financial assistance that can be provided should be removed from the regulations. Legislation should enable staff at all levels to make decisions that will best serve British Columbians who need assistance.

*Recommendation 9: Allow discretion in decision-making at all levels of the Ministry to assess and address people with disabilities' individual needs and situations.*

## **Medical coverage**

### **For people leaving assistance**

PWD recipients who leave the system for employment or because their Canada Pension Plan Disability (CPPD) benefits are higher than the provincial rate can keep their extended medical coverage. However, if a PWD recipient leaves the system for other reasons, their extended medical coverage can be discontinued. Situations therefore arise where people with disabilities lose their medical coverage because they go back to school or get married. This is a major disincentive for people who are trying to make some positive changes in their lives.

*Recommendation 10: Everyone with the PWD designation should retain their medical coverage if they become ineligible for provincial disability assistance.*

**J**

***J has a severe disability and requires about \$200 of medical supplies per month. He has never been on disability assistance. His income is just over \$900 per month. He has money in his bank account (about \$2,000) but he owes several thousand on his credit card as he has been using his credit cards to buy his medical supplies and he has reached his credit limit. J applied to MEIA for health coverage to pay for the medical supplies. MEIA denied his request on the grounds that he still had resources available to him to pay for the medical supplies and he had not established a life threatening health need.***

*Recommendation 11:  
Ministry funded extended health coverage must be more widely available to people with disabilities on low income.*

**For people not receiving assistance**

There are people with disabilities on low income who have never been granted the PWD designation. They are denied MEIA funded health coverage because their monthly incomes are slightly higher than the disability benefits rate of \$906 per month. For example, a person with a modest disability pension of \$925 per month can be denied the medical coverage a PWD recipient has, even if that person shows they are spending hundreds of dollars a month on their medical needs. As a result, there are many people with disabilities on very low income who spend a substantial part of it on their health and have no access to the supplements that disability benefits recipients can receive.

*Recommendation 11: Ministry funded extended health coverage must be more widely available to people with disabilities on low income.*

## Persons with Persistent and Multiple Barriers to Employment (PPMB)

The Persons with Persistent and Multiple Barriers to Employment (PPMB) benefit replaced the Disability Benefits Level I (DBI) benefit in 2002 with the introduction of the *Employment and Assistance Act* regulations. PPMB is intended for people who are unable to work because of severe and multiple barriers to employment. They must reapply for the benefit at least every two years.

An applicant's doctor must complete a Medical Report that shows they have a medical condition preventing them from looking for, accepting or continuing employment. The doctor must also indicate on the Report that the individual's medical condition has lasted at least one year, or has occurred frequently in the past year, and is likely to continue or reoccur for at least two more years.

In addition to the Medical Report, the applicant must undergo an Employability Interview designed to help MEIA determine their barriers to employment. During this interview, applicants are asked to describe the steps they have taken to overcome these barriers.

### **Shift in definition of disability restricts access to benefits**

Although the benefit rates for PPMB and DBI were the same when the PPMB was first introduced, substantive changes were made to the eligibility criteria. As a result, people who would previously have been able to access DBI cannot access PPMB.

The DBI definition was based on whether an applicant needed assistance and/or had extra costs because of their disability. The PPMB definition is not based on need, but on how long an applicant has been on assistance, whether their medical condition prevents them from working, and whether steps have been taken to overcome barriers to employment. This shift in definition, from need

**E**

***E, a 61-year-old woman has been on assistance since the mid-80s. She has received PPMB/DB1 for over 8 years because of arthritis, carpal tunnel syndrome, and diabetes. When the Ministry reviewed her file, it denied PPMB because it determined E might be capable of some kind of sedentary employment. E has not worked since 1985, has no marketable job skills, and her doctor stated in writing that she is unable to work because of her medical condition.***

***E appealed the decision to discontinue her PPMB benefits, but the denial decision was upheld, mainly because the Ministry stated there were employment programs to help E find employment. The program E was referred to told her that she was not a suitable candidate because of her medical restrictions. E had to begin the application process all over again.***

to employability, restricts access to support for many people with disabling conditions.

PPMB applicants must have received income assistance for 12 of the 15 months immediately prior to when they apply. People receiving basic income assistance are eligible for only very limited medical coverage during this period. A person who has been working, but can no longer do so because of a medical condition, cannot access PPMB when they need it.

