



Navigating the Maze:
Improving Coordination and Integration of Disability
Income and Employment Policies and Programs for
People living with HIV/AIDS -
A Discussion Paper

Submitted to the Advisory Committee of the
CWGHR “Navigating the Maze” Project

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EXECUTIVE SUMMARY

HIV is often referred to as an “episodic disability”. Periods of good health may be interrupted by periods of illness or disability. Often it is difficult to predict when these “episodes” of disability will occur or how long they will last. The uncertainties associated with episodic illnesses are not unique to HIV. Increasing numbers of Canadians are living with lifelong episodic disabilities, which may include multiple sclerosis, lupus, arthritis, cancer, diabetes and mental and mood disorders. It is estimated that:

- Twenty percent of all Canadians will experience an episode of mental illness in their lifetime.¹
- Two million Canadians have diabetes.²
- 63,000 Canadians are living with HIV.³
- Four million Canadians are affected with arthritis and other rheumatic conditions, with numbers expected to double by 2020.⁴

Not all those living with HIV, mental illness, diabetes, and/or arthritis are experiencing illness-related episodes that may move them in and out of the labour force, but these figures provide an indication of the number of Canadians who may be impacted by episodic disability related challenges.

People with episodic disabilities can face significant employment and income support challenges. Most income support programs are designed for people with disabilities who need to fully disengage from the labour force. Recurring periods of ill health make it difficult to work, especially full-time.

According to some current definitions of disability, people are considered either fully disabled or able to work. However, some people living with episodic disabilities may be able and want to work part-time or during periods of good health, but remain on full disability benefits because there is no mechanism for partial disability benefits. In fact, the experience of many people living with disabilities is that these programs trap them in poverty by creating barriers to staying on the job or returning to work. For people living with episodic disabilities who have periods when their health permits them to work, this can be especially true.

Disability income programs are critical supports for people living with HIV and other disabilities. Government, private and quasi government bodies spent approximately \$26

¹ Public Health Agency of Canada. Health Topics: Mental Illnesses. Retrieved July 26, 2008 from http://www.phac-aspc.gc.ca/ccdpc-cpcmc/topics/mental_e.html

² Public Health Agency of Canada. Diabetes. Retrieved July 26, 2008 from <http://www.phac-aspc.gc.ca/ccdpc-cpcmc/diabetes-diabete/english/index.html>

³ Public Health Agency of Canada. Infectious Diseases: HIV/AIDS: Reports and Publications. Retrieved July 26, 2008 from <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/epi2007-eng.php>

⁴ Public Health Agency of Canada. Health Topics: Musculoskeletal Diseases: Arthritis. Retrieved July 26, 2008 from http://www.phac-aspc.gc.ca/ccdpc-cpcmc/topics/musc-arthritis_e.html

billion dollars in direct income support benefits^{5,6} to individuals with disabilities without any comprehensive oversight respecting what the programs do as a whole or purport to achieve for Canadians with disabilities. Some programs do have measures that address the episodic nature of many disabilities. But because these programs have been designed by different jurisdictions with different mandates at different times in history, with eligibility requirements specific to each, unintended consequences may result. These unintended consequences may include a lack of interjurisdictional coordination and integration among these programs which can result in income support challenges for people living with episodic disabilities. Many find themselves struggling to navigate a maze of policies and programs. Thus, as a result of policy and definitional inconsistencies and incompatibilities, the very programs designed to provide necessary income supports may present barriers to stable adequate income for Canadians.

The goal of this discussion paper is to promote the discussion toward improved coordination and integration of these programs. To this end, some jurisdictional inconsistencies and incompatibilities are highlighted to initiate discussions on mechanisms to improve coordination. This improved coordination will contribute, ultimately, to the ability of people living with HIV and other episodic disabilities to navigate programs and utilize the benefits in the social care system when needed while being more independent when their health permits.

These are complex issues that cross jurisdictions. This paper encourages a new level of dialogue towards addressing the needs of all Canadians living with episodic disabilities.

⁵ For the purposes of this discussion paper, Motor Vehicle Injury Insurance and Personal Injury Insurance are not included.

⁶ This number is compiled from the individual websites of the various disability income support programs.

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1. INTRODUCTION

As of 2007, over 63,000 Canadians have been diagnosed with HIV.⁷ While there is still no cure for HIV, many people with HIV are now living longer and with a better quality of life due to better drug treatments and improved efforts to recognize and meet the challenges of living with HIV.

For many people with access to antiretroviral treatments, HIV is increasingly experienced as a lifelong, “episodic disability”. Periods of good health may be interrupted by periods of illness or disability. Often it is difficult to predict when these “episodes” of disability will occur or how long they will last. These issues associated with episodic illnesses are not unique to HIV. Increasing numbers of Canadians are living with lifelong episodic disabilities.⁸ These may include, for example, some people living with multiple sclerosis, lupus, arthritis, cancer, diabetes, mental and mood disorders, and a wide range of other disabilities.

The numbers of Canadians impacted by episodic illnesses are significant. Twenty percent of all Canadians will experience an episode of mental illness in their lifetime.⁹ Approximately 2 million Canadians have diabetes.¹⁰ Arthritis and other rheumatic conditions affect approximately 4 million Canadians of all ages, with numbers expected to double by 2020.¹¹ Not all those living with HIV, mental illness, diabetes, and/or arthritis are experiencing illness-related episodes that may move them in and out of the labour force, but these figures provide an indication of the number of Canadians who may be impacted by episodic disability related challenges.

Features that distinguish episodic disabilities from ‘traditional’ disabilities are their unpredictability, with alternating episodes and degrees of illness and wellness. These features can wreak havoc with a person’s employment and other life activities. These episodes may take many forms with varying frequencies. People with episodic disabilities often face significant employment and income support challenges. Recurring periods of ill health make it difficult to work, especially full-time. Many people with episodic disabilities must rely on health and disability benefits. And due to the strict definitions and policies that govern these benefit programs, many people are not able to participate in the workforce part-time or when their health allows.

⁷ Public Health Agency of Canada. Infectious Diseases: HIV/AIDS: Reports and Publications. Retrieved July 26, 2008 from <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/epi2007-eng.php>

⁸ Human Resources Development Canada. (2003). Government of Canada Response to “Listening to Canadians: A First View of the Future of the Canada Pension Plan Disability Program”. The Fifth Report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities. ISPB-327-11-03.

⁹ Public Health Agency of Canada. Health Topics: Mental Illnesses. Retrieved July 26, 2008 from http://www.phac-aspc.gc.ca/ccdpc-cpcmc/topics/mental_e.html

¹⁰ Public Health Agency of Canada. Diabetes. Retrieved July 26, 2008 from <http://www.phac-aspc.gc.ca/ccdpc-cpcmc/diabetes-diabete/english/index.html>

¹¹ Public Health Agency of Canada. Health Topics: Musculoskeletal Diseases: Arthritis. Retrieved July 26, 2008 from http://www.phac-aspc.gc.ca/ccdpc-cpcmc/topics/musc-arthritis_e.html

As a consequence, people can be forced out of the workforce without warning for indeterminate lengths of time. This in turn can have significant impacts on health and income stability. “The financial impact of HIV is often exacerbated by the lack of flexible employment opportunities or disability plans that can accommodate the needs of people who will go through periods of ill health when they cannot work. As a result, a growing number of people with HIV [and other disabilities] in Canada are trapped in poverty.”¹²

This concern of being trapped in poverty has been supported in other literature. These concerns are widespread amongst the HIV community. In research undertaken by the Institute for Work and Health in 2003,¹³ many people living with HIV expressed that the fear of losing a potential job and the associated benefits prevents them from exploring employment. This issue is shared by people living with other episodic disabilities where maintaining or returning to work is not worth the risk of losing essential income and health-related supports provided through disability support programs.

The provincial and federal governments are to be commended for the range of programs and supports for Canadians with HIV and other disabilities who may not be able to engage in the labour force. However, there are many people living with HIV and other disabilities who are able and eager to work intermittently (i.e. when their health allows) but experience barriers.

Two Government of Canada departments, Human Resources and Social Development Canada, as well as the Public Health Agency of Canada, have been especially involved in working with the Canadian Working Group on HIV and Rehabilitation (CWGHR) to identify and promote opportunities to address the needs of Canadians with HIV and other episodic disabilities. CWGHR has identified that, while there are very important features of programs that allow for intermittent earned income and return-to-work supports, (see textbox on page 4), the corresponding intermittent need for people to navigate these various programs makes program and policy coordination a fundamental requirement to ensuring income stability for all Canadians with disabilities who can work.

In research conducted since 2001 by CWGHR, people living with HIV/AIDS have identified a lack of coordination and integration of income support and employment programs as key barriers to real income security and ongoing employment.^{14,15,16} At the same time, the Government of Canada has recognized that:

“Canadians want programs and services to be integrated, easy to access, simple to

¹² Canadian Public Health Association. (2005). *Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)*.

¹³ Ferrier, S. E. & Lavis, J.N. (2003). With Health Comes Work? People with HIV/AIDS consider returning to work. *AIDS Care*, Vol. 15 (3), 423-435.

¹⁴ Anderson, J. & Brown, G. (2005). HIV & Disability Insurance in Canada: An Environmental Scan. Canadian Working Group on HIV and Rehabilitation.

¹⁵ Proctor, P. (2002). Looking Beyond the Silo: Disability Issues in HIV and Other Lifelong Episodic Conditions. Canadian Working Group on HIV and Rehabilitation.

¹⁶ Weir, R., Crook, J. & Vanditelli-Chapman, C. (2003). Unpredictable Episodes of Illness in the Experiences of Persons Living with HIV/AIDS: A Qualitative Study. Canadian Working Group on HIV and Rehabilitation.

navigate and flexible. They want federal, provincial and territorial governments to work collaboratively – with one another, with business, labour and community organizations, and with Aboriginal communities – to address social and labour market issues.”¹⁷

These same conclusions have also been supported through research done by the Canadian HIV/AIDS Legal Network.¹⁸ As both income security and access to employment opportunities are key determinants of health,¹⁹ challenges in these two areas can severely impact health and quality of life.

Interjurisdictional challenges are also identified in many other documents. For example, *A National Portrait: A Report on Governments' Responses to the HIV/AIDS Epidemic in Canada* states “coordination and collaboration are considered to be vital given the clear benefits associated with engaging community-level knowledge and experience.”²⁰

It is critical to note that this paper does not intend to review or evaluate specific programs for their individual effectiveness or appropriateness. Instead, it provides an overview of the range and interrelationship of these programs with each other, in order to better understand the impact on the person living with HIV/AIDS and/or another disability. At the same time, in order to demonstrate the challenges experienced by people living with HIV/AIDS and other episodic disabilities, it is necessary to understand these individual policies and programs, as they have been developed, often work independently of one another.

By engaging in this overview of the relationships among the programs and policies relevant to the episodic component of HIV/AIDS, the findings will have relevance to the much broader community of people living with other episodic disabilities.

Background: Lack of Coordination of Benefits between Programs

In 2003, the Standing Committee on Human Resources Development and the Status of Persons with Disabilities completed a review of the Canada Pension Plan Disability (CPPD) program titled *Listening to Canadians: A First View on the Future of the Canada Pension Plan*

¹⁷ Human Resources Development Canada. (2003). Government of Canada Response to “Listening to Canadians: A First View of the Future of the Canada Pension Plan Disability Program”. The Fifth Report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities. ISPB-327-11-03.

¹⁸ Canadian HIV/AIDS Legal Network. (2003-2005). Support for Survival: barriers to income security for people living with HIV/AIDS and directions for reform.

¹⁹ Wellesley Central Hospital and Health Canada. (1998). Rehabilitation Services: A Comprehensive Guide to the Care of Persons with HIV Disease. Module 7.

²⁰ Government of Canada (2005). *A National Portrait: A Report on Governments' Responses to the HIV/AIDS Epidemic in Canada*. Retrieved July 14, 2008 from <http://www.phacaspc.gc.ca/aidssida/publication/index.html>.

*Disability Program.*²¹ While the review was focused on CPPD, several of the recommendations had wider implications for other programs.

Listening to Canadians noted that “while the payment of CPPD benefits does not consider payments made by other disability income support providers, the converse is not true. It is in this context that much of our testimony — both online and the hearings — raised serious concerns about the CPPD interaction with other disability income support providers”.²²

Recommendation 6.2 in *Listening to Canadians* suggested that “Human Resources Development Canada work vigorously with private insurers, Workers’ Compensation Boards and other providers of disability income support program to ensure that integration improves the economic welfare of CPPD recipients”.²³ Improving the integration of the federal and provincial income support programs is vital to the financial viability of people living with HIV and other episodic disabilities.

CPPD currently offers several return-to-work services and supports to enhance employment success including allowable earnings, individually tailored vocational rehabilitation plans, a three-month work trial, skill enhancement / retraining and developing job search skills. Services may continue during the three-month work trial. CPPD

benefits can continue if a recipient is not able to work at a substantially gainful level. For former CPPD recipients who have returned to work, automatic reinstatement may be specifically advantageous to people with episodic disabilities who need to completely

Two Examples of Programs with Return to Work Incentives

Canada Pension Plan Disability (CPPD) (see Annexes pp. 32-37, 80-81)

- *Continuation of CPPD benefits if a recipient is not able to work at a substantially gainful level*
- *Individually-tailored vocational rehabilitation planning and supports during the months preceding and following return to work*
- *\$4400 allowable earnings (2008) before the need to advise Service Canada*
- *Automatic reinstatement of CPPD if the same or a related condition recurs within two years of returning to work*
- *Fast tracking for previous claimants*

Ontario Disability Support Program (ODSP)

- *Continuation of extended health care benefits until assumed by another carrier*
- *50% retention of earned income while receiving ODSP benefits*

²¹ Human Resources Development Canada. (2003). Government of Canada Response to “Listening to Canadians: A First View of the Future of the Canada Pension Plan Disability Program”. The Fifth Report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities. ISPB-327-11-03.

²² Ibid.

²³ Ibid.

disengage again from the labour force²⁴ (see Text Box p. 4 and Annexes pp.32-37, 80-81). However, the maximum CPPD monthly benefit that a person with a disability with no dependents can receive is \$1,077.52 for 2008. There is no option for partial CPPD income support for the episodes when the recipient is able to work.

This is an important point as some people with HIV and other disabilities may be able to work half-days on a regular basis but not full-days, due to impacts of their illness or side-effects of medication. For example, people may experience muscle pain and fatigue, but are able to work partial days every day or several times a week.

This paper recognizes that income support programs have individual mandates. The focus is on the **relationship** among programs and the resultant impact on income stability. The range of programs used by people living with episodic disabilities has been designed within different jurisdictions, with different mandates, at different times in history, with eligibility requirements specific to each. Lack of coordination is in part responsible for the key unintended consequence that people living with HIV/AIDS and other disabilities are leaving work and not returning even if they are able to work episodically.²⁵

The Government of Canada is to be commended for its attention to the issues raised in *Listening to Canadians* that pertain to, not just an individual program, but also the interrelationships of CPPD and other disability income sources of income supports, including private insurance and provincial disability income support programs. At the time of the release of the *Government of Canada Response to Listening to Canadians*, work had already begun on significant policy variations among provincial/territorial income support programs for persons with disabilities.²⁶ A dialogue process amongst the various providers continues to examine the issues of integration and coherence of these various programs and how income support payments are impacted by the policies of other disability support programs.²⁷

Navigating the Maze

In order to further research the interrelationship among disability income support programs, CWGHR has undertaken a project called “Navigating the Maze”. Through exploring mechanisms to promote improved communication and integration among the various programs that people with disabilities must navigate, the long-term overall goal of this project is to promote opportunities for optimal labour force participation for people living with HIV/AIDS through security and continuity of needed supports. The first step in this process is

²⁴ Service Canada. Disability Vocational Rehabilitation Program. Retrieved July 30, 2008 from <http://www1.servicecanada.gc.ca/en/isp/pub/factsheets/vocrehab.shtml>

²⁵ Anderson, Joan, Brown, G. (2005) HIV and Disability Insurance in Canada: An Environmental Scan. Canadian Working Group on HIV and Rehabilitation.