### **The PPMB minefield**

Applying for PPMB benefits or trying to retain them can be like trying to manoeuvre through a minefield. For example:

- PPMB applicants must have their doctor explain why they cannot work. MEIA, however, takes the position that doctors cannot decide about employability and often denies PPMB applications and appeals claiming that it has the sole right to determine employability.
- To qualify for PPMB, applicants must establish that they cannot work. At the same time, PPMB has a \$500 earnings exemption. If a PPMB recipient makes use of all or part of the exemption to supplement their \$658 monthly benefit, they risk being turned down when they reapply for PPMB if MEIA believes they are capable of work or training.

When people lose PPMB, they usually go on basic income assistance of \$610 per month. They no longer have access to important health supplements. They are deemed “employable” by MEIA; however, the job programs available to employable welfare recipients are not designed to help people with significant health limitations to overcome their barriers to employment. As such, people who are cut off PPMB do not have a realistic chance of leaving income assistance.

## PPMB does not work

The PPMB benefit is not serving British Columbians. It has not worked since its inception. It is seriously flawed by policy and procedural inconsistencies. And, it cannot help people who have had to stop working and who need temporary income support—and extended medical coverage—because of their health.

The Temporarily Excused (from seeking employment) classification or category requires a doctor's letter acknowledging a medical condition has existed for six months. It has no waiting period and provides recipients with the basic income assistance rate.

As we have noted, we are proposing that the PPMB benefit be replaced with the Temporarily Excused benefit and that the rate for a single person be increased to \$1,331. This rate is a combination of the amount that SPARC deems necessary for living in BC and the amount that the Ministry previously added to basic IA support for recipients with disabilities. (Please see page 11 for an explanation of the proposed rate for this new benefit.)

The Temporarily Excused benefit would provide the same medical coverage and benefits as PPMB. People on the Temporarily Excused benefit would also be eligible for the annual bus pass. Adjudication would be done at local MEIA offices.

We believe strongly that this is a workable solution to the problems we have detailed with the PPMB benefit.

*Recommendation 12: Replace the Persons with Persistent and Multiple Barriers to Employment (PPMB) benefit with the Temporarily Excused category and set the rate for a single person at \$1,331. The Temporarily Excused category would provide the same medical coverage and benefits as PPMB, as well as the annual bus pass.*

*Recommendation 12: Replace the Persons with Persistent and Multiple Barriers to Employment (PPMB) benefit with the Temporarily Excused category and set the rate for a single person at \$1,331. The Temporarily Excused category would provide the same medical coverage and benefits as PPMB, as well as the annual bus pass.*

## Service delivery and accountability

### B

***B contacted the BCCPD office because her EAW told her she could not have a PWD application form and that she would not qualify. BCCPD advocates were startled because B was a mental health consumer who suffers suicidal ideation. During a previous episode, B cut off one of her arms. The Ministry gave her an application only after the BCCPD office became involved.***

*Recommendation 13: Anyone who contacts a Ministry office for benefits must not be discouraged from seeking eligibility. They must be advised of the possibilities available to them, including their right to Reconsideration and a Tribunal hearing, and given help interpreting this information in relation to their circumstances.*

In this brief, we have described the way in which benefits applicants must navigate numerous hurdles before they can access the supports they need. Indeed, the disability benefits procedural maze, coupled with the long wait to access benefits, speaks of a system apparently designed not to provide assistance, but rather to set up barriers to prevent access to it.

### **People should not be discouraged from applying for benefits**

People making their first contact with a Ministry office are sometimes informed that they need not apply for benefits because they will be deemed ineligible. They do not appear on record as being “denied” because they are discouraged from applying in the first place.

In many cases, with an advocate’s help, such individuals are assessed as eligible for benefits. Often information or options are provided only when a knowledgeable applicant or an advocate knows to ask. Ministry workers must be encouraged to be more proactive in providing information on the possibilities available to applicants.

*Recommendation 13: Anyone who contacts a Ministry office for benefits must not be discouraged from seeking eligibility. They must be advised of the possibilities available to them, including their right to Reconsideration and a Tribunal hearing, and given help interpreting this information in relation to their circumstances.*

### **The disability benefits system must be accountable to the people it serves**

Accountability is more than cost cutting and the bottom line. It is time to look squarely at what accountability in social services really means. If the principle underlying BC’s disability benefits system is, as most British Columbians believe, to ensure a level of dignity for

**V**

***A person who was moving out of a long term care facility was receiving CPPD, topped up \$300 a month by MEIA. A mistake in filling out a form by a social worker in the facility resulted in the individual not receiving the \$300 top-up for three months. When the mistake was caught, the correction applied from the month it was discovered, not to the three missed months. However, if a clerical error had caused an overpayment for three months, the person would have been required to pay back the extra money received.***

*Recommendation 14: The Ministry must be accountable for mistakes and delays that it is responsible for and take immediate action to rectify them quickly and retroactively.*

recipients, then every aspect of the system—from legislation to policy to service delivery—must be accountable to that principle.

Accountability begins with a philosophy that is respectful and which is given voice in definitions and policies that are inclusive and sensitive rather than restrictive and punitive. It carries through into service delivery and embraces a desire to help people in need access the supports that enable them to live with dignity and move towards an optimum level of self-reliance and independence. The experience of benefits applicants and recipients is proof that this accountability is unfortunately sadly lacking.

### **Lack of accountability and delays in rectifying situations**

Although MEIA will pursue a person for overpayment of a benefit, people who have suffered an underpayment or been denied a legitimate benefit because of a Ministry mistake do not experience the same accountability. The legislation tends not to allow retroactivity in correcting mistakes to apply to the Ministry—only to clients. The case of client **V** on the left will help clarify this point.

Not infrequently, EAWs close files prematurely, stranding people without support. This means a long and stressful delay in receiving benefits while the person goes through the reapplication process. And, this is only in those situations where the recipient understands that a mistake has been made and that they may re-qualify for benefits.

*Recommendation 14: The Ministry must be accountable for mistakes and delays that it is responsible for and take immediate action to rectify them quickly and retroactively.*

*Recommendation 15:  
End automatic closure of files without a review of the client's specific circumstances.*

*Recommendation 16:  
Reform the appeal process so that new evidence may be submitted at Tribunal. In the case of successful appeals, benefits should be reinstated from the date of the original decision to deny benefits.*

### **The automatic closure of a client's file is unreasonable and unfair**

Under the current system, when the Ministry has not had contact from a client or a cheque has not been cashed for two months, the Ministry's computer automatically closes the client's file. For example, a person could have been in hospital without access to a Ministry office, and then when they leave hospital find that they no longer have an open file. They would be required to prove their financial eligibility all over again and endure the three week wait again. It is unfair to the client and cumbersome for the Ministry to have to go through the eligibility procedure again.

*Recommendation 15: End automatic closure of files without a review of the client's specific circumstances.*

### **The Reconsideration and appeal system is too complicated**

The regulations, time limits and procedures governing Reconsideration and Tribunals are extremely complicated. The rules governing Tribunals have become more legalistic. Appellants may no longer submit new evidence to Tribunal Panels, such as, for example, a doctor's letter explaining how their disability impacts their ability to complete daily living activities if this was not submitted at the Reconsideration level.

Stressed, ill, confused individuals can find themselves denied the right to appeal because they have not understood what is required of them. They may have difficulty obtaining the necessary forms and information from the Ministry. Those who successfully navigate the Reconsideration and Tribunal process have their benefits granted from the date of their appeal decision, not from the date they were originally denied.

*Recommendation 16: Reform the appeal process so that new evidence may be submitted at Tribunal. In the case of successful appeals, benefits should be reinstated from the date of the original decision to deny benefits.*

## Conclusion

### **British Columbia's disability benefits system must be reformed without delay**

The current benefits system does not realistically address the situation and needs of British Columbians with disabilities. The rates remain far too meagre to meet the minimum costs of living in our province, let alone cope with the additional costs of living with a disability. In addition, procedural barriers make it difficult to obtain and keep needed benefits.

We propose new, more realistic disability benefit rates and are also recommending that the drastically flawed PPMB benefit be replaced. Our other recommendations are aimed at making the benefits system more responsive to the needs of applicants and recipients and more efficient in delivering services.

We urge the government to embark immediately on a complete reform of the current benefits system, including a new provincial disabilities benefits Act. This process must be undertaken in consultation with the disability community to ensure that the new system is informed by the needs, experiences, and expertise of the very people that it is supposed to serve.

Delay in reforming the benefits system only prolongs the injustice and hardship for people who need assistance. It is inhumane to recognize that some members of our society need assistance and yet refuse to provide them with a level of assistance that enables them to maintain their health, live in a safe and secure environment, and participate as independently as possible as members of our communities.