²⁶ Ibid.

²⁷ Human Resources Development Canada. (2003). Government of Canada Response to “Listening to Canadians: A First View of the Future of the Canada Pension Plan Disability Program”. The Fifth Report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities. ISPB-327-11-03.

an examination the relationship among current Canadian federal/provincial/territorial disability income/benefit and employment policies and programs to highlight jurisdictional inconsistencies, incompatibilities, gaps or lack of coordination.

This discussion paper:

- provides an overview of selected programs that provide financial support to people living with HIV/AIDS (see Annexes);
- identifies the key policy issues that impede communication;
- suggests mechanisms to facilitate integration and to address the fundamental policy issues;
- initiates dialogue on the need for communication strategies that could be undertaken to promote improved awareness, coordination and ease of navigating the income support system.

The observations and overview presented here acknowledge previous work undertaken and completed in this area and are not intended to replicate previous reports that stand on their own. In particular, two reports stand out:

*Looking Beyond the Silo: Disability Issues in HIV and Other Lifelong Episodic Conditions*²⁸ and; *Support for Survival: Barriers to Income Security for People living with HIV/AIDS and Directions for Reform.*²⁹

The overall direction of these reports and their recommendations presupposes that all governments and the third sector in Canada consider exploring the fundamental purpose(s) of disability income support programs and a new framework of governance to reshape and augment existing private and public income security and employment policies and in-kind programs for people living with lifelong conditions/disabilities that have an episodic component. This could be done with a view to providing a coordinated, transparent, equitable and adequate system of benefits that recognizes and promotes rehabilitation and sustained labour force participation. This, in turn, may facilitate the process for people with HIV and/or other episodic disabilities to navigate the maze.

The purpose of this discussion paper is not to develop this new framework, but to open up the dialogue on these issues. Consultations with key stakeholders from the identified sectors could be undertaken for the development of this comprehensive framework that includes the perspectives and engagement of those involved in disability and income support programs.

²⁸ Proctor, P. *Looking Beyond the Silo: Disability Issues in HIV and Other Lifelong Episodic Conditions*. (2002). Canadian Working Group on HIV and Rehabilitation.

²⁹ Canadian HIV/AIDS Legal Network. (2003-05). *Support for Survival: Barriers to income security for people living with HIV and Directions for Reform*.

2. STATE OF AWARENESS OF DISABILITY PROGRAMS

The Government of Canada has made significant strides since 2005 in informing Canadians of available services. In 2006-07 a national marketing campaign to promote Service Canada services included multiple mechanisms for communication including television, radio, newsprint and the Internet.³⁰ Locations were opened, hours were extended and additional services were made available. Plans are in place to continue informing Canadians of the available services.³¹

Despite these initiatives, an environmental scan completed in 2005 including people living with HIV and other stakeholders found that public understanding of disability programs remains low.³² Often the public will use the expression that “someone they know is ‘on disability’”. In reality, there are five generic disability program categories:

1. Disability Tax Credits (six) provided through the Canada Revenue Agency (CRA) at the federal level. These provide tax relief to disabled persons who are tax filers.
2. Canada Pension Plan Disability Benefits³³ (CPPD) and Employment Insurance (EI) Sickness benefits provided through Human Resources and Social Development Canada (HRSDC). CPP provides benefits to persons with severe and prolonged disabilities. EI provides sickness benefits for a maximum of 15 weeks.
3. Veterans’ Affairs and other Benefits (Veterans’ Allowance) through Veterans’ Affairs Canada.
4. Disability benefits provided through provincial and territorial social assistance programs usually delivered by provincial and territorial Ministries or Departments of Social Services. These provide benefits to disabled persons without alternative resources.
5. Third Sector Agencies that include³⁴:
 - Workers’ Compensation (and Safety Insurance) provided through provincial and territorial agencies normally associated with Ministries or Departments of Labour (or equivalents). These programs compensate employees for workplace accidents.

³⁰ Service Canada. (2007). Service Canada Annual Report 2006-2007. SG1-2007 978-0-662-05001-8.

³¹ Ibid.

³² Anderson, J. & Brown, G. (2005). HIV and Disability Insurance in Canada: An Environmental Scan. Canadian Working Group on HIV and Rehabilitation.

³³ The Quebec Pension Plan provides comparable benefits to the disabled.

³⁴ For the purposes of this discussion paper, Motor Vehicle Injury Insurance and Personal Injury Insurance are not included.

- other Short Term or Long Term Disability Benefits provided through private employers. Employees must have paid contributions to be eligible.
- creative solutions may be possible and implemented by insurance carriers on a case-by-case basis.

In addition, two new disability benefits were introduced in 2007 by the federal government that have an impact on people living with HIV/AIDS and other disabilities:

- the Working Income Tax Benefit for persons with disabilities or WITB-D³⁵, and
- the Registered Disability Savings Plan³⁶ (RDSP).

For the purposes of this discussion, we include these two new benefits in Category 1, Disability Tax Credits.

The various approaches to funding and delivering income security to people living with disabilities are complex. The following chart outlines the five program categories outlined earlier, according to funding source, type of payments for recipients and eligibility basis.

Funds	Type of Payment	Program	Eligibility Basis
employer and employee contribution	monthly benefit	Canada Pension Plan Disability (CPPD)	medical condition is severe and prolonged, plus sufficient contributions to the CPP
employer contribution	compensation	Workers' Safety Insurance Boards	place-based accident
no contribution	needs tested allowance	Provincial/Territorial social assistance	medical diagnosis
employer and employee contribution	insurance	Short Term Disability (STD), Long Term Disability (LTD), Employment Insurance (EI)	medical diagnosis plus contribution
tax system	refundable tax credits	Disability Tax Credit (DTC), WITB-D	medical diagnosis
tax system	pension	War Veterans	participation in theatre of war; medical diagnosis

Modified from: Examples of government programs that test for financial need in Consider a Hensen Trust. Harry Beatty, Mary Louise Dickson and John Stapleton, 2008.

³⁵ The Working Income Tax Benefit is a refundable tax benefit introduced in 2007 for low-income Canadians. The maximum benefit is \$500 for a single person and \$1,000 for family. Disabled persons claiming the Disability Tax Credit may receive an additional supplement of \$250.

³⁶ The Registered Disability Savings Plan is proposed to take effect in 2008. It would provide tax-enhanced benefits and matching grants to parents and relatives with children with disabilities to assist them with financial support in their adult years.

Federal and provincial income security for people living with disabilities and sickness provide an array of benefits. However, regardless of the funding or delivery, the predominant income security model that has emerged for Canadians with disabilities is based on:

- a severe and prolonged disability, and
- a definition of disability that does not include the capacity to work.

Participation in work, in general, results in benefit reductions, loss of health benefits in the case of social assistance, and disqualifications.

2.1. State of Coordination of Disability Programs

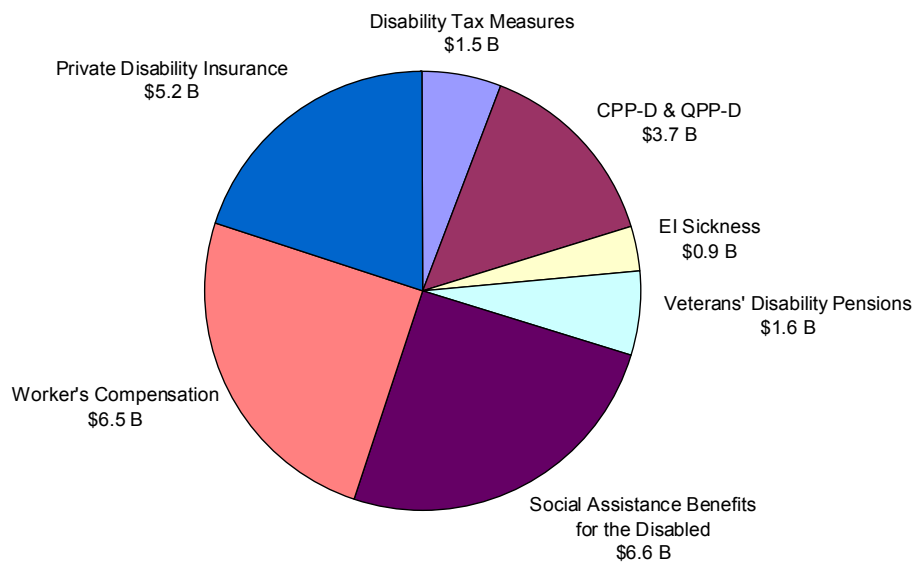
Currently, there is no coordinating body, commission, ministry, department or level of government to oversee and report on the:

- service coordination of each of these benefit areas (except for the new initiatives at Service Canada);
- overall system of disability benefits (taken as a whole) in Canada (Office for Disability Issues (ODI) does look at all of the federal initiatives);
- policy coordination among each of these benefit areas;
- governance of these categories of benefits (i.e. to assess whether they work together to benefit people living with disabilities in general and people living with HIV/AIDS in particular);
- differences in philosophies between the program areas;
- interaction of the programs;
- funding and value for money presented by these program areas; and
- program and policy areas taken as a whole.

2.2. Disability Benefit Expenditures

As is illustrated on the following chart, government, private and quasi government bodies spent approximately \$26 billion dollars in direct income support benefits^{37,38} to individuals with disabilities in 2005-06. These funds are spent without any comprehensive framework respecting what the programs do as a whole or purport to achieve for Canadians with disabilities.

**DISABILITY BENEFIT EXPENDITURES
CANADA, 2005-06
\$26 B (est.)**



A Policy Gap

There is a wide range of individual program philosophies, definitions, funding, service standards, policies, practices, and governance for disability income support programs that are not well-integrated. As a result, disability income support programs, in general, do not provide partial income support for people with episodic disabilities who can participate intermittently or consistently on a part-time basis.

³⁷ For the purposes of this discussion paper, Motor Vehicle Injury Insurance and Personal Injury Insurance are not included.

³⁸ This number is compiled from the individual websites of the various disability income support programs.

3. INCOME SUPPORT, DISABILITY AND HIV POLICY COORDINATION – THE IMPACT ON PEOPLE LIVING WITH HIV/AIDS

3.1. Service Canada

The federal government's commitment to service delivery was stated as follows:

“We will improve Canadians’ faith in public institutions by making government more accountable and effective”

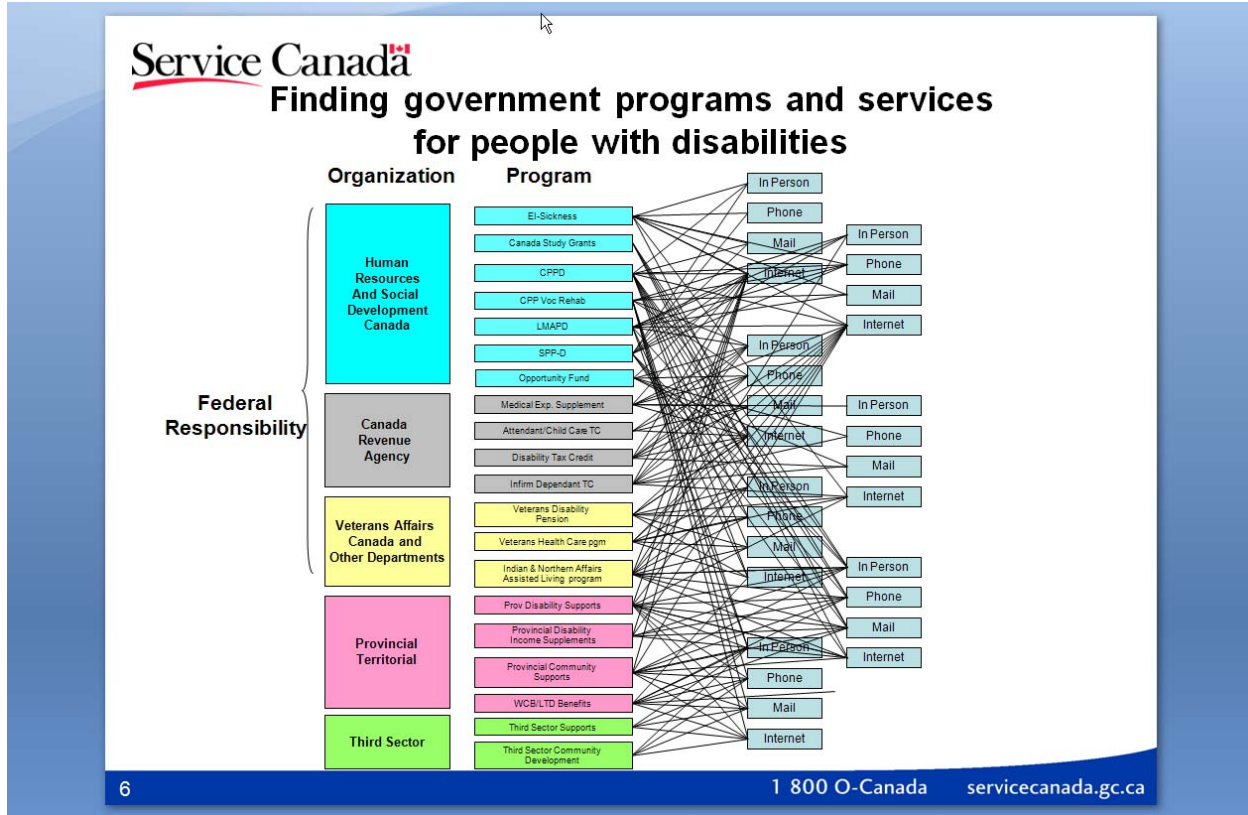
- ***Prime Minister Harper, February 6, 2006***

- “On February 6, Prime Minister Harper announced changes to the Ministry and confirmed the Government’s commitment to “improved delivery of programs and services through Service Canada.”³⁹
- “Service Canada plays an integral role in **delivering on the Government’s agenda** by improving the accountability, effectiveness and efficiency of service delivery to Canadians.”
- “Studies show that improving the delivery of programs and services will increase the public’s trust and confidence in government.”

As mentioned previously, the Government of Canada is to be commended for increasing the awareness of its programmatic offerings and continuing to evaluate the needs of Canadians. However, some barriers continue to exist for people with disabilities to navigate the public and private income support system programs. The Service Canada diagram below graphically shows what Service Canada calls ‘multiple unconnected channels’ that people living with HIV/AIDS and other disabilities must navigate.

³⁹ Government of Canada. Office of the Prime Minister. Retrieved July 30, 2008 from <http://pm.gc.ca/eng/media.asp?id=2170>

The Before Picture



3.2. A Key Irony

There are significant and important incentives and opportunities for recipients of individual disability income support to participate in the labour force. [See textbox on page 4.] However, ironically, in a number of cases, these incentives become disincentives for people with episodic disabilities who may be able to work at various points throughout their life. While we commend the government for these important incentives, it is important to ensure that people living with episodic disabilities are able to utilize these benefits in order to participate to their capacity in the labour force.

For example, in the past, most government income programs for people living with disabilities have concentrated on compensating the loss of income due to an inability or incapacity to work. Worker's Compensation started this way (in Ontario in 1914). CPPD benefits are premised on an inability to work regularly (Canada except Quebec – 1966). Private insurance generally insures against the loss of work and income. Accordingly, the programs are founded on the idea that once work is secured, programs no longer need to be present and indeed should not be present.

This means that the purpose of these programs – the reason they are there in the first place – has been to compensate disabilities when work is absent. For people living with episodic

disabilities, the purpose of the programs has been to compensate the episodes when work is absent.

The only program exception has been social assistance payments to low-income people living with disabilities, where a significant portion (if not majority) of recipients have never worked due to the congenital nature of their developmental, physical, or psychiatric handicaps. Yet these programs often support work through integral employment supports and often generous earning exemptions (e.g. Ontario, the most generous, has two major employment support initiatives: a 50% exemption on net earnings and a continuation of extended health-related benefits if a person begins or returns to work). Continuation of extended health care benefits – which may be necessary whether or not someone is employed – is particularly important for people with disabilities.