## Recommendations

*Recommendation 1: That the provincial government work with the disability community to design a new Act governing the provision of provincial disability benefits.*

*Recommendation 2: Include a Preamble in the new disability benefits Act that outlines the philosophy behind the disability programs and reinforces the values of respect, dignity and fairness in responding to the diverse needs of individual British Columbians.*

*Recommendation 3: Increase and index-link all benefit rates to reflect the real cost of adequate housing, food and living with a disability. For example, the PWD rate for a single person should be \$1,579 and the Temporarily Excused rate (replacing PPMB) for a single person should be \$1,331.*

*Recommendation 4: Increase the Comforts Allowance to at least \$200 a month for all residents of group homes and health care facilities.*

*Recommendation 5: That the PWD designation be permanent.*

*Recommendation 6: Eliminate arbitrary time barriers, including the three-week waiting period, and ensure that procedural requirements do not delay or deny the receipt of financial assistance.*

*Recommendation 7: Redesign the PWD application form to make it shorter and easier for health professionals to provide appropriate and relevant information about applicants.*

*Recommendation 8: Reduce the time it takes to adjudicate PWD applications and make disability benefits payable from the date the Ministry receives the application.*

*Recommendation 9: Allow discretion in decision-making at all levels of the Ministry to assess and address people with disabilities' individual needs and situations.*

*Recommendation 10: Everyone with the PWD designation should retain their medical coverage if they become ineligible for provincial disability assistance.*

*Recommendation 11: Ministry funded extended health coverage must be more widely available to people with disabilities on low income.*

*Recommendation 12: Replace the Persons with Persistent and Multiple Barriers to Employment (PPMB) benefit with the Temporarily Excused category and set the rate for a single person at \$1,331. The Temporarily Excused category would provide the same medical coverage and benefits as PPMB, as well as the annual bus pass.*

*Recommendation 13: Anyone who contacts a Ministry office for benefits must not be discouraged from seeking eligibility. They must be advised of the possibilities available to them, including their right to Reconsideration and a Tribunal hearing, and given help interpreting this information in relation to their circumstances.*

*Recommendation 14: The Ministry must be accountable for mistakes and delays that it is responsible for and take immediate action to rectify them quickly and retroactively.*

*Recommendation 15: End automatic closure of files without a review of the client's specific circumstances.*

*Recommendation 16: Reform the appeal process so that new evidence may be submitted at Tribunal. In the case of successful appeals, benefits should be reinstated from the date of the original decision to deny benefits.*

## Acronyms

<b>BCCPD</b>	British Columbia Coalition of People with Disabilities A provincial, cross-disability advocacy organization. Its mandate is to raise public and political awareness of issues and to facilitate the full participation of people with disabilities in all aspects of society and to promote independence.
<b>BCPIAC</b>	BC Public Interest and Advocacy Centre A non-profit law office dedicated to advancing the interests of marginalized groups.
<b>DBPA</b>	Disability Benefits Program Act Previous legislation governing the disabilities benefits system, replaced by the Employment and Assistance for Persons with Disabilities Act.
<b>EAW</b>	Employment and Assistance Workers
<b>EAPWD</b>	Employment and Assistance for Persons with Disabilities Act Current legislation governing the disabilities benefits system. Replaced Disability Benefits Program Act.
<b>MEIA</b>	Ministry of Employment and Income Assistance. Replaced BC Ministry of Human Resources.
<b>PPMB</b>	Persons with Persistent and Multiple Barriers to Employment. Designation in the Employment and Assistance Regulation that replaced Disability Benefits Level 1 designation in previous legislation.
<b>PWD</b>	Persons with Disability Designation in the Employment and Assistance for Persons with Disabilities Act that replaced Disability Benefits Level 2 designation in previous legislation.

**Appendix A****Disability Benefits Program Act  
Preamble***Previous legislation***Previous  
legislation**

WHEREAS British Columbians are committed to preserving a social safety net that is responsive to changing social and economic circumstances;

AND WHEREAS people with disabilities will be treated with fairness, dignity and sensitivity to their diverse needs as individuals;

AND WHEREAS disability benefits programs support the inclusion and integration of people with disabilities into the mainstream of the community and the enhancement of their quality of life;

AND WHEREAS disability benefits programs encourage communication and joint problem solving among people with disabilities, their families, friends, advocates, ministry staff and service providers;

AND WHEREAS disability benefits programs should be financially and administratively accountable, effective, efficient and well coordinated;

THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of British Columbia, enacts as follows:

## Appendix B

### Definitions of Disability in Previous and Current Legislation

#### *Previous legislation*

#### **Disability Benefits Program Act Disability Benefits — Level II (DB2)**

#### **Previous legislation**

“person with disabilities” means an individual who:

- (a) is 18 years of age or older,
- (b) as a direct result of a severe mental or physical impairment
  - (i) requires extensive assistance or supervision in order to perform daily tasks within a reasonable period of time, or
  - (ii) requires unusual and continuous monthly expenditures for transportation or for special diets or for other unusual but essential and continuous needs, and
- (c) has obtained confirmation from a medical practitioner that the impairment referred to in paragraph (b) exists, and
  - (i) is likely to continue for at least two years, or
  - (ii) is likely to continue for at least one year and is likely to recur.