This means that social assistance programs have two mandates:

- to compensate low-income people living with disabilities for their disability; and
- to compensate efforts made to secure employment wherever possible.

A problem with social assistance is that it is often closely managed, stigmatizing, and provides support only to those with income and assets below \$5000 (for Ontario for single recipient with no dependents). Social assistance was not designed to be a disability income program but over time, has become the clear substitute.

The key irony here is that:

- The contributions-based programs generally do not provide income support when a recipient returns to work (except through specific return to work incentives and limited capped allowable earnings); while
- Those programs (social assistance) that serve people who have traditionally been too disabled to work, robustly support entering the workplace with money, supports, and benefits.

Useful discussion could examine the very purpose of such programs in the first instance as well as the fundamental discrepancy between the philosophies of disability income and benefit programs that are social assistance-based and those that are not in order to promote an overall coordinated approach.

3.3. People living with HIV/AIDS Confront the Irony

While there is still no cure for HIV/AIDS, over the past two decades, HIV/AIDS has transformed from an imminent death sentence to a lifelong and often episodic disability that has much in common with other episodic disabilities such as lupus, multiple sclerosis, certain forms of cancers, mental illnesses, and arthritis.

However, people living with HIV/AIDS and HIV/AIDS programs, with a tradition of success in identifying issues and strategies to promote policy and program responses to the needs of people living with HIV/AIDS have noted a lack of income support, disability and HIV/AIDS policy coordination which has a negative impact on people living with HIV/AIDS^{40,41} and can often keep people with HIV/AIDS out of the labour force.⁴²

This lack of coordination is a barrier shared by people living with other disabilities who have episodes when they can work, but who risk losing needed income support and benefits should they re-engage in work.⁴³

Canadians surveyed as part of the *Listening to Canadians* review of CPPD either agreed or strongly agreed (92% of respondents) that CPPD eligibility rules should be more flexible for both people with degenerative diseases and people with mental illnesses.⁴⁴ Such a high response rate suggests that Canadians have identified a general challenge to adequacy of income support benefits that continues to require action.

People living with HIV/AIDS began to live longer and HIV/AIDS has become an episodic disability for many people at the same time that Canada's economy and labour market has evolved from a situation of chronic oversupply to net aggregate labour market demand. This net aggregate labour market demand means that it is in Canada's interest to have a labour market strategy for all sectors of the labour market that includes people living with disabilities who can work.

3.4. Unintended consequences: staying out of the labour force

For people living with HIV/AIDS and other episodic disabilities, the income support system is an array of programs and philosophies that discourage work as:

- Recipients must be disabled and unable to work for a prolonged period in order to be eligible; and

⁴⁰ Canadian HIV/AIDS Legal Network. (2003-05). Support for Survival: Barriers to income security for people living with HIV and Directions for Reform.

⁴¹ Canadian Public Health Association. (2005). Leading Together: Canada Takes Action on HIV/AIDS (2005-2010).

⁴² Nixon, S. & Renwick, R. (2003). Returning to Work for People Living with HIV/AIDS. *Qualitative Health Research*, 13(9), 1272-1290.

⁴³ Canadian HIV/AIDS Legal Network. (2003-05). Support for Survival: Barriers to income security for people living with HIV and Directions for Reform.

⁴⁴ Standing Committee on Human Resources Development and the Status of Persons with Disabilities. (2003). *Listening to Canadians: A First View of the Future of the Canada Pension Plan Disability Program*. Retrieved September 25, 2008 from <http://cmte.parl.gc.ca/cmte/CommitteePublication.aspx?COM=3269&Lang=1&SourceId=213424>

- They compensate the disability as opposed to engagement and therefore, in general, withdraw eligibility when the person participates in the work force after a certain period of time.

The reality is that people living with episodic disabilities often need access to the same income security as people living with continuous disabilities, as we traditionally have defined disabilities.

All forms of disability support have one thing in common: they focus on the disability at the time of application. Most are designed to cease benefits when the disabling condition is no longer present.

As is the case for Canadians with continuous disabilities (i.e. permanent vision, hearing or mobility impairments), Canadians with episodic disabilities have varying capacities to work over time.

CASE EXAMPLE 1

Bert, 42, was diagnosed with multiple sclerosis in his mid 30s. When first diagnosed, Bert had a short period of time off as he was attending medical appointments and receiving treatment. Bert continued to work until he was 39 when his MS progressed; he was unable to walk and needed personal care. For the last few years he has received CPPD benefits. Rehabilitation and new medication has afforded Bert greater mobility and he is keen to return to work. However, he is concerned about:

- Managing if he is unable to sustain a full work schedule (note: CPPD offers a range of return to work supports). Beneficiaries can earn up to \$4,400 in 2008 without having to contact CPPD, and can in some circumstances earn beyond that level without having their benefits stopped. Those who are able to return to work on a regular basis receive a paid work trial, and automatic reinstatement of benefits is available if their disability recurs. Vocational rehabilitation services are also available through the CPPD Program Description (See Annexes pp. 32-37, 80-81).
- Changing the times that he requires his care.
- Managing his regular hospital and other health appointments, all of which occur during office hours and will quickly use up his paid leave, and not being able to afford to take unpaid leave.⁴⁵

⁴⁵ In 2006-07, CWGHR coordinated a series of meetings with stakeholders from the following sectors: private employer, private insurance carrier, national social research institute, CPPD. The purpose of these meetings was to inform the development of protocol for an employment site for people living with episodic disabilities. The case examples are modifications of two provided by one of the stakeholders.

CASE EXAMPLE 2

Mary is 50 years old and has rheumatoid arthritis. She has not worked for a number of years and has received private insurance benefits. However, new medication has afforded Mary greater mobility and she wants to return to work. The job Mary will return to is slightly different from what she was used to and requires new training. The job is at a slightly more junior level than before and therefore at a lower salary level.

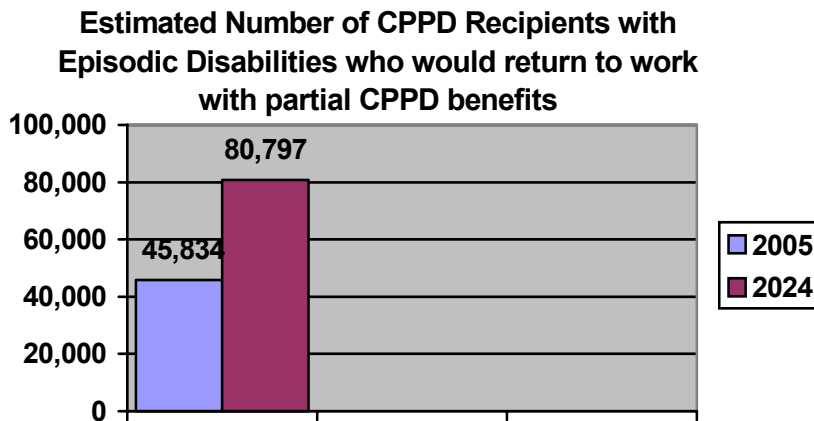
Mary completes the training, but because she is becoming increasingly stressed at work, she becomes depressed. Her doctor signs her off work again. Although her arthritis is manageable and continues as before, and she can and wants to work part-time, she is unable to manage full-time employment.

3.5. Other Episodic Disabilities: the shared impact of risk

People living with Episodic Disabilities meet the Labour Market

Increasing Numbers

- **45,834** working-age Canadians had episodic disabilities and were not working (based on 2005 data regarding CPPD recipients in five major diagnostic categories).^{46,47}
- By 2024, this number is estimated to increase to 80,797.



It is estimated that, in 2024, 80,797 CPPD recipients would be able to take advantage of a

⁴⁶ RiskAnalytica. (2006). A Population-Based Economic Analysis of Episodic Work Benefits.

⁴⁷ Expected number of people who qualify for CPPD benefits that will have an episodic disability arising from cancer, circulatory diseases, mental illness, HIV/AIDS and chronic obstructive pulmonary disease.

hypothetical amendment to CPPD (i.e. if this amendment were implemented). Because these CPPD recipients would be working part-time, in most cases, this would be the same as 16,163 full-time equivalents returning back to work.⁴⁸

Programs and policies excluding these Canadians from participating in the labour force have a higher priority than previously because:

- Medicine and assistive devices allow for greater labour force participation for people living with episodic disabilities.⁴⁹
- With the aging of the population, the number of people living with episodic disabilities will increase,⁵⁰ and because of the medical advances described below, will increase faster than the growth in the general population.
- Significant medical breakthroughs in key disabilities have resulted in increased labour force participation (e.g. multiple sclerosis, HIV/AIDS and arthritis).^{51,52}
- The modern workplace has changed from labour-intensive to technically-supported and is increasingly non-physical,⁵³ favouring the inclusion of person with disabilities.⁵⁴
- Canadians believe that people living with disabilities should be included in the workplace.⁵⁵ (Note: although an important issue, this paper does not focus on or address workplace policies).
- Several government departments have supported a cross-disability approach to relevant policies and programming. For example, in a recent Public Health

⁴⁸ RiskAnalytica. (2006). A Population-Based Economic Analysis of Episodic Work Benefits.

⁴⁹ Ferrier, S. E. & Lavis, J.N. (2003). With Health Comes Work? People with HIV/AIDS consider returning to work. *AIDS Care*, Vol. 15 (3), 423-435.

⁵⁰ Human Resources Development Canada. (2003). Government of Canada Response to "Listening to Canadians: A First View of the Future of the Canada Pension Plan Disability Program". The Fifth Report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities. ISPB-327-11-03.

⁵¹ Nixon, S. & Renwick, R. (2003). Returning to Work for People Living with HIV/AIDS. *Qualitative Health Research*, 13(9), 1272-1290.

⁵² Ferrier, S. E. & Lavis, J.N. (2003). With Health Comes Work? People with HIV/AIDS consider returning to work. *AIDS Care*, Vol. 15 (3), 423-435.

⁵³ Lonmo, C. (2003-2005). Innovation in Information and Communication Technology (ICT) sector service industries: Results from the Survey of Innovation 2003. Statistics Canada. 88F0006XIE2005012

⁵⁴ Statistics Canada. The Daily: Duration of Non-Standard Employment. Retrieved April 24, 2008 from <http://www.statcan.ca/Daily/English/041215/d041215c.htm>

⁵⁵ Human Resources and Social Development Canada. Canada and Ontario sign agreement to assist people with disabilities. Retrieved August 1, 2008 from <http://www.hrsdc.gc.ca/en/cs/comm/sd/news/2004/040503.shtml>

Agency of Canada ⁵⁶ (PHAC) document, PHAC “encourage[s] greater integration of HIV/AIDS prevention, care and treatment interventions with those of other diseases”.⁵⁷

- Access to income security and appropriate employment are key determinants of health.⁵⁸

The following example illustrates some of the challenges that people living with episodic disabilities face:

- Although many people living with episodic disabilities are eligible for coverage and/or receive disability benefits, most current policies do not recognize and/or accommodate the needs of people living with episodic disabilities for flexible income support / partial disability benefits. (As noted previously, CPPD provides automatic reinstatement of benefits to beneficiaries with cyclical or recurring medical conditions so they can switch back and forth between periods of regular employment and periods when full income support is required. In addition, if CPPD clients are not able to work regularly, their benefits will continue. See Annexes pp. 32-37, 80-81.)

According to some current definitions of disability, people are considered either fully disabled or able to work. However, some people living with episodic disabilities may be able and want to work part-time or during periods of good health, but remain on full disability benefits because there is no mechanism for partial disability benefits. In fact, the experience of many people living with disabilities is that these programs trap them in poverty by creating barriers to staying on the job or returning to work. For people living with episodic disabilities and periods when their health permits work, this is especially true.

3.6. Labour Market⁵⁹

- Employers are already identifying that skilled labour is at a premium.⁶⁰ Creative solutions are needed in order to retain existing skilled workers with episodic disabilities who otherwise prematurely exit the labour market in order to access the disability supports they require.

⁵⁶ As of September 1, 2004, the HIV/AIDS Division of *Health Canada* moved to the new *Public Health Agency of Canada*.

⁵⁷ Public Health Agency of Canada. (2004). The Federal Initiative to Address HIV/AIDS in Canada: Strengthening Federal Action in the Canadian Response to HIV/AIDS.

⁵⁸ Wellesley Central Hospital and Health Canada. (1998). Rehabilitation Services: A Comprehensive Guide to the Care of Persons with HIV Disease. Module 7.

⁵⁹ HSRDC's 07-08 Plans and Priorities report addresses the issue of inclusion of persons with a disability in the labour market.

⁶⁰ BNet Business Network. Canada's emerging skills shortage: aging is not the only reason. (2004). Retrieved August 15, 2008 from http://findarticles.com/p/articles/mi_m0LVZ/is_2_20/ai_n6330614

- Baby boomers will start turning 65 in 2011 and exiting from the labour market. Immigration will not be enough to replace the exiting baby boomers. This will result in an increase in the existing labour shortages.^{61,62,63} Canada needs all hands on deck.

⁶¹ Statistics Canada. Skill Shortages and Advanced Technology Adoption. 11F0019MIE2001175. Retrieved April 26, 2008 from <http://www.statcan.ca/bsolc/english/bsolc?catno=11F0019M2001175>

⁶² Statistics Canada. Business Conditions Survey: Traveller accommodations industries. Retrieved April 26, 2008 from <http://www.statcan.ca/Daily/English/051114/d051114b.htm>

⁶³ Statistics Canada. Study: Participation of Older Workers. Retrieved April 26, 2008 from <http://www.statcan.ca/Daily/English/070824/d070824a.htm>

4. MAKING A CASE FOR CHANGE

Current income security programs (except example of return to work incentives provided in textbox on p. 4) do not recognize the episodic nature of many disabilities. Benefits are cancelled when persons return to work following a disabling episode.

This often results in the unintended consequence that people living with episodic disabilities lose all their disability income and health benefits when they rejoin the labour force. In need of these income and health benefits, many Canadians with episodic disabilities choose not to engage in the labour force.

There are other barriers faced by people with disabilities who can work. “Many will not have access to private disability insurance because they are either unemployed, underemployed, or employed in low-wage, unstable jobs.”⁶⁴ More research is needed to determine the numbers of people in receipt of employer benefit programs. Many programs will not cover pre-existing illnesses while others restrict eligibility for benefits to persons who have worked through a qualifying period. Some programs cover the medications and services needed by people living with HIV and other episodic disabilities while others do not provide coverage at all, or only on a time-limited basis.

By having an opportunity to participate in the workforce to their ability, people will gain income and possibly access to benefit programs, according to need. Increased opportunities for flexible labour force engagement could facilitate greater independence and reduce the need for full disability benefits for some people. At the same time, the person would gain the social inclusion benefits and satisfaction derived from being involved in employment.⁶⁵ Both the financial and social implications of partial disability benefits could be a win-win for these Canadians as well as for disability income support programs.⁶⁶ To a greater extent, these implications could be a win-win for many people, income support programs and the labour force.

4.1. Challenges and Opportunities

How can all stakeholders (governments, insurers, and employers) come together to ensure that people living with episodic disabilities are able to continue their employment when they are able to work without jeopardizing or losing their livelihood and benefits when unable to work?

⁶⁴ Canadian HIV/AIDS Legal Network. (2003-05). Support for Survival: Barriers to income security for people living with HIV and Directions for Reform.

⁶⁵ Australian Medical Association. Social Determinants of Health and the Prevention of Health Inequities Retrieved August 1, 2008 from <http://www.ama.com.au/web.nsf/doc/WEEN-73U6YS>

⁶⁶ Ibid.

Challenges to stakeholder collaboration include:

- No current framework exists that embraces all disability income programs and therefore there is no imperative for them to convene across sectors;
- No single definition of disability exists across programs;⁶⁷
- No philosophical agreement exists that one objective of disability income programs is to include opportunities to participate in the labour force; and
- No one “responsibility centre” is charged with ensuring adequacy and coordination of benefits.