#### *Current legislation*

#### **Employment & Assistance for Persons with Disabilities Act Persons with Disabilities (PWD)**

#### **Current legislation**

Persons with disabilities

2. (1) In this section:

“**assistive device**” means a device designed to enable a person to perform a daily living activity that, because of a severe mental or physical impairment, the person is unable to perform;

**Current  
legislation**

“**daily living activity**” has the prescribed meaning;

“**health professional**” means a person who is authorized under an enactment to practice the profession of

- (a) a medical practitioner,
- (b) a registered psychologist,
- (c) a registered nurse or registered psychiatric nurse,
- (d) an occupational therapist,
- (e) a physical therapist, or
- (f) a social worker

- (2) The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person has a severe mental or physical impairment that
  - (a) in the opinion of a medical practitioner is likely to continue for at least 2 years, and
  - (b) in the opinion of a health professional
    - (i) directly and significantly restricts the person’s ability to perform daily living activities either
      - (A) continuously, or
      - (B) periodically for extended periods, and
    - (ii) as a result of those restrictions, the person requires help to perform those activities.
- (3) For the purposes of subsection (2),
  - (a) a person who has a severe mental impairment includes a person with a mental disorder, and

- (b) a person requires help in relation to a daily living activity if, in order to perform it, the person requires
  - (i) an assistive device,
  - (ii) the significant help or supervision of another person, or
  - (iii) the services of an assistance animal.
- (4) The minister may rescind a designation under subsection (2).

### **Employment & Assistance for Persons with Disabilities Regulation**

#### **Daily living activities**

- 2. For the purposes of the Act and this regulation, “daily living activities”,
  - (a) in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:
    - (i) prepare own meals;
    - (ii) manage personal finances;
    - (iii) shop for personal needs;
    - (iv) use public or personal transportation facilities;
    - (v) perform housework to maintain the person’s place of residence in acceptable sanitary condition;
    - (vi) move about indoors and outdoors;
    - (vii) perform personal hygiene and self care;
    - (viii) manage personal medication, and

**Current  
legislation**

(b) in relation to a person who has a severe mental impairment, includes the following activities:

- (i) make decisions about personal activities, care or finances;
- (ii) relate to, communicate or interact with others effectively.

## Appendix C

### Previous legislation

#### Previous legislation

### **Disability Benefits Level 1 (DB1) BC Benefits Income Assistance Regulation**

“person with a level one disability” means a person, other than a dependent child, who:

- (a) is under 65 years of age,
- (b) according to the certificate of a medical practitioner has a medical condition that is likely to last for at least 6 months,
- (c) as a direct result of that medical condition has ongoing extra costs or needs ongoing assistance to perform daily living tasks, and
- (d) has no other sources of funding to pay for those extra costs or that assistance.

### Current legislation

#### Current legislation

### **Persons with Persistent and Multiple Barriers to Employment *Employment & Assistance Regulation***

Persons who have persistent multiple barriers to employment

- 2. (1) To qualify as a person who has persistent multiple barriers to employment, a person must meet the requirements set out in
  - (a) subsection (2), and
  - (b) subsection (3) or (4).

**Current  
legislation**

(2) The person has been a recipient for at least 12 of the immediately preceding 15 calendar months of one or more of the following:

(a) income assistance or hardship assistance under the Act,

(b) income assistance, hardship assistance or a youth allowance under a former Act,

(c) a disability allowance under the Disability Benefits Program Act, or

(d) disability assistance or hardship assistance under the Employment and Assistance for Persons with Disabilities Act.

(3) The following requirements apply

(a) the minister

(i) has determined that the person scores at least 15 on the employability screen set out in Schedule E, and  
(ii) based on the result of that employability screen, considers that the person has barriers that seriously impede the person's ability to search for, accept or continue in employment,

(b) the person has a medical condition, other than an addiction, that is confirmed by a medical practitioner and that,

(i) in the opinion of the medical practitioner,

(A) has continued for at least one year and is likely to continue for at least 2 more years, or

(B) has occurred frequently in the past year and is likely to continue for at least 2 more years, and

(ii) in the opinion of the minister, is a barrier that seriously impedes the

**Current  
legislation**

person's ability to search for, accept or continue in employment, and

(c) the person has taken all steps that the minister considers reasonable for the person to overcome the barriers referred to in paragraph (a).