The Canadian Public Health Association document *Leading Together: Canada Takes Action on HIV/AIDS 2005-2010*⁶⁸ makes a series of recommendations to place Canada as a world leader in progressive policy and practice to improve the quality of life for people affected by HIV/AIDS. Among the recommendations in *Leading Together* are several focused on income security and employment.

Recommendation 2.9 states:

*“Review and, if necessary, change social assistance policies and practices – and insurance laws, policies and practices – to provide people living with HIV and individuals at risk with greater income security”.*⁶⁹

Leading Together also recommends that involved stakeholders:

*“review and, if necessary, change employment laws, policies and practices to give all people living with long-term debilitating illnesses greater access to employment opportunities that can accommodate their disability”.*⁷⁰

Listening to Canadians further emphasizes the import of cohesive and coordinated policies to insure that all stakeholders are brought together to examine the issues at hand.

Recommendation 6.2 states that:

“Human Resources Development Canada work vigorously with private insurers, Workers’ Compensation boards and other providers of disability income support programs to ensure that integration improves the economic welfare of CPPD

⁶⁷ Standing Committee on Human Resources Development and the Status of Persons with Disabilities. (2003). *Listening to Canadians: A First View of the Future of the Canada Pension Plan Disability Program*. Retrieved September 25, 2008 from

<http://cmte.parl.gc.ca/cmte/CommitteePublication.aspx?COM=3269&Lang=1&SourceId=213424>

⁶⁸ Canadian Public Health Association. (2005). *Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)*.

⁶⁹ Ibid.

⁷⁰ Ibid.

*recipients, especially in instances where the level of disability income support payments to these individuals is low”.*⁷¹

Improvements in communication, coordination, partnerships and information sharing could result in identifying gaps, inconsistencies, as well as strategies and opportunities for resolution.

How can governments structure disability income and extended health care benefits in a way that prevents paying long term disability benefits to persons who are temporarily able and willing to work but whose disability can and will return?

4.2. Discussion and Analysis

There are five problem areas where solutions are required, namely Definition of Disability; Duration of Disability; Adequacy of Benefits; Workplace Concerns; and Effective Communication about the Real Issues. Each of these areas is explained in the following section.

i. Definition of Disability

A person can be disabled and be able to work at the same time. For example, many persons living with HIV/AIDS have extended episodes when they can make significant contributions to Canada’s labour force, and live with the knowledge that there will be an unpredictable episode of incapacity to work. To its credit, CPPD allows the first \$4,400 (2008) in earnings before a requirement to report, and has a 3-month work trial period. In addition, CPPD benefits can be automatically restarted if a person goes back to work but cannot continue working because their disability returns. Persons with cyclical or recurring medical conditions can switch back and forth between periods of regular employment and periods when full CPPD benefits are required without having to reapply (see Annexes pp. 32-37, 80-81).

While these and other CPPD incentives are important, they do not meet the needs of people with episodic disabilities, who may be able to consistently work part-time, but not full-time. The CPPD definition that a disability be ‘severe and prolonged’ does not accommodate the experience of many people with episodic disabilities who can work part-time or intermittently on an ongoing basis (e.g. half days or every second day) disability support plans do not embrace partial income support for these episodes of incapacity to work. In these situations, if earned income beyond the current range of program allowances could be complemented by disability income support for the periods or episodes when not able to work, more people could be (remain) engaged in the labour force.

⁷¹ Standing Committee on Human Resources Development and the Status of Persons with Disabilities. (2003) Listening to Canadians: A First View of the Future of the Canada Pension Plan Disability Program. Retrieved September 25, 2008 from <http://cmte.parl.gc.ca/cmte/CommitteePublication.aspx?COM=3269&Lang=1&SourceId=213424>

ii. Duration of a Disability

A disability can last longer than the benefits (Employment Insurance (EI) and Workers' Safety Insurance Benefits) provided.

- Over 30% of EI Sickness benefits recipients exhaust all 15 weeks.⁷² For people living with HIV/AIDS and other disabilities such as multiple sclerosis and mood disorders, the episode of inability to work can last longer than 15 weeks.
- According to the 2004 EI Monitoring and Assessment Report,⁷³ 10% of those who used all 15 weeks of EI sickness benefits received CPP disability benefits afterwards. This finding suggests that 15 weeks of sickness benefits may not be enough.

"An analysis tracked EI sickness claimants who used all 15 weeks of benefits to investigate the extent to which they later accessed Canada Pension Plan (CPP) disability benefits. It was found that only 10% of those who used all 15 weeks of EI sickness benefits received CPP disability benefits afterwards."⁷⁴

It is unknown how many of these claimants who exhausted EI Sickness Benefits may not have a benefits package through their employer that would provide the income support for the period of time until there was CPPD coverage, and the extended health benefits needed, such as medication and rehabilitation services.

iii. Adequacy of benefits

As indicated above, social assistance and EI's maximum of 15 weeks of benefits are often inadequate for persons who have episodic disabilities. The average CPPD benefits are less than Low Income Cut-Off (LICO) measures, as developed by Statistics Canada. (See chart below for specific comparisons.) The maximum CPPD benefit is about equivalent to Alberta's Assured Income for the Severely Handicapped (AISH) program but the average CPPD payment is more in line with provincial disability benefit levels. CPPD benefits provide partial income replacement consisting of a flat rate and an amount based on contributions to the CPP by the individual (See Annexes pp. 32-37, 80-81).

Thirty years ago, seniors' benefits and disability benefits were equivalent in Ontario. CPP benefits are indexed to the cost of living. Disability benefits are not indexed in provinces and territories (with the exceptions of social assistance benefits in Newfoundland & Labrador and Quebec that are indexed annually). As a result, Ontario Disability Support Plan (ODSP)

⁷² Human Resources and Social Development Canada. 2005 Monitoring and Assessment Report. Retrieved July 31, 2008 from http://www.hrsdc.gc.ca/en/ei/reports/eimar_2005.shtml

⁷³ Human Resources and Social Development Canada. 2004 Monitoring and Assessment Report. Retrieved September 15, 2008 from http://www.hrsdc.gc.ca/en/ei/reports/eimar_2004.shtml

⁷⁴ Canada Employment Insurance Commission. Retrieved July 31, 2008 from http://www.hrsdc.gc.ca/en/ei/reports/eimar_2004.pdf

benefits now trail Old Age Security (OAS) / Guaranteed Income Supplement (GIS) and Guaranteed Income System for the Aged (GAINS-A) by 20% and continue to erode. Clawbacks can result in lower net benefits and inadequate income.

The chart below shows the average and maximum annual benefit amounts for CPPD payouts contrasted with the Statistics Canada developed Low Income Cut-Off (LICO) values and the Low Income Measure (LIM). The most current figures available on the respective websites in each category were used. Canada Pension Plan is intended to be a partial income replacement supplement. Employment earnings may be one source of alternative earnings. The CPPD allows \$4400 (for 2008) in earnings without informing Service Canada staff.⁷⁵

The allowable earnings taken in conjunction with the average annual benefit amount of \$13629.24 would still place the recipient below the LICO value for 2007. Although LICO values are not an indicator of poverty, they provide insight into the income level below which one would spend a majority of personal income on basic living needs. This analysis leads to the conclusion that recipient income may need to be further supplemented beyond the allowable earnings (before advising Service Canada staff). In addition, disincentives to earning income when receiving disability income support should be examined carefully.

Income Support Benefits and Low Income Measures					
CPPD Average Monthly Benefit (2007)	CPPD Maximum Monthly Benefit (2008)	CPPD Average Annual Benefit (2007)	CPPD Maximum Annual Benefit (2008)	2007 Low income cut-offs after tax	Low income measure after tax (2006)
\$785.77	\$1,077.52	\$9,429.24	\$12,930.24	\$17,954	\$15,179

iv. Workplace Concerns

Attendance management programs presuppose choices that are unrealistic for employees who have an episodic disability. For example, some employee management programs identify a 'problem employee' as someone who is absent more than eleven days per year. People living with episodic disabilities may be routinely absent for more than eleven days per year. Discussions need to include the employers and employees in order to develop mechanism to offset the costs of accommodating/supporting employees who may need to be absent due to the episodic nature of their illness.

In order to explore the workplace concerns further and specifically the responsiveness of the employer sector to employees or applicants with episodic disabilities, CWGHR undertook a

⁷⁵ Service Canada. CPP Disability – I am receiving a benefit. Retrieved July 23, 2008 from <http://www1.servicecanada.gc.ca/en/isp/cpp/receive.shtml>

survey of Certified Human Resources Professionals (CHRP) in Canada.⁷⁶ Four hundred and eighty-two CHRP responded to the survey. Some of the key findings of the analysis of the responses were as follows:

- Human resources professionals (where available) have few options for income support to present to employees who cannot work full-time due to a disability.
- One of the reasons for few options is that private insurance carriers have not designed flexible plans that allow people living with episodic disabilities, when working part-time to their capabilities, to:
 1. Receive income support for the episodes when unable to work, and
 2. Continue to receive extended health care benefits both at work and while absent from the workplace.⁷⁷

v. Effective Communication about the real issues

The Government of Canada recognizes and responds to the need for mechanisms for communication to address the interjurisdictional aspects on a range of issues. For example, there are established Federal/Provincial/Territorial (FPT) Advisory Committees on: Applied Research, Income Support Directors, Child Welfare Directors, the National Child Benefit and others.

The range of issues discussed in this paper presents an ideal opportunity for relevant FPT advisory committees to meet, not only on their own, but also with each other to promote a coordinated interjurisdictional approach to these complex issues. For example, a meeting between the FPT Advisory Committee on HIV/AIDS and the FPT Working Group on Benefits and Services for Persons with Disabilities might be held in order to discuss how these two committees can collaborate to promote a coordinated approach to disability income and employment support for people living with HIV and other episodic disabilities who may be able to work.

Meetings and open lines of communication between these committees could promote increased awareness of issues of mutual concern and identify much needed mechanisms to

The range of issues discussed in this paper present an ideal opportunity for relevant FPT advisory committees to meet, not only on their own, but also with each other to promote a coordinated interjurisdictional approach to these complex issues.

⁷⁶ Wong, Lily. (2006). A Report on a Survey of Certified Human Resources Professionals regarding Episodic Disabilities. Canadian Working Group on HIV and Rehabilitation.

⁷⁷ Ibid.

address the income support and employment needs and challenges of people living with HIV. Those making policy decisions, influencing and/or developing programs for people living with HIV will have increased understanding of disability income support and employment policies and programs that impact the lives of people living with HIV. At the same time, people involved with disability support programs will have increased awareness of the challenges of people living with HIV and other episodic disabilities related to income and employment.

In addition:

- Web and other resource material on eligibility rules, program expenditures, and the value of benefits is haphazard, difficult to find and often unavailable.⁷⁸
- Information that was once made available on program comparisons across jurisdictions is no longer collected or maintained by the federal government.

To address this, the federal government should consider renewing its commitment to produce an inventory of federal, provincial and territorial disability programs and make it available to the public through one common set of web resources.

4.3. Policy Coherence

Consideration should be given to a national approach to:

- Generate a comprehensive cross-Canada vision for labour force participation for people living with disabilities; and
- Develop strategies to promote and support active involvement of employers and workplaces in participating in the development of these solutions.

4.4. Other Jurisdictions

International and Canadian studies have concluded that, in order to achieve significant benefits for the integration of people living with disabilities, national governments must establish strong and coherent policies in the area of employment.⁷⁹

⁷⁸ Observation of one of the researchers for this paper.

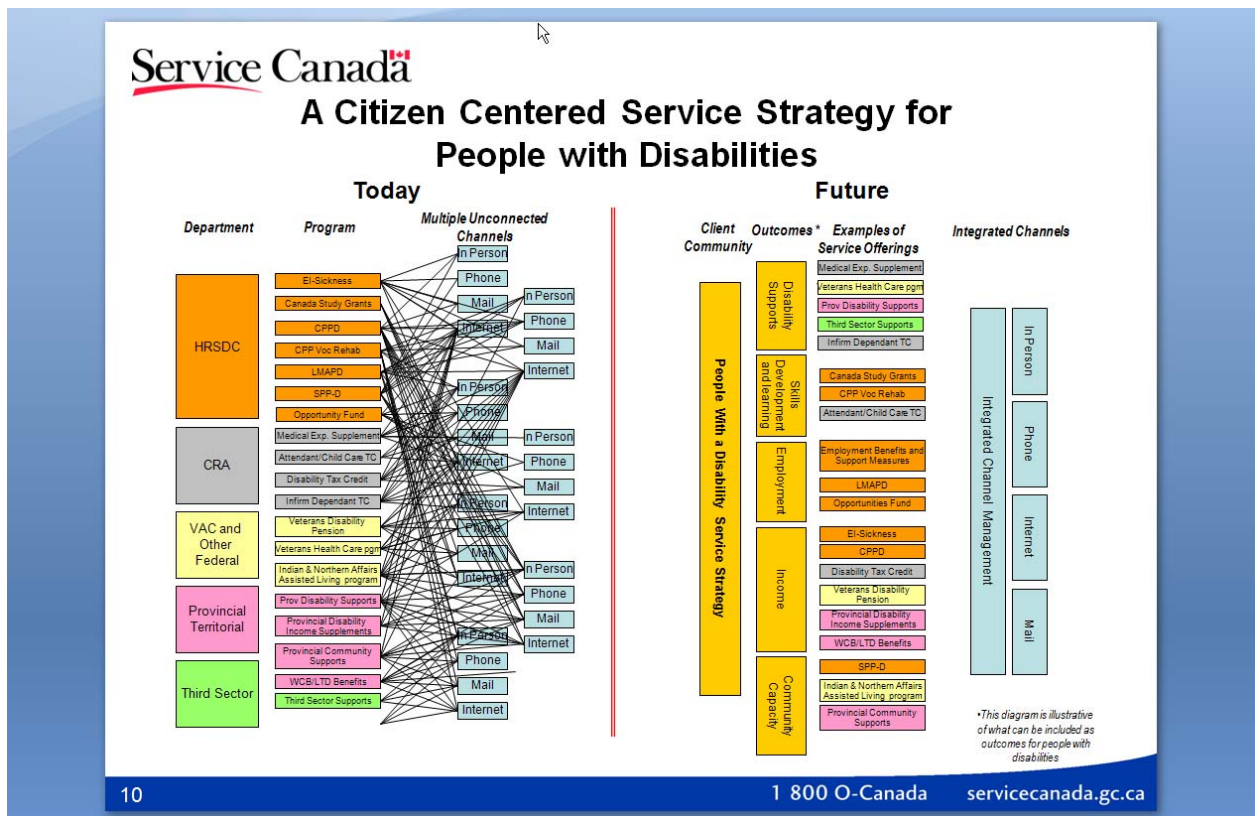
⁷⁹ CWGHR commissioned the Social Program Evaluation Group at Queen's University to analyze Canadian and international income support, disability and work place policies and programs related to episodic disabilities. The full report can be accessed at http://www.hivandrehab.ca/EN/research/episodic_disabilities.php. In addition, an annotated bibliography (alphabetical and categorized) is available on request. Bullets above reflect the features of responsive policies and programs.

Comprehensive models in other jurisdictions include:

- active involvement by business and labour in federal policy and program planning;
- active employer contact with workers with disabilities;
- early assessment with a rehabilitation focus;
- programs which encourage and support labour force participation;
- provision of financial assistance (including partial benefits);
- government-funded incentives made available to employers to enable them to play a strong proactive role in early identification, planning for rehabilitation and immediate protection of financial security.

4.5. Doing ‘The Right Thing’

An “After” picture below for the person/consumer with a disability was developed by Service Canada in 2006 – presenting a vision for coordinated service delivery to Canadians with disabilities. This template would necessitate the creation of a navigation tool for access to all existing programs.



Before moving forward with a discussion, it may be useful to re-iterate the framework by which we are approaching this review. Although a primary objective of the *Navigating the Maze* project is to promote communication and integration among programs and policies, and opportunities for labour force participation for people living with HIV/AIDS, it is believed that the review of the relevant employment and disability income support programs and policies will have implications for the much larger community of people living with episodic disabilities.

5. LIMITATIONS

The intent of this discussion paper is not to provide an exhaustive or in-depth treatment of the respective federal and provincial income support programs, injury-related forms of insurance such as auto insurance plans or workplace programs and choices that exist for people living with episodic disabilities. As stated elsewhere in this paper, further research is needed in this area.

The purpose of this paper is to *promote dialogue and discussion among the key stakeholders* in order to improve coordination, by providing an overview of the range of programs and policies that people with disabilities must navigate. With a greater number of programs exists a greater need for improved communication and coordination.

Research to date on the topic of episodic disabilities is limited. Much remains to be done to identify the additional disability groups that may be classified as episodic. Currently, disability groups self-select to be classified as episodic. When these groups are clarified, it will become possible to determine numbers and other demographics of Canadians living with episodic disabilities and the types of income they are receiving. This work is moving forward, as CWGHR continues partnership building, research and education on the topic of episodic disabilities. Further research is also needed on the socioeconomic and workplace impacts of living with an episodic disability.

6. CONCLUSIONS

This paper builds on the work that has been done by CWGHR and its Episodic Disabilities Initiatives to identify a policy gap that is a deterrent to optimal labour force participation for people living with HIV and other episodic disabilities.

As has been pointed out in previous papers and clarified in this one, disability income support in Canada is, in reality, a range of programs with specific and distinct, sometimes conflicting mandates, provided by different departments in different jurisdictions. For the person living with a disability, navigating the system can be daunting. The person living with HIV or another disability, with episodes of wellness when they can engage in paid employment, may interface with a range of disability support programs that do not provide the opportunity for employment. In many cases disability supports may be jeopardized if/when a person undertakes paid work on a frequent but intermittent or part-time basis. In these cases, many Canadians remain on disability income support, rather than participating in the labour force.

This paper has emphasized the complexity of these issues. As previously discussed, FPT Advisory Committees are well-positioned to be the venues for discussions on interjurisdictional integration. Existing and relevant FPT Advisory Committees which could table the issues presented in this paper and discuss 'next steps' include the FPT Advisory Committees on:

- Benefits and Supports for People with Disabilities,

- CPPD, and
- AIDS.

In the spirit of integration, the purpose of discussions *within* each of these FPT Advisory Committees would be to prepare for discussions *between and among* these Advisory Committees. An inter-FPT Advisory Committees' discussion on the need for a coordinated approach that would remove barriers to labour force participation for people living with HIV and other episodic disabilities would be a significant step toward an integrated system.

This paper has acknowledged the efforts, specifically CPPD and the Public Health Agency of Canada, at the federal level, and ODSP at a provincial level, of addressing the episodic nature of many disabilities. Challenges that continue to be unresolved include identifying the number of Canadians with episodic disabilities, and of those, how many are out of the labour force because of the disincentives or challenges related to working part-time and maintaining disability income support for those times when not able to work. The Government of Canada, specifically CPPD and the Office for Disability Issues (ODI), continue to collaborate on determining these numbers, and identifying concrete ways to increase opportunities for its beneficiaries to participate in the labour force.

Areas for ongoing collaboration and discussion include:

- Identification and development of mechanisms for communication among relevant government departments and ministries, and
- Improved integration and coordination of income and employment policies and programs for people living with HIV/AIDS.

In closing, all stakeholders have a role to play and need to be included in the dialogue on:

- the fundamental purpose(s) of disability income support and how to accommodate the episodic nature of many disabilities,
- resolving the policy gap related to people with episodic disabilities, and
- improving integration of programs

when developing a new comprehensive framework. Through this undertaking, people living with HIV and other episodic disabilities would be better able to navigate the range of programs and utilize the benefits in the social care system when needed while being more independent when their health permits. Building on the significant steps that have already been implemented, and with continued commitment of all the stakeholders, the productive dialogue will continue towards addressing the needs of Canadians living with episodic disabilities.

7. ANNEXES

I. COMPARISON OF INCOME SUPPORT PROGRAMS FOR DISABLED PERSONS – 2007

* Shaded area indicates updates and comments provided by CPPD – July 2008

	Federal Programs			Provincial/Territorial Programs		Private Programs
	CPPD*	EI - Sickness	Federal Tax Measures	Social Assistance	Workers' Compensation	Long-term Disability
Type of Program	Contributory	Contributory	Targeted, funded by tax dollars	Needs-tested, funded by tax dollars	Contributory (employer only)	Contributory
Eligibility Criteria (See definition of disabled below.)	<p>Applicants must meet the CPP Disability medical criteria and the minimum contributory requirements. With valid contributions in four of the last six years.</p> <p>Note: On March 3, 2008, an amendment to the Canada Pension Plan came into force that helps long-term contributors qualify for disability benefits. This amendment allows CPP disability applicants with 25 or more years of contributions to meet the contributory requirements of the program with valid contributions in three of the last six years.</p>	<p>Applicant must provide a medical certificate indicating how long the incapacity is expected to last.</p> <p>Regular weekly earnings must have decreased by more than 40%.</p> <p>Applicant has accumulated 600 insured hours in the last 52 weeks or since the last claim (qualifying period).</p> <p>Applicant must provide a Record of Employment from last employer.</p>	<p>Applicant must be markedly restricted in ability to perform basic activities of daily living (DTC). Medical certificate is needed.</p> <p><i>Some non-refundable credits are based on the high cost of medical treatment or prescription drugs relative to the tax filer's income rather than the degree of disability.</i></p>	<p>Main criterion is need.</p> <p>Applicants undergo a needs test to determine whether their available financial resources (income and assets) are sufficient to meet their budgetary requirements.</p> <p>Each province and territory has its own specific eligibility criteria. Common features are:</p> <ul style="list-style-type: none"> ▪ Proof of age, residence ▪ Information on financial situation, e.g., money in the bank, investments, employment income ▪ Accommodation costs ▪ Medical certificate if disabled <p>In four jurisdictions – New Brunswick, Ontario, Saskatchewan and the NWT – receipt of CPPD qualifies the applicant as disabled for social assistance purposes. In Manitoba, receipt of CPPD may qualify an applicant for disability benefits.</p>	<p>Applicant must have had a workplace injury or workplace disease that prevents him/her from working.</p> <p>The worker must provide medical documentation of condition.</p> <p>The Worker's Compensation Board may request an independent medical examination to determine the extent of the injury.</p>	<p>Applicant must meet criteria a specified in company plan.</p> <p>Generally, clients must demonstrate that they have a "total disability".</p> <p>Eligibility criteria vary widely between plans.</p> <p>Most require a minimum length of workplace service.</p> <p>Long-term disability (LTD) benefits are usually paid to an individual unable to work for 2 years or more following approval of the claim.</p>
Definition of Disabled	Disability is "severe and prolonged", as defined in the	Not applicable	Severe and prolonged mental or physical	Not all jurisdictions define "disabled".	Only Newfoundland and Labrador and the	No standard definition – varies according to

	Federal Programs			Provincial/Territorial Programs		Private Programs
	CPPD*	EI - Sickness	Federal Tax Measures	Social Assistance	Workers' Compensation	Long-term Disability
	legislation: that is, a mental or physical disability that prevents a person from working regularly at any job at a substantially gainful level.	Physician must provide a medical certificate stating the applicant is not able to work. The nature of the illness does not have to be disclosed.	impairment resulting in significant restrictions in basic activities of daily living or the need for life-sustaining therapy.(DTC).	For jurisdictions where there is a definition in legislation or policy, it varies considerably. Ontario is the only jurisdiction that specifies that people living with HIV/AIDS are automatically eligible for ODSP benefits.	Yukon define "disabled". Jurisdictions use disability rating schedules to determine the degree of disability.	plan. In general, it is an inability to continue working due to an illness or injury.
Earnings policy	For 2008, a recipient may earn up to \$4,400 per year (gross income before taxes) before needing to contact CPPD. This threshold is not a point at which benefits are stopped; it is an opportunity to talk with CPPD staff who will provide support and services to support beneficiaries continue working, such as: A paid work trial of up to three months is available, during which clients can test their ability to work while continuing to receive their CPP disability benefits. Vocational Rehabilitation Services. Clients continue to receive benefits during their participation in the program. (See Employment Services Section.)	Earnings are deducted dollar for dollar from benefits.	Not applicable.	Each jurisdiction has its own policy concerning the treatment of earnings from employment. <i>In Nova Scotia, New Brunswick and BC, people applying for assistance are not allowed an exemption on earnings.</i> All provinces except Ontario provide a flat rate exemption (amount varies). This means a client can earn up to the specified amount without a reduction in benefits. Most provinces exempt a percentage of earnings in excess of the flat rate exemption. Ontario applies an across	Not applicable.	Varies widely between plans.

	Federal Programs			Provincial/Territorial Programs		Private Programs
	CPPD*	EI - Sickness	Federal Tax Measures	Social Assistance	Workers' Compensation	Long-term Disability
				the board exemption of 50% of net earnings.		
Allowable assets	Not applicable	Not applicable	Not applicable	<p>These vary between jurisdictions.</p> <p>In Quebec, the allowable liquid asset levels are lower for applicants than they are for recipients.</p> <p>Among the needs-tested programs, Ontario's asset exemption levels are the highest at \$5,000 for a single disabled person.</p> <p>Alberta's AISH program allows an exemption of \$100,000.</p>	Not applicable	Not applicable
Health Benefits	Not applicable	Not applicable	Not applicable	<p>All provinces and territories provide varying levels of health benefits. The most basic is prescription drug coverage. Most also cover dental and optical services.</p> <p>Special needs provisions permit additional assistance for health-related needs.</p>	<p>Health benefits are provided through each jurisdiction's program.</p> <p>Benefits may include treatment by medical practitioners, hospitalization, drugs, x-rays, prosthetic appliances, transportation or alternative treatment.</p> <p>The type of benefits provided varies between provinces and territories.</p>	<p>Varies according to the plan.</p> <p>May include drugs, nursing services, ambulance services, assistive devices, and medical services that fall outside the scope of government plans.</p>
Employment Services	The CPP Disability Vocational Rehabilitation Program is a voluntary program that helps CPPD recipients return to work. Personalized vocational rehabilitation support is available to meet the unique	EI - Part II provides for Employment Benefit and Support Measures (EBSMs) and the National Employment Service (NES). These activities are designed	Not applicable	<p>Jurisdictions each have their own employment services – see provincial and territorial summaries.</p> <p>All provinces use the services available under the Labour Market</p>	All Boards provide vocational rehabilitation services and programs.	<p>Varies between plans.</p> <p>May include</p> <ul style="list-style-type: none"> ▪ medical and occupational assessment ▪ rehabilitation services

	Federal Programs			Provincial/Territorial Programs		Private Programs
	CPPD*	EI - Sickness	Federal Tax Measures	Social Assistance	Workers' Compensation	Long-term Disability
	<p>needs of each participant.</p> <p>Vocational rehabilitation services are available across Canada and may include:</p> <ul style="list-style-type: none"> ▪ Vocational counselling/ planning ▪ Job Development ▪ Skills Training and/or Education ▪ Job Search Assistance ▪ Supportive monitoring on the job ▪ Referrals and Partnerships <p>Clients continue to receive CPP disability benefits during their participation in the CPPD Vocational Rehabilitation program.</p>	<p>to help EI clients prepare for, obtain and maintain employment.</p> <p>EBSMs are delivered through the Labour Market Development Agreements (LMDAs) with all the provinces and territories. These may take the form of skills development, targeted wage subsidies, self-employment assistance, and job creation partnerships.</p> <p>NES's focus on enhancing employment support measures.</p>		<p>Agreements for Persons with Disabilities (LMAPD) – see Federal Employment Services for the Disabled summary.</p>		<ul style="list-style-type: none"> ▪ use of case managers to assist in return to work
Reinstatement provisions	<p>Automatic Reinstatement of CPPD benefits provides a financial safety net for those whose CPP disability benefits are stopped because they have returned to regular employment. If they cannot continue working because their disability recurs, benefits can be reinstated without having to reapply. This is available for two years from the date their benefit was stopped and within one year of the recurrence of the disability.</p> <p>There is no limit to the number of times a client can use Automatic Reinstatement.</p>	Not applicable	Not applicable	<p>Only three jurisdictions have reinstatement provisions: Ontario, Alberta (AISH program) and BC.</p> <p>These three jurisdictions have separate legislation providing for assistance for disabled persons.</p>	Not applicable	Not applicable

	Federal Programs			Provincial/Territorial Programs		Private Programs
	CPPD*	EI - Sickness	Federal Tax Measures	Social Assistance	Workers' Compensation	Long-term Disability
	<p>This provision is available to all CPPD recipients and provides support to those with episodic disabilities who may alternate between periods of regular employment and periods when income support is required.</p> <p>“Fast-track Re-application” provides an additional measure of support for clients who do not meet the timelines or criteria associated with the Automatic Reinstatement provision. This simpler, faster application process is available for five years from the date benefits are ceased. Earnings and contribution requirements must be met as a pre-condition for qualifying. There is no limit to the number of times the Fast-Track Re-application process may be used.</p>					
Appeal provisions	<ul style="list-style-type: none"> ▪ Reconsideration or administrative review ▪ Appeal to a Review Tribunal ▪ Pension Appeals Board <p>In some cases decisions of the Pension Appeals Board may be brought to the Federal Courts for Judicial Review. The Federal Courts either uphold the decision or return it to the Pension Appeals Board for a new review.</p>	<ul style="list-style-type: none"> ▪ Board of Referees ▪ Umpires 	<p>Federal income tax assessments may be appealed.</p> <ul style="list-style-type: none"> ▪ Request for reconsideration from staff. ▪ Formal appeal through CRA's Appeal Branch ▪ Tax Court of Canada ▪ Federal Court of Appeal ▪ Supreme Court of Canada 	All jurisdictions have varying types of appeal mechanisms.	<ul style="list-style-type: none"> ▪ Internal review/appeal bodies exist in all provinces and territories ▪ External review/appeal boards exist in all jurisdictions except New Brunswick. 	Persons may request a written request for reconsideration of any decision relating to their claim.
Maximum	\$1077.52 for new	The 2007 maximum	Not applicable.	Needs-tested SA:	Compensation is	Benefits are generally

	Federal Programs			Provincial/Territorial Programs		Private Programs
	CPPD*	EI - Sickness	Federal Tax Measures	Social Assistance	Workers' Compensation	Long-term Disability
monthly benefit	<p>beneficiaries in 2008 Benefits are indexed annually.</p> <p>The benefit consists of a flat rate amount plus a portion based on contributions to the CPP.</p> <p>Children of CPP disability beneficiaries are also eligible for a flat rate monthly benefit up to the age of 18, or up to age 25 if attending school full-time. CPP Disability Children's benefit amount is \$208.77 per month for 2008.</p>	<p>weekly benefit is \$423 (approx. \$1,831/ month)</p> <p>The basic benefit rate is 55% of average insured earnings up to a yearly maximum insurable amount of \$40,000.</p> <p>Low-income families with children who receive the Canada Child Tax Benefit are entitled to the Family Supplement. This results in a benefit of up to 80% of average insurable earnings.</p>	<p>Credits are used to reduce the amount of federal income tax payable.</p>	<p>maximum monthly basic benefits for a single disabled person in the provinces range from a low of \$600 in New Brunswick to a high of \$999 in Ontario.</p> <p>Alberta's AISH program (income and asset tested) provides \$1,050.</p> <p>These amounts exclude any assistance for recurring special needs. These are determined on a case by case basis.</p> <p>Indexation provisions exist in Newfoundland and Labrador and Quebec.</p>	<p>based on the worker's insurable earnings prior to the injury, the extent and duration of the disability, or both.</p> <p>Maximum benefits for a permanent disability range from 75-90% of net earnings, subject to maximum earnings level (vary by province and territory).</p> <p>In 2007, maximum monthly benefits, where legislated, range from a monthly low of \$2,397 in Newfoundland and Labrador to \$4,830 in Alberta.</p> <p>Some jurisdictions provide a lump sum payment in addition to a monthly benefit.</p>	<p>a percentage of pre-disability income. This usually ranges between 60-70%.</p> <p>Note that this amount <u>includes</u> any CPPD, QPPD or Workers' Compensation to which the claimant is entitled.</p>
Average monthly benefit	\$785.77 (Oct. 2007)	\$286.75 in 2006	Not applicable	Not available	Not available	Not available
Other		<p>You must serve a 2-week unpaid waiting period before EI benefits begin to be paid.</p> <p>Benefits may be paid for a maximum of 15 weeks.</p>	<p>Most tax measures provide non-refundable credits to eligible tax filers.</p> <p>This paper focuses on the following credits:</p> <ul style="list-style-type: none"> ▪ Disability Tax Credit ▪ Medical Expense Tax Credit ▪ Caregiver Credit ▪ Infirm Dependant Credit ▪ Disability Supports Deduction 	<p>Co-ordination of benefits is in effect.</p> <p>All other sources of income must be explored.</p> <p>Available resources such as CPP, EI, Worker's Compensation, private disability insurance are deducted dollar for dollar from benefits.</p>		<p>Co-ordination of benefits is in effect.</p> <p>LTD benefits are reduced dollar for dollar by any CPPD, QPPD or Workers' Compensation.</p>