(4) The person has a medical condition, other than an addiction, that is confirmed by a medical practitioner and that,

(a) in the opinion of the medical practitioner,

- (i) has continued for at least 1 year and is likely to continue for at least 2 more years, or
- (ii) has occurred frequently in the past year and is likely to continue for at least 2 more years, and

(b) in the opinion of the minister, is a barrier that precludes the person from searching for, accepting or continuing in employment.

(B.C. Reg. 263/2002)

## Appendix D

**SPARC BC's Estimated Minimum Monthly Incomes 2005**  
(Estimated minimum monthly incomes to live in British Columbia)

	Single adult	Single adult & child aged 3	Couple, no children	Single adult & child aged 15	Couple & children ages 4 & 1		
<b>SUPPORT</b>	Food	\$197.79	\$189.19 \$88.47	\$189.19 \$189.19	\$189.19 \$188.55	\$171.99 \$171.99 \$107.86 \$74.62	
	<b>Total food</b>	<b>\$197.79</b>	<b>\$277.66</b>	<b>\$378.38</b>	<b>\$377.74</b>	<b>\$526.46</b>	
	Household supplies	\$15.00	\$27.04	\$27.04	\$27.04	\$51.12	
	Clothing	\$71.94	\$71.94 \$22.41	\$71.94 \$71.94	\$71.94 \$62.11	\$71.94 \$71.94 \$28.89 \$19.73	
	<b>Total clothing</b>	<b>\$71.94</b>	<b>\$94.35</b>	<b>\$143.88</b>	<b>\$134.05</b>	<b>\$192.50</b>	
	Personal care	\$22.42	\$22.42 \$6.47	\$22.42 \$22.42	\$22.42 \$20.97	\$22.42 \$22.42 \$6.74 \$3.39	
	<b>Total personal care</b>	<b>\$23.04</b>	<b>\$29.97</b>	<b>\$46.08</b>	<b>\$44.59</b>	<b>\$56.49</b>	
	Transit	\$95.00	\$95.00	\$190.00	\$125.00	\$164.00	
	<b>Total transit</b>	<b>\$95.00</b>	<b>\$95.00</b>	<b>\$190.00</b>	<b>\$125.00</b>	<b>\$164.00</b>	
	Child care		\$195.00				
	Other costs	\$196.22	\$313.96	\$313.96	\$313.96	\$549.44	
	<b>TOTAL SUPPORT</b>	<b>\$598.99</b>	<b>\$1,032.98</b>	<b>\$1,099.34</b>	<b>\$1,022.38</b>	<b>\$1,540.01</b>	
	<b>SHELTER</b>	<b>Apartment type</b>	<b>bachelor</b>	<b>2 bedrooms</b>	<b>1 bedroom</b>	<b>2 bedrooms</b>	<b>3 bedrooms</b>
		Basic rent	\$580.00	\$790.00	\$670.00	\$790.00	\$875.00
Utilities		\$22.00	\$27.88	\$23.51	\$27.88	\$27.88	
Telephone		\$31.53	\$31.53	\$31.53	\$31.53	\$31.53	
<b>TOTAL SHELTER</b>		<b>\$634.13</b>	<b>\$849.41</b>	<b>\$725.04</b>	<b>\$849.41</b>	<b>\$934.41</b>	

Source: SPARC BC, *Left Behind: A Comparison of living costs and employment assistance rates in BC, 2005.*

## Rate Amounts for PWD and PPMB Benefits (April 1, 2007)

Household size and type	Support	Shelter Maximum	Benefits Total
<b>PWD</b>			
Single person	\$531.42	\$375.00	\$906.42
Couple: One person on PWD	\$700.56	\$570.00	\$1,270.56
Couple: Both people on PWD	\$949.06	\$570.00	\$1,519.06
Two-parent family: One child, both people on PWD	\$794.56	\$660.00	\$1,454.56
Two-parent family: One child, both people on PWD	\$1,043.06	\$660.00	\$1,703.06
One-parent family: One child	\$672.08	\$570.00	\$1,242.08
<b>PPMB</b>			
Single Person	\$282.92	\$375.00	\$657.92
Couple: One person on PPMB	\$396.22	\$570.00	\$966.22
Couple: Both people on PPMB	\$452.06	\$570.00	\$1,022.06
Two-parent family: One child, one person on PPMB	\$490.06	\$660.00	\$1,150.06
Two-parent family: One child, both people on PPMB	\$546.06	\$660.00	\$1,206.06
One-parent family: One child	\$423.58	\$570.00	\$993.58

## PWD and PPMB Shelter Maximums by Household Size up to a 7-Member Family

Household Size	Shelter Maximum
1	\$375.00
2	\$570.00
3	\$660.00
4	\$700.00
5	\$750.00
6	\$785.00
7*	\$820.00

\* The Shelter Maximum increases by \$35 for each family member above a family size of 7.