	Federal Programs			Provincial/Territorial Programs		Private Programs
	CPPD*	EI - Sickness	Federal Tax Measures	Social Assistance	Workers' Compensation	Long-term Disability
			<ul style="list-style-type: none"> ▪ Refundable Medical Expense Supplement ▪ Child Disability Benefit 			

****The Quebec Pension Plan provides similar benefits for disabled persons.***

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II. FEDERAL EMPLOYMENT PROGRAMS FOR THE DISABLED

<i>FEDERAL EMPLOYMENT PROGRAMS FOR THE DISABLED</i>	
Labour Market Agreements for Persons with Disabilities (LMAPD)	
Administering department	Human Resources and Social Development Canada
Description	<p>Under the Labour Market Agreements for Persons with Disabilities (LMAPD), the Government of Canada contributes funding to provincial programs and services to improve the employment situation of Canadians with disabilities by:</p> <ul style="list-style-type: none"> ▪ Enhancing their employability, ▪ Increasing the employment opportunities available to them, and ▪ Building on the existing knowledge base. <p>The LMAPDs are a partnership between federal and provincial governments. Common principles, objectives, and priority areas for action are outlined in the Multilateral Framework for Labour Market Agreements for Persons with Disabilities. The Government of Canada contributes 50% of the costs incurred by provinces for programs and services funded under the LMAPD, up to the amount of the federal allocation identified in each bilateral agreement.</p> <p>Provinces are responsible for the design, delivery and administration of funded programs and services. Provinces have the flexibility to determine their own priorities and approaches to address the needs of persons with disabilities in their jurisdictions. Examples of interventions that provinces may choose to jointly fund under this initiative include:</p> <ul style="list-style-type: none"> ▪ Job coaching and mentoring; ▪ Pre-employment training and skills upgrading; ▪ Post-secondary education; ▪ Assistive aids and devices; ▪ Wage subsidies; ▪ Accessible job placement networks; ▪ Self-employment; and ▪ Other workplace supports.
Cost	\$220 million in 2005-06
The Opportunities Fund for Persons with Disabilities	
Administering department	Human Resources and Social Development Canada
Description	<p>The Opportunities Fund for Persons with Disabilities program is a contribution program designed to assist people living with disabilities to return to work. Project agreements may be negotiated with businesses, organizations, band/tribal councils, municipal governments, public or educational institutions and individuals.</p> <p>The objectives of the Opportunities Fund are:</p>

<i>FEDERAL EMPLOYMENT PROGRAMS FOR THE DISABLED</i>	
	<ul style="list-style-type: none"> • To assist eligible people living with disabilities to prepare for and obtain employment or self-employment, as well as to develop the skills necessary to maintain it. • To support effective and innovative activities such as, but not limited to: <ul style="list-style-type: none"> - Encouraging employers to provide individuals with work opportunities and experience; - Assisting individuals to increase their employment skill level; and - Helping individuals to start their own business. • To work in partnership with organizations for people living with disabilities, including the private sector, to support innovative approaches to integrate individuals with disabilities into employment or self-employment; and to address barriers to an individual's labour market participation <p>Services may be provided directly to eligible individuals or through organizations through projects funded by the Opportunities Fund.</p>
Eligibility criteria	A disabled person who is unemployed or working less than 20 hours/week, not eligible for EI, self-identified as having a permanent physical or mental disability, legally entitled to work in Canada, and in need of assistance to prepare for employment, find employment or become employed or self-employed
Cost	\$23.6 million in 2005-2006

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III. COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

INTRODUCTION

This section focuses on programs of last resort – generally referred to as social assistance or welfare – in each province and territory. These are programs that provide assistance to individuals and families who have exhausted all other avenues of support.

The information in the tables was obtained from provincial and territorial websites. Every attempt was made to ensure that the information was current as of November 1, 2007. The interpretations of legislation, regulations and policy have not been reviewed by provincial or territorial authorities. Any errors in interpretation or omissions are attributable to the author.

GENERAL PROVISIONS

Social assistance is the responsibility of provincial and territorial governments. Although there are many common elements in the process of applying for assistance, assessing eligibility, determining what constitutes available resources etc., each jurisdiction's program is unique. The following section provides an overview of the common features of social assistance programs.

Eligibility Criteria

Applicants must meet each jurisdiction's *administrative requirements*. Typically, applicants must

- show proof of identity, age and residence;
- provide financial information, including bank accounts and employment pay stubs;
- provide a medical certificate if disabled or unable to work.

Applicants are usually required to follow an employment plan that has been drawn up based on their situation. Failure to do so can result in a reduction in benefits or suspension of benefits. Finally, all clients are required to report any changes in their circumstances.

In order to be eligible for assistance, clients must go through the *needs test*. This looks at (a) their assets, (b) their income and (c) their budgetary needs.

Assets

All jurisdictions exempt fixed assets such as the principal residence, household effects, furniture, a car, tools essential to a trade, etc. In order to be eligible for assistance, liquid assets – that is, cash or readily converted investments – must fall below legislated levels.

Income

Once applicants meet the asset test, their income is reviewed. Some sources of income are considered fully exempt, meaning they are not considered in the determination of eligibility. Examples include refundable tax credits, AIDS or Hep-C compensation payments, and Canada Child Tax Benefit payments.

Other sources of income are non-exempt. Examples include Canada Pension Plan payments, Employment Insurance benefits, Workers' Compensation benefits, and long-term disability pension income. In all jurisdictions, these are deducted dollar for dollar from any social assistance entitlement.

Most jurisdictions allow clients to retain a portion of employment earnings: these are called earnings exemption provisions. These vary considerably across the country and are outlined in each of the provincial and territorial summaries.

Budgetary Needs

Provinces all have their own levels of budgetary needs. These are the maximum benefits they will pay to cover the basic needs of an individual or a family. These vary based on the applicant's employment potential, the size of the family, the area the family lives, etc.

Applicants are eligible when there is a budget deficit. This occurs when the applicant's available financial resources are lower than maximum benefit payable.

Basic Needs

Basic benefits cover food, clothing, personal needs, household needs and shelter (including utilities). Some provinces have a separate child benefit program that covers the costs of basic needs for children. These are not discussed in this overview.

Special Needs

Special needs include a range of medical items, transportation, employment-related items, special dietary needs, and funerals. Families with children can receive assistance for day care, back-to-school items. Eligibility for special needs is assessed on an individual basis.

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

NEWFOUNDLAND AND LABRADOR

INCOME SUPPORT PROGRAM

Family Benefit Program (covers basic needs for adults)
Social Assistance (covers shelter, special needs, Drug Card coverage)

Administering department	Dept. of Human Resources, Labour and Employment
Type of program	The Family Benefit Program and Social Assistance programs are needs tested.
Eligibility criteria	General provisions apply.
Definition of "disabled"	"person requiring supportive services" means a person who, as certified by an approved professional, requires supportive services to assist with daily living See also "Employment Services" section below.
Is HIV/AIDS or other episodic disorders included in definition?	Not specified in legislation or regulations
Are benefits available to people living with episodic disorders under another designation?	Not specified in legislation or regulations
Income provisions (not exhaustive)	<i>Earnings exemptions</i> for a person requiring supportive services are: <ul style="list-style-type: none"> ▪ 100% of income up to \$95 plus 10% of income in excess of \$95 to a maximum total exemption of \$150 a month, and ▪ For 2 or more persons where at least one person is a person requiring supportive services, 100% of income up to \$150 plus 10% of income in excess of \$190 to a maximum total exemption of \$275 a month
Allowable assets	<ul style="list-style-type: none"> ▪ for a person requiring supportive services \$3,000 ▪ for a person requiring supportive services with one or more dependants, including that person's spouse or cohabiting partner, \$5,500
Health benefits available	All Income Support clients receive coverage through the Newfoundland and Labrador Prescription Drug Program (NLPDP). The <i>Drug Card</i> provides full coverage for approved prescription drugs, dispensing fees and limited dental coverage. The <i>Extended Drug Card</i> covers the full cost of approved prescription drugs, dispensing fees and limited dental coverage for a period of six months from the date the individual or family is no longer eligible for Income Support.
Employment services available to Income Support clients	For the purpose of determining eligibility for employment services, a "person with a disability" means a person who, because of a persistent and permanent physical, sensory, speech, communication, psychological, psychiatric, developmental or other disability, demonstrates significant challenges in accessing education, training or employment. A person with a disability may be eligible for employment supports and

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

NEWFOUNDLAND AND LABRADOR

	<p>services to acquire the skills, experience and supports necessary to successfully prepare for, access and keep work.</p> <p>Employment support services include wage subsidy programs, employment support services, placement support allowances (e.g., for literacy skills, adult basic education), short-term training, work supports (e.g., tools, clothing), and assessment and counselling.</p>
Reinstatement provisions	No references found in legislation or regulations.
Appeal provisions	<ul style="list-style-type: none"> ▪ Internal review - clients may request that Program Supervisor or District Manager review their case. ▪ Internal Review Committee ▪ Income and Employment Support Appeal Board.
<p>Sample maximum monthly rate for a single disabled person</p> <p><i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i></p>	<p>\$732/month (Includes basic needs of \$458, shelter allowance of \$149, and Flat Rate Disability Allowance of \$125).</p> <p>Other provisions:</p> <ul style="list-style-type: none"> ▪ An additional \$100/month for where shelter benefit is insufficient, ▪ \$50/month for fuel where it is not included in rent. <p><i>Special needs:</i> The regulations note that a special diet allowance of \$45 is available for each recipient or dependent with a medical condition receiving income support where that person's condition has been certified by an approved professional.</p> <p><i>Rate reductions for persons under 30 years of age:</i> the monthly amount of income support for a single person under age 30 who, as determined by an officer, has barriers or impairments which limit that person's pursuit of employment or training is \$435.</p>
OTHER HEALTH BENEFITS	
	<p><i>Drug Card Only</i> – persons not in receipt of Income Support benefits, but who require assistance due to the high cost of prescription drugs, can apply for a 'drug card only' assessment. Eligibility is determined by assessing income, assets and individual circumstances, which would include the cost of the drugs prescribed.</p> <p><i>Low Income Drug Program</i> - the Department of Health and Community Services provides assistance to low-income individuals and families to cover the cost of prescription drugs through the <i>Low Income Drug Program</i>. This came into effect January 1, 2007. http://www.health.gov.nl.ca/health/nlpdp/lidp.htm</p> <p><i>NLPDP – High Cost Drug Program</i> came into effect Oct. 31, 2007 to provide assistance to persons spending a high proportion of their income on drug costs. http://www.health.gov.nl.ca/health/nlpdp/hdc_notice_residents.pdf</p>

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

NEWFOUNDLAND AND LABRADOR

	<p>The Department of Health and Community Services operates the Newfoundland and Labrador Prescription Drug Program, which provides financial assistance for prescription drugs.</p> <p><i>Access Plan</i> – gives coverage to low-income families and individuals. The annual net income thresholds for eligibility are:</p> <ul style="list-style-type: none"> ▪ \$19,000 or less for single individuals ▪ \$21,000 or less for couples and ▪ \$30,000 or less for families with children <p><i>Assurance Plan</i> – assists those with high drug costs. It caps eligible drug costs at 5%, 7.5% or 10% of net family income.</p> <ul style="list-style-type: none"> ▪ Income up to \$39,999 – 5% ▪ Income \$40,000 to \$74,999 – 7.5% and ▪ Income \$75,000 to \$149,999 – 10%
<p>ADDITIONAL SUPPORTS FOR DISABLED PERSONS</p>	
	<p>A range of additional supports is available to disabled persons through the Department of Health and Community Services.</p> <p><i>Special Needs Board and Lodging Supplement:</i> The Department of Human Resources and Employment is responsible for the payment of the basic monthly board & lodging for all adults who live with non-relatives. When adults, aged 18 years or older, with developmental or physical disabilities require higher rates to live in such settings, this basic rate is supplemented through Health and Community Services, according to assessed needs, to provide a combined payment up to the maximum monthly amount allocated in policy.</p> <p><i>Other Special Needs Funding:</i> Funding maybe available to cover the costs of additional minor expenses to enable a person with disabilities to make their home environment accessible or to make minor furniture/appliance repairs.</p> <p><i>Special Assistance Program:</i> Funding provided to alleviate the costs of supportive health services to assist with activities of daily living for clients in the community that would ordinarily be a benefit extended to persons in hospitals or nursing homes.</p>

Sources:

Government of Newfoundland and Labrador Human Resources, Labour and Employment. Investing in People: Building the Future Together. Retrieved from <http://www.hrle.gov.nl.ca/hrle/>

Government of Newfoundland and Labrador Human Resources, Labour and Employment. Legislation and regulations. Retrieved from <http://www.assembly.nl.ca/legislation/sr/statutes/i00-1.htm>

Government of Newfoundland and Labrador Human Resources, Labour and Employment. The Newfoundland and Labrador Family Benefit. Retrieved August 5, 2008 from <http://www.gov.nl.ca/services/family.stm>

Government of Newfoundland and Labrador Health and Community Services. Health and Community Services Homepage. Retrieved August 5, 2008 from <http://www.health.gov.nl.ca/health/>

Government of Newfoundland and Labrador Health and Community Services. Policy and Program Services. Retrieved August 5, 2008 from <http://www.health.gov.nl.ca/health/divisions/pgmpolicy/default.htm>

Government of Newfoundland and Labrador Health and Community Services. Pharmaceutical Services. Retrieved August 5, 2008 from <http://www.health.gov.nl.ca/health/nlpdp/default.htm>

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

PRINCE EDWARD ISLAND

SOCIAL ASSISTANCE PROGRAM

Administering department	Social Services and Seniors
Type of program	Needs tested
Eligibility criteria	<p>See general provisions</p> <p>Applicant must demonstrate he is seeking employment or willing to undergo training. An applicant who is unable to seek employment must provide the Director with a medical report describing the nature and extent of the disability, and whether it is of a long-term nature. Where the duration of the disability is indefinite, the Director may require the applicant to undergo further medical assessments.</p> <p>Applicants with a disability are required to accept employment or training that will improve or restore their capacity to support themselves.</p>
Definition of "disabled"	<p>A person with a disability is defined in regulation as a person in need who has an ongoing intellectual, mental or physical impairment.</p> <p>Judgments as to the nature and extent of a disability shall be left to medical and other health care professionals.</p>
Is HIV/AIDS or other episodic disorders included in definition?	No references found in legislation, regulations or policy manual
Are benefits available to people living with episodic disorders under another designation?	No references found in legislation, regulations or policy manual
Income provisions (not exhaustive)	<p><i>Earnings exemptions for long-term applicants:</i></p> <ul style="list-style-type: none"> ▪ Single person - \$75 plus 10% of remaining net income ▪ Families - \$125 plus 10% of remaining net income
Allowable assets	<ul style="list-style-type: none"> ▪ Single disabled person: \$900 ▪ Couple, one person disabled: \$1,800
Health benefits available	Clients are eligible under the Financial Assistance Drug Program, which covers the full cost of prescription drugs. All Social Assistance clients are issued Personal Health Cards. Dental and optical benefits are also provided.
Employment services available	Clients may be referred to the provincial Job Creation Program or Employment Enhancement Program. They may also be referred to HRSDC programs in the province.
Reinstatement provisions	No references found in legislation, regulations or policy manual
Appeal provisions	Applicants may appeal decisions to the Appeal Board
Sample maximum monthly rate for a single disabled person	\$665/month (includes \$199 for food/clothing/household/personal plus \$466 for shelter)
<i>This rate assumes that the individual has no earnings and is receiving maximum</i>	<p>Other basic needs available:</p> <p>Special diet allowance of up to \$25/month</p> <p>Transportation allowance of up to \$20/month</p>