Source: Based on Ministry of Employment and Income Assistance Rate Tables and BCCPD Help Sheet 12: Rate Amounts for PWD and PPMB Benefits.

## More Personal Stories

### Application process arduous

#### N

N applied for financial assistance when his arthritis became so severe he was no longer able to work. He took copies of his identification and relevant financial information to the Ministry office to begin the intake process. The worker said it would take a few days before N received any money because his financial information had to be verified. N hoped it would not take too long because he had only about \$100 in his bank account.

After five days with no word from the Ministry, N phoned. The Verification Officer told him his application could not be processed without more detailed bank records. It took N several days to gather and submit the requested information. However, the Ministry asked for more information, such as information on a car N owned but could not afford to insure and an inheritance that he had received and spent several years earlier.

N had to go back and forth to the Ministry office six times. Sometimes he was not clear about what the Ministry wanted because they did not put it in writing. Sometimes, N's ill health meant it took him several days to produce the requested documents. The Ministry did not offer any help in obtaining the information.

A month later, N had not received any financial assistance, his savings were spent, and he received an eviction notice.

**Benefits delayed or denied****T**

A client, T, was refused disability status in spite of her multiple disabilities. T has a congenital knee problem (patella femoral syndrome) that has required surgeries and needed more surgical treatment. In a Catch-22 situation that people with disabilities often encounter, her doctor is unwilling to operate again until T has more physiotherapy for her knees. However, T cannot afford physiotherapy and treatments are not covered because she is on regular income assistance with reduced coverage for physiotherapy. T has more than this physical limitation. She has social anxiety disorder which is so severe she is afraid to leave home and she depends on her live-in mother to manage the tasks of daily living. She also has environmental sensitivities and must cover up all her skin when she is in unfamiliar environments because she is highly allergic to detergents and solvents.

**Applicant deemed able to find work****C**

C is 62 years old and has been on income assistance since January 2005. She is now applying for the PWD benefit because of her multiple conditions: Meniere's disease, hypothyroidism, asthma, chronic obstructive pulmonary disease, and severe anxiety disorder. As a condition of her basic income assistance, C was required to accept an employment plan created by the Ministry.

To keep her benefits, C must develop a resume; follow up on treatment for Meniere's disease; find a job that would "not be stressful"; see a cardiologist for pulmonary disease; and, notify her worker of any change in status. One of our advocates contacted C's worker to discuss ways to amend the employment plan to accommodate her limitations. Though the worker said he would do so, he did not follow up with C until another phone call and a follow-up letter from one of our advocates.

**Applicant deemed  
able to find work****A**

A is diagnosed with a severe learning disability and poor mental functioning. He had been receiving PPMB benefits for two years when his file came up for routine review. A's new application was denied, even though it was virtually identical to his original application that was approved two years earlier.

The Ministry based the denial on its conclusion that A had not taken all reasonable steps to mitigate his impairment and find a job. A had in fact made several attempts to secure work, even though there are no employment-related obligations for people receiving PPMB. He attended a Ministry-sponsored job program, as well as obtaining jobs as a cashier and a fast food worker. Both jobs were short-lived, however, when employers found A was not a suitable employee. The doctor stated on the PPMB assessment that, not only could A not work, but he had difficulty managing the basic tasks of daily living.

With the help of our advocates, A filed a Reconsideration request, including additional medical information on diagnoses of an anxiety disorder and agoraphobia (fear of leaving the home). The doctor was adamant, as he was in A's original application, that A could not work. The Reconsideration request was again rejected.

A did not give up and filed a Tribunal request. At the Tribunal, the Ministry chose a new approach, arguing that it was the Ministry and not the doctor who determines if a person can work. In A's case, the Ministry determined he could work because he had managed to secure employment twice. Our advocate pointed out that A was able to hold these positions only briefly. On one occasion, he was fired after only 3 hours. In spite of these facts, A lost the Tribunal.

Until this application is decided, A will receive \$98 (pre-2007 rate) less each month and will be expected to seek employment as a condition of maintaining benefits.

### Decision endangers health

#### P

P, who was receiving the PWD benefit, was ill and losing weight. In his application for the Monthly Nutritional Supplement (MNS), his doctor said he was suffering from serious malnourishment and his compromised immune system made him susceptible to infection. The doctor documented the ongoing nature of P's condition and said failure to have extra nutritional items, vitamins and minerals would lead to a life-threatening situation.

P's application for MNS was denied. The Ministry said the doctor had not proved that failure to receive the items would cause an imminent danger to life. With the help of advocates, P appealed the decision. His doctor restated that the items were necessary to avoid a life-threatening situation and that P's condition was chronic and deteriorating.

In spite of this informed medical opinion, P's Reconsideration was also denied. A Tribunal was requested at which P's advocates were able to convince the Panel that it was not necessary to identify *why* life-saving treatment was necessary, simply that it *was* necessary. Four months after P applied for MNS, the Tribunal found in his favour and the Ministry issued his MNS cheque. During this time, P lost 37 pounds.

### Local office not contacted for client information

#### S

S is a 55-year-old woman who has a long-standing mental health disorder. She had been on PPMB/DB1 for over 5 years. When her PPMB file was reviewed, her new doctor had clearly stated that S's medical condition prevented her from doing any kind of work. However, he failed to say on the Medical Report how long her condition had lasted. She was denied PPMB because of the eligibility requirement that a doctor must confirm a medical condition has lasted at least one year. The client's income assistance file at her local Ministry office contained information from her doctors showing a medical condition lasting for many years — which is

**Puzzling decision**

the only way she could have qualified for PPMB in the past. Nevertheless, the adjudicators did not request this information. S was befuddled as to why the Ministry had decided to reduce her benefits. S had to go through the appeal process before her PPMB benefits were reinstated.

**H**

H is a single parent with sleep apnea. This condition has prevented her from working due to ongoing severe fatigue. Two years ago, she qualified for PPMB. After several months, she was able to rent a CPAP machine through her PPMB medical coverage to treat her sleep apnea. (The CPAP helped her breathe.) When her PPMB came up for review, her doctor reported that there had been some improvement in her condition because of the CPAP machine. On this basis, the Ministry decided she was no longer eligible for PPMB because she could now seek some form of employment, even though there was no evidence that she was ready to return to work. When H lost her PPMB, she no longer had medical coverage, so the Ministry stopped paying for her CPAP. Her doctor wrote to the Ministry saying that H's health would deteriorate as a result of not having the CPAP machine, which in turn would prevent her from pursuing employment.

**Ministry decides  
employability  
instead of doctor****D**

D is a 60-year-old man with arthritis and hepatitis C. He has been on PPMB/DB1 for over 8 years. On review, his doctor said that D's conditions were chronic and there had been no improvement. D's reapplication was denied because the Ministry said there was not enough information in the Medical Report about how his medical condition restricted his ability to work. D went back to his doctor and asked her to fill in a new Report. The doctor used all the allocated space on the form to describe her patient's restrictions to employment and concluded he is not able to work. The Ministry re-

**Loss of benefits/  
difficulty reapplying**

sponded saying that it determines employability—not the doctor—and it still did not have enough information to determine whether or not D is unemployable.

**F**

F was working part time and usually earning less than the PWD earnings exemption. Over Christmas, F's employer offered her more hours. At the time, her health was good enough to accept the offer and she dutifully reported the extra earnings. However, the Ministry not only cut her benefits for that month, F's worker closed her file. F only discovered this the following month when she went back to the Ministry for assistance because she had not earned any money. The EAW insisted that F would have to reapply for assistance which included a three-week waiting period.

F requested a Reconsideration which was resolved in her favour.

**R**

**Automatic closure of  
file**

R, who has a severe cognitive impairment, applied for PWD. A Ministry file was opened, but with no cheque production pending PWD approval. PWD was approved, but no cheques were issued and the file was closed. When contacted by BCCPD, the EAW explained that if the worker does not start cheque production, the two-month automatic closure comes into effect.

Because of his cognitive disabilities the applicant did not realize that he needed to contact the Ministry office when he heard he had been approved for PWD. And because of workload issues and because EAWs are no longer assigned to specific cases, the situation was not noticed. If there were no automatic closure of files, this file would have remained open on the caseload where it eventually would have come to the attention of an EAW or District Supervisor.