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

PRINCE EDWARD ISLAND

<i>social assistance benefits.</i>	<p>The following special needs items may only be paid to clients who are <i>ineligible</i> for benefits under the Disability Supports Program (see next section):</p> <p>Special Care Allowance – up to \$40/month Personal Care Allowance – up to \$53/month Disability Allowance – up to \$150/month where an individual is being cared for by a family member. Special transportation for medical reasons – up to \$25/month</p> <p>Clients may only receive assistance for a maximum of 12 months, at which time their situation is reassessed.</p>
<p>DISABILITY SUPPORT PROGRAM Program provides financial support to people living with qualifying disabilities. Assistance is limited to disability-related costs for services and supports.</p>	
Administering department	Social Services and Seniors
Type of program	Income tested
Eligibility criteria	<p>Must be under 65 upon application and a resident of PEI.</p> <p>Disability must substantially limit the person's ability to carry out activities of daily living.</p> <p>Clients must access other programs and services, such as EI, CPPD, Worker's Comp, long-term disability insurance.</p>
Definition of "disabled"	<p><i>A physical, intellectual and/or neurological impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.</i></p> <p><i>The condition must be continuous or recurrent and likely to continue for at least one year.</i></p> <p>People living with medical conditions which do not result in a long-term disability, such as are cancer, diabetes, asthma, Crohn's disease, neuropathy, epilepsy, addictions, chronic pain, minor arthritic conditions, are not eligible.</p>
Is HIV/AIDS or other episodic disorders included in definition?	No
Are benefits available to people living with episodic disorders under another designation?	No
Income provisions (not exhaustive)	Individuals and families share the costs of services and supports. This is based on an assessment of their net taxable income and the costs of the supports needed.
Allowable assets	Not applicable
Health benefits available	Technical aids and assistive devices
Employment services	Employment and vocational supports including assessment, training,

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

PRINCE EDWARD ISLAND

available	skills development, pre-employment support and disability-specific job supports.
Appeal provisions	Decisions may be appealed to the Provincial Review Committee.

Sources:

Government of Prince Edward Island. Social Services and Seniors. Retrieved August 5, 2008 from <http://www.gov.pe.ca/sss/index.php3>

Government of Prince Edward Island. Social Assistance Program. Retrieved August 5, 2008 from <http://www.gov.pe.ca/infopei/index.php3?number=20587&PHPSESSID=afd403f0cd4f2348d25ad1449bd3857e>

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COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

NOVA SCOTIA

EMPLOYMENT AND INCOME SUPPORT

Provides income support to adults.

Administering department	Department of Community Services
Type of program	Needs tested
Eligibility criteria	<p>On application, applicants must complete the employability participation questions, which determine whether they must participate in the NS Employability Assessment. Disabled or ill applicants must provide medical certification of their condition where it is a barrier to employment. Where there is potential for employment, disabled clients may be required to participate in a tailored case plan. Persons are required to develop an employment plan to enable them to obtain employment, to the extent possible.</p> <p>Clients potentially eligible for EI or CPPD must apply for benefits.</p>
Definition of “disabled”	<p>No references in legislation, regulations or policy manual.</p> <p>The <i>Supported Employment Program</i> provides employment to persons whose physical, mental or cognitive abilities may limit their ability to be financially self-sufficient.</p>
Is HIV/AIDS or other episodic disorders included in definition?	No references in legislation, regulations or policy manual.
Are benefits available to people living with episodic disorders under another designation?	No references in legislation, regulations or policy manual.
Income provisions (not exhaustive)	<p>Earnings exemptions: For those applying, there is no exemption of earnings. For those who are recipients, there is a 30% exemption of earnings. Disabled recipients participating in the supportive employment program have a flat rate exemption of \$150 plus 30% of the balance of net earnings. This would apply to people living with a history of sporadic employment where breaks in employment are directly related to the disability, persons whose ability to be self-sufficient in the long term is limited to due disability-related needs, and persons with extensive Pharmacare needs.</p>
Allowable assets	<p>Single person - \$500 Family - \$1,000 (no special provisions for disabled)</p>
Health benefits available	<p><i>Pharmacare</i> benefits for drug costs. Clients co-pay \$5/prescription; however, disabled clients and those with multiple monthly prescriptions are exempt from the co-payment.</p> <p><i>Extended Pharmacare</i> – provides assistance to clients who are ineligible for Income Assistance due to excess income, but whose ongoing prescription costs result in them having a budget deficit.</p> <p><i>Transitional Pharmacare</i> is available for one year after the client leaves</p>

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

NOVA SCOTIA

	Income Assistance for employment. Other health-related benefits are available through Special Needs.
Employment services available	Employment services include services and programs provided by other departments, agencies or governments. These include personal development services, referrals to other agencies, job preparation and employment entry supports, skills development supports, career development supports, office and technology supports, and literacy and academic upgrading programs.
Reinstatement provisions	No references in legislation, regulations or policy manual.
Appeal provisions	First level of appeal is through an Administrative Review. Second level of appeal is through the Appeal Board. The third level of appeal is through the Supreme Court of Nova Scotia.
Sample maximum monthly rate for a single disabled person <i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i>	\$739/month (includes \$204 personal allowance (increased October 2007) plus \$535 shelter) Additional transportation allowance of up to \$150/month. Special diet allowance (high caloric) for HIV/AIDS clients provides a maximum amount of \$101/month. Optical care, emergency dental care, emergency ambulance may be provided as items of special need.

Sources:

Government of Nova Scotia. Department of Community services: We're here to help. Retrieved August 5, 2008 from <http://www.gov.ns.ca/coms/index.html>

Office of the Legislative Counsel, Nova Scotia House of Assembly. Employment Support and Income Assistance Act. Retrieved August 5, 2008 from <http://www.gov.ns.ca/legislature/legc/statutes/employsp.htm>

Office of the Legislative Counsel, Nova Scotia House of Assembly. Employment Support and Income Assistance Act. Retrieved August 5, 2008 from <http://www.gov.ns.ca/legislature/legc/statutes/employsp.htm>

Government of Nova Scotia Department of Community Services. Employment and Income Support Policy manual. Retrieved August 11, 2008
http://www.gov.ns.ca/coms/employment/income_assistance/ESIAManual.html

Nova Scotia. Employment Support and Income Assistance Regulations. Retrieved August 5, 2008 from <http://www.gov.ns.ca/just/regulations/regs/esiaregs.htm>

Government of Nova Scotia Department of Health. Nova Scotia Pharmacare: Drug Programs and Funding. Retrieved August 11, 2008 from <http://www.gov.ns.ca/health/pharmacare/>

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NEW BRUNSWICK

SOCIAL ASSISTANCE

This program consists of three sub-programs. The *Interim Assistance Program* provides assistance to clients considered highly employable. The *Transitional Assistance Program* is for those with barriers to obtaining employment, including those with a chronic or temporary medical condition. The *Extended Benefits Program* is for those designated as permanently disabled.

Administering department	Family and Community Services
Type of program	Needs tested
Eligibility criteria	<p>General provisions apply.</p> <p>Disabled persons must submit medical evidence to the Medical Advisory Board for their approval.</p> <p>Persons in receipt of CPPD or a disability pension under the <i>Pension Act</i> are automatically given a Long Term Needs designation which qualifies them for Transitional Assistance benefits.</p>
Definition of "disabled"	<p>A person, suffering from a major physiological, anatomical or psychological impairment, as verified by the Medical Advisory Board that is likely to continue indefinitely without substantial improvement and that causes the person to be severely limited in activities pertaining to normal living.</p> <p>The Medical Advisory Board considers an individual for certification who suffers from a major physiological, anatomical, or psychological impairment, which severely limits the individual in normal living activities, and which is likely to continue indefinitely without substantial improvement; (i.e. totally and permanently disabled). Certification by the Board is permanent.</p> <p>"<i>Long term needs</i>" means one or more significant physiological, anatomical or psychological impairments that render a person unable to engage in social or economic activities for a prolonged period of time and that lead to long term unemployment, but that are not so major as to render the person disabled.</p> <p><i>Long-Term Needs</i> designation is permanent and is to remain with the client regardless of how long he is off assistance.</p> <p>The Medical Advisory Board's decision for the Long-Term Needs designation cannot be appealed.</p>
Is HIV/AIDS or other episodic disorders included in definition?	Not specified in legislation, regulations or policy.
Are benefits available to people living with episodic disorders under another designation?	Not specified in legislation, regulations or policy.
Income provisions (not exhaustive)	<p><i>Earnings exemptions:</i></p> <p>There is no exemption of earnings for applicants</p>

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NEW BRUNSWICK

	<p><i>Extended Benefits Program</i> (permanently disabled) Single person - \$250 2 or more persons - \$300</p> <p><i>Transitional Assistance Program</i> Single person - \$100 2 or more persons - \$200</p>
Allowable assets	<p>Extended Benefits Program Single person: \$3,000 Family : \$3,000 for each disabled person in the household</p> <p>Transitional Assistance Program Single person - \$1,000 Family - \$2,000</p>
Health benefits available	<p>Clients receive a Health Care entitling them to prescription drugs (Prescription Drug Program), ambulance coverage, dental, optical and other. There is a co-payment fee of \$4/prescription for an adult and \$2/prescription for a child. The maximum annual co-payment is \$250 per family.</p> <p>New clients are only eligible for drug and ambulance coverage during their first 3 months on assistance; however, this provision is waived for persons with HIV or AIDS.</p> <p>Clients who are ineligible for social assistance may apply for a <i>Health Card only</i>. These are issued for a period of up to 12 months.</p> <p><i>Extended Health Card</i>: clients leaving social assistance for employment may receive extended benefits for up to 12 months.</p>
Employment services available	<p>Post Secondary Education, Training and Labour provide financial assistance to non-profit, private and public organization to provide Employment Assistance Services to individuals wishing to enter and stay in the labour force.</p> <p>The department also provides assistance under Training and Employment Support Services (TESS) to persons with a permanent or long-term disability who have barriers to attaining employment.</p>
Reinstatement provisions	Not specified in legislation, regulations or policy.
Appeal provisions	Decisions may be appealed to the Appeal Board.
<p>Sample maximum monthly rate for a single disabled person</p> <p><i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i></p>	<p><i>Extended Benefits Program</i> (for permanently disabled) Single person: \$600/month (flat rate amount)</p> <p>EBP clients receive a Disability Supplement of \$1,000 each October.</p> <p><i>Transitional Assistance</i> Single person - \$521/month (flat rate amount)</p> <p>A monthly special diet allowance of \$30 is available.</p>

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NEW BRUNSWICK

OTHER HEALTH BENEFITS

The following additional benefits are available from the Department of Health:

Prescription Drug Plan – HIV/AIDS (Plan U): this provides financial assistance to persons diagnosed with HIV/AIDS. There is a co-payment of 20% of the cost of each prescription, to a maximum of \$20. The maximum annual co-payment is \$500. There is a registration fee of \$50/year.

Sources:

Government of New Brunswick. General Regulation - Family Income Security Act. Retrieved August 5, 2008 from <http://www.gnb.ca/0062/regs/95-61.htm>

Government of New Brunswick Department of Social Development. Social Assistance Policy Manual. Retrieved August 5, 2008 from <http://www.gnb.ca/0017/Policy%20Manual/POL-E/INDEX1.HTM>

Government of New Brunswick. Attorney General: Family Income Security Act. Retrieved August 5, 2008 from <http://www.gnb.ca/acts/acts/f-02-01.htm>

Government of New Brunswick. New Brunswick Regulation 95-61. Retrieved August 5, 2008 from <http://www.gnb.ca/0062/regs/95-61.htm>

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COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

QUEBEC

LAST RESORT FINANCIAL ASSISTANCE (AIDE FINANCIÈRE DE DERNIER RECOURS) (introduced January 2007)

This comprises two programs: the *Social Assistance Program*, for those without severe limitations to employment, and the *Social Solidarity Program*, for those with a severely limited capacity for employment.

SOCIAL SOLIDARITY PROGRAM

Administering department	Ministère de l'emploi et de la Solidarité sociale
Type of program	Needs tested
Eligibility criteria	General provisions apply
Definition of "disabled"	The adult's physical or mental condition is significantly and in all likelihood permanently or indefinitely deficient or impaired and that, for that reason and in view of the adult's socio-professional profile, the adult's capacity for employment is severely limited.
Is HIV/AIDS or other episodic disorders included in definition?	No specific reference found in legislation or regulations
Are benefits available to people living with episodic disorders under another designation?	No specific reference found in legislation or regulations
Income provisions (not exhaustive)	<i>Earnings exemptions</i> \$100 for singles and couples
Allowable assets	<i>For applicants:</i> Single person: \$852 Couple: \$1,267 <i>For recipients:</i> Single disabled person: \$2,500 Family: \$5,000
Health benefits available	Drug card ("claim slip") entitles clients to free prescription drugs. Additional <i>Health Benefits</i> are available to cover eye care, dental care, and special transportation. Special health needs may be compensated. Clients must have been in receipt of assistance for stipulated periods of time to be eligible for certain benefits. <i>Extended Health Benefits</i> are available for not more than 48 consecutive months provided work income does not exceed \$1,500 for three consecutive months.
Employment services available	Emploi Quebec is responsible for employment services. Clients participating in employment assistance measure or program receive an additional \$130 monthly allowance.
Reinstatement provisions	No specific reference found in legislation or regulations
Appeal provisions	Internal review Review office Tribunal administratif du Quebec – decisions are final

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QUEBEC

<p>Sample maximum monthly rate for a single disabled person</p> <p><i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i></p>	<p>\$852.08 (flat rate amount; includes \$24.08 Quebec Sales Tax credit)</p> <p>Clients participating in employment assistance measures or programs receive an additional \$130 monthly allowance.</p>
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Sources:

Ministère de l'Emploi et de la Solidarité sociale. Home Page. Retrieved August 5, 2008 from http://www.mess.gouv.qc.ca/Index_en.asp

Government of Quebec. Individual and Family Assistance Act. Retrieved August 5, 2008 from http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/A_13_1_1/A13_1_1_A.html

Canadian Legal Information Institute. Individual and Family Assistance Regulation. Retrieved August 5, 2008 from <http://www.canlii.org/qc/laws/regu/a-13.1.1r.1/20070516/whole.html>

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ONTARIO

ONTARIO DISABILITY SUPPORT PROGRAM (ODSP)

Administering department	Ministry of Community and Social Services
Type of program	Needs tested
Eligibility criteria	<p>General provisions apply.</p> <p>Any person in receipt of CPPD (or QPPD) is automatically eligible for ODSP.</p> <p>Note: a person in financial need must initially apply for Ontario Works while awaiting a decision on his entitlement to ODSP.</p>
Definition of "disabled"	A person with a disability is defined as a person who has a substantial physical or mental impairment that is continuous or recurrent and is expected to last one year or more. The impairment must result in a substantial restriction in one or more activities of daily living (ability to attend to personal care, function in the community or function in a workplace), taking into account the person's age, level of education and employment experience/work history.
Is HIV/AIDS or other episodic disorders included in definition?	In April 2003, the definition of impairment was changed for people living with HIV/AIDS. Now, any applicant who has a positive HIV test as confirmed by ELISA and the Western Blot test will be considered disabled, and will not be given any medical review date.
Are benefits available to people living with episodic disorders under another designation?	No reference found in legislation, regulation or policy manual.
Income provisions (not exhaustive)	<p><i>Earnings exemptions</i></p> <p>50% of net employment income</p> <p><i>Note: child care costs or work expenses related to a disability up to stipulated maxima are deducted from earnings to arrive at the net income.</i></p>
Allowable assets	<p>Single disabled person: \$5,000</p> <p>Couple, one person disabled: \$7,500</p>
Health benefits available	<p>Drug benefits (<i>Ontario Drug Benefit Plan</i>) (client may be required to pay \$2/prescription co-payment fee), vision care, dental care, ambulance.</p> <p><i>Extended Health Benefit</i> is available to persons who are ineligible for assistance but who have a budget deficit due to their recurring health costs.</p> <p><i>Transitional Health Benefits</i> provide ongoing health-related benefits to recipients who leave the ODSP for employment until they receive comparable employer health coverage. These are available to former clients who are ineligible for the Extended Health Benefit. (New effective Nov./06)</p>

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	<p>ODSP recipients who exit and are not eligible for Extended Health Benefit or the Transitional Health Benefit should be referred to the Trillium Drug Program (see end).</p>
<p>Employment services available</p>	<p>People may be eligible for <i>Employment Supports</i> if they have a disability/impairment that is continuous or recurrent and expected to last one year or more and the disability/impairment results in a substantial barrier to competitive employment. A person does not have to be in receipt of ODSP Income Support to be eligible for ODSP Employment Supports.</p> <p>A person eligible for, or receiving disability or rehabilitation benefits from other public or private sources, may not be eligible for ODSP Employment Supports. Employed applicants, including applicants who are self-employed, may be eligible for ODSP Employment Supports if they meet all basic eligibility criteria. To be eligible, the employed applicant must be at risk of losing their job if they are unable to access disability-related work supports. One criterion is that the applicant has a very erratic employment history because of his/her disability and is likely to lose his/her current job.</p> <p>A dispute resolution process is available to applicants and clients if they disagree with a decision related to eligibility or the suspension or cancellation of Employment Supports.</p> <p>Employment Supports include employment consultation and planning, employment preparation and training, job placement services, job coaching, tools and equipment to commence employment, services of an interpreter, mobility devices and appliances designed to support or take the place of a part of the human body or to increase the acuity of a sensory organ.</p>
<p>Reinstatement provisions</p>	<p>Yes. Former ODSP recipients, regardless of whether or not they had a medical review date, are eligible for rapid reinstatement providing they qualify financially. The reasons for exiting ODSP and the length of time they were off ODSP are not relevant in determining eligibility for rapid reinstatement.</p>
<p>Appeal provisions</p>	<p>Internal review Social Benefits Tribunal Superior Court of Justice, Divisional Court</p>
<p>Sample maximum monthly rate for a single disabled person</p> <p><i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i></p>	<p>\$999/month, effective November 1, 2007</p> <p>Special diet allowance of \$250/month</p> <p>A \$100 Work-Related Benefit is provided to all eligible members of the benefit unit in each month that they report employment earnings or net positive income from the operation of a business. (New as of Nov./06)</p> <p>The <i>Employment Transition Benefit</i> is a lump-sum payment of \$500, available once in any 12-month period. Recipients who exit Income Support due to income which includes earnings from employment, a training program, or net positive income from the operation of a business</p>

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

ONTARIO

	are eligible to receive the Employment Transition Benefit.
TRILLIUM DRUG PLAN	
Administering Department	Ministry of Health and Long-Term Care
Type of program	Income tested
Eligibility criteria	Applicants must have a valid Health Card and high prescription drug costs in relation to their net income. Recipients of Social Assistance (OW or ODSP) are not eligible.
	Applicants pay a deductible based on the net household income and household size. Drugs covered include those listed in the ODB Formulary/Comparative Drug Index (Parts III and IX) and on the Facilitated Access List of HIV/AIDS drugs (Part VI).

Sources:

Ministry of Community and Social Services. EnAbling Change Partnership Program. Retrieved August 5, 2008 from <http://www.mcsc.gov.on.ca/mcss/english/index.htm>

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Service Ontario e-Laws. Ontario Disability Support Program Act, 1997. Retrieved August 5, 2008 from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_97o25b_e.htm

Ontario Disability Support Program Act, 1997. Ontario Regulation 222/98. Retrieved August 5, 2008 from http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_98o222_e.htm

Ministry of Health and Long-Term Care. Trillium Drug Plan. Retrieved August 5, 2008 from <http://www.health.gov.on.ca/>

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MANITOBA

EMPLOYMENT AND INCOME ASSISTANCE

Administering department	Department of Family Services and Housing
Type of program	Needs tested
Eligibility criteria	General provisions apply. An applicant in receipt of CPPD may be automatically considered disabled for social assistance purposes.
Definition of “disabled”	Refers to those persons who, by reason of a physical or mental illness, incapacity or disorder that is likely to continue for more than 90 days, are unable to earn sufficient income to provide the basic necessities for themselves and their dependants.
Is HIV/AIDS or other episodic disorders included in definition?	No references found in legislation, regulations or policy manual.
Are benefits available to people living with episodic disorders under another designation?	No references found in legislation, regulations or policy manual.
Income provisions (not exhaustive)	<i>Earnings exemptions</i> On application, \$50 per household After one month, a flat rate exemption of \$100, plus 30% of excess net earnings per person in the household
Allowable assets	Single disabled person: \$2,000 couple, one person disabled: \$3,000 Note: April 2007 news release noted that asset exemptions for disabled persons would be doubled during 2007-08. (See backgrounder in http://news.gov.mb.ca/news/index.html?archive=2007-04-01&item=1433).
Health benefits available	<i>Health Services Program</i> provides coverage for prescription drugs. Optical and dental benefits are available after a three month waiting period. <i>Health Card Only</i> – for those clients ineligible for basic assistance but whose high health care costs result in a budget deficit. <i>Extended Health Services</i> - the Employment and Income Assistance Regulation provides for a monthly allowance for Health Services costs, calculated as the greater of: \$50.00 per person to a maximum of \$150.00 per family; or the average Health Services costs for the three months in which these costs were the highest during the past 12-month period. To be eligible for this extended assistance, participants must: have employment income as defined by the program, (i.e., income that is subject to earnings exemption). This would exclude such income as training allowances, Employment Insurance benefits and CPP benefits and continue to be categorically eligible as a single parent or an

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

MANITOBA

	<p>individual with disabilities; and continue to be financially eligible for these Health Services needs.</p> <p>Participants who choose to receive extended assistance will remain enrolled and be subject to the rules and regulations governing the program.</p>
Employment services available	<p>Persons who are either temporarily or permanently disabled are exempt from any employment expectations. They may, however, choose to participate in employment measures on a voluntary basis.</p> <p>The <i>Personal Job Plan</i> determines the specific employment expectations for each participant.</p> <p>The <i>Vocational Rehabilitation (VR) Program</i> provides appropriate vocational rehabilitation services for adults with a mental, physical, psychiatric, vision, hearing or learning disability in order to enhance their independence and ability to contribute socially and economically through employment in the competitive labour force. The VR Program assists eligible persons with disabilities to prepare for, attain and maintain employment through the provision of vocational assessments, counselling, case management, vocational planning, job placement, training, developmental activities and support services.</p> <p>The <i>Building Independence</i> initiative provides links to government training and employment resources, provides a range of supports to reduce barriers to employment, provides job readiness assessments, and develops and supports initiatives in partnership with agencies.</p>
Reinstatement provisions	No references found in legislation, regulations or policy manual
Appeal provisions	Applicants or recipients may appeal decisions to the Social Assistance Appeal Board.
<p>Sample maximum monthly rate for a single disabled person</p> <p><i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i></p>	<p>\$696.40 (includes basic needs of \$331.40, shelter allowance of \$285 and Income Assistance for Persons with Disabilities supplement of \$80)</p> <p>Clients may also receive the additional Shelter Benefit (see below) of \$35/month.</p>
MANITOBA SHELTER BENEFIT FOR PERSONS WITH A DISABILITY (effective July, 2006)	
Administering Department	Department of Family Services and Housing
Type of program	Income-tested
Eligibility criteria	<p>Must be under 55, have no children at home, be disabled, and pay more than 25% of income on rent.</p> <p>EIA clients may receive a reduced MSB of \$35/month</p>

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

MANITOBA

<i>Benefits</i>	A maximum monthly benefit of \$200.
PHARMACARE	
Administering department	Department of Health
Type of program	Income tested
	Pharmacare provides assistance to persons with high prescription drug costs in relation to their income. Clients pay an annual deductible based on their household income. Once that deductible is reached, Pharmacare pays the full costs of all prescriptions.

Sources:

Government of Manitoba. Family Services and Housing. Retrieved August 5, 2008 from <http://www.gov.mb.ca/fs/index.html>

Government of Manitoba. Family Services and Housing: Employment and Income Assistance Administrative Manual. Retrieved August 5, 2008 from <http://www.gov.mb.ca/fs/eiamanual/index.html>

Government of Manitoba. Manitoba Laws: The Employment and Income Assistance Act. Retrieved August 5, 2008 from <http://web2.gov.mb.ca/laws/statutes/ccsm/e098e.php>

Government of Manitoba. Manitoba Laws: Consolidated Regulations of Manitoba. Retrieved August 5, 2008 from <http://web2.gov.mb.ca/laws/regs/e098e.php>

Government of Manitoba. Manitoba Health. Retrieved August 5, 2008 from <http://www.gov.mb.ca/health/index.html>

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SASKATCHEWAN

SASKATCHEWAN ASSISTANCE PLAN

Administering department	Department of Community Resources
Type of program	Needs tested
Eligibility criteria	See general info No medical report is needed by CPPD beneficiaries.
Definition of “disabled”	A person with a physical or mental disability. Clients whose employment or training capabilities are limited and no change is expected within one year
Is HIV/AIDS or other episodic disorders included in definition?	No references found in legislation, regulations or policy
Are benefits available to people living with episodic disorders under another designation?	No references found in legislation, regulations or policy
Income provisions (not exhaustive)	<i>Earnings Exemptions</i> Single person - \$100/month plus 25% of the remaining monthly earned income, to a maximum of \$225 Couple - \$125/month, plus 25% of the remaining monthly earned income, to a maximum of \$300
Allowable assets	<ul style="list-style-type: none"> ▪ Single disabled person: \$1,500 ▪ Couple - \$3,000
Health benefits available	<i>Supplementary Health Services</i> – provides dental, optical and prescription drug benefits. Three levels of drug benefits are available: Plan 1, 2 and 3. Clients with ongoing multiple prescription needs receive Plan 2 overage, and do not have to pay the \$2/prescription co-payment fee. <i>Supplementary Health Benefits</i> for disabled clients who leave assistance for employment may be extended for one year.
Employment services available	Provided by the Department of Advanced Education and Employment
Reinstatement provisions	No references found in legislation, regulations or policy
Appeal provisions	<ul style="list-style-type: none"> ▪ Unit administrator ▪ Appeal committee ▪ Social Services Appeal Board
Sample maximum monthly rate for a single disabled person <i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i>	\$675/month, <i>plus actual utility costs</i> (effective October 2007) (Includes adult allowance of \$305 [includes additional \$50 for disabled adult] plus shelter allowance of \$370. Shelter amounts vary by geographic area. The highest shelter benefit is used (Tier 1). Special transportation allowance - \$20/month Special diet allowance – Up to \$140/month Actual cost of bottled water

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SASKATCHEWAN

DISABILITY RENTAL HOUSING SUPPLEMENT

Description	The <i>Disability Rental Housing Supplement</i> is one component of the Saskatchewan Rental Housing Supplement. It is available to all rental households supporting a person with physical or cognitive disabilities. Physical supports such as ramps, support bars, etc. must already be in place to qualify for the supplement.
Administering department	Department of Community Resources
Type of program	Income tested
Benefits	Benefits vary based on income, the location of the residence, and income. Benefits are reduced for SAP clients. As of September 2007, the maximum amount payable to a single disabled person is \$158 per month

SPECIAL SUPPORT PROGRAM

Administering department	Department of Health
Type of program	Income tested
Description	This program is designed to help people with high drug costs in relation to their income. The family's co-payment is determined by the amount that the family drug costs exceed 3.4 per cent of the adjusted combined family income. If the annual benefit drug cost exceeds 3.4 per cent of the adjusted income, the family pays a portion of each prescription to reduce their share of drug costs and spread the cost over the six-month benefit period.

Sources:

Government of Saskatchewan. Social Services. Retrieved August 5, 2008 from <http://www.cr.gov.sk.ca/>

Saskatchewan Ministry of Social Services. Social Assistance Program Policy Manual. Retrieved August 5, 2008 from <http://www.socialservices.gov.sk.ca/sap/>

Statutes of Saskatchewan. The Saskatchewan Assistance Act. Retrieved August 5, 2008 from <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/S8.pdf>

Saskatchewan Regulations. The Saskatchewan Assistance Regulations. Retrieved August 5, 2008 from <http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/SR78-66.pdf>

Government of Saskatchewan. Health. Retrieved August 5, 2008 from <http://www.health.gov.sk.ca/>

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

ALBERTA

ALBERTA WORKS – INCOME SUPPORT PROGRAM

Administering department	Alberta Employment, Immigration and Industry
Type of program	Needs-tested
Eligibility criteria	See general provisions.
Definition of “disabled”	Clients who show evidence that they will probably never be able to work full-time continuously in the competitive labour force, are assigned to a Not Expected To Work (NETW) client sub-type.
Is HIV/AIDS or other episodic disorders included in definition?	No specific reference found in legislation, regulations or policy
Are benefits available to people living with episodic disorders under another designation?	No specific reference found in legislation, regulation or policy
Income provisions (not exhaustive)	\$115 per month plus 25% of the remaining net employment income for <u>each</u> adult in the household unit earning income.
Allowable assets	The value of the combined liquid assets of the adult members of the household unit cannot exceed two month’s total Core Benefits for the household unit. <ul style="list-style-type: none"> ▪ Single person – \$1,400 ▪ Couple (both NETW) - \$2,154
Health benefits available	Premium free Alberta Health Plan Insurance, plus prescription drugs, dental, optical, emergency ambulance services
Employment services available	<p>Alberta Employment, Immigration and Industry (AEII) offers services and programs under Alberta Works to provide employment and training services for adult residents of Alberta who are in need of training to obtain and/or maintain sustainable employment.</p> <p>Persons classified in the Not Expected to Work category are exempt from employment-related provisions.</p> <p>Under the <i>Income and Employment Supports Act</i>, a range of employment and training benefits are available to a person with a disability (defined as a person who demonstrates to the satisfaction of the Director that s/he is limited in his or her ability to become employed, maintain employment or become self-employed because of a chronic or permanent physiological or psychological loss of function). Employment and training benefits include the following:</p> <ul style="list-style-type: none"> ▪ Educational supports, including but not limited to, interpreters, computer assisted transcription, tutors, academic strategists, readers and student assistants; ▪ Workplace supports, including but not limited to, worksite modifications, vehicle modifications and on the job supports; ▪ Job search supports, including but not limited to, interpreters, specialized software and technical devices; ▪ Any other benefit that would enable a person with a disability to overcome a barrier created by the disability to prepare for

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

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	employment or self-employment or to maintain employment.
Reinstatement provisions	No specific reference found in legislation, regulations or policy.
Appeal provisions	<ul style="list-style-type: none"> ▪ Internal review mechanism ▪ Appeal Panel
Sample maximum monthly rate for a single disabled person <i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i>	<p>\$700/mo (includes core essential benefit of \$319, core essential shelter of \$303, and Personal Needs Supplement of \$78)</p> <p>\$36/month special diet for those with HIV/AIDS</p>
ASSURED INCOME FOR THE SEVERELY HANDICAPPED (AISH)	
Administering department	Alberta Seniors and Community Supports
Type of program	Income and asset tested
Eligibility criteria	<ul style="list-style-type: none"> ▪ You must have a severe handicap that is permanent, substantially limits your ability to earn a living, and there is no remedial treatment that would help you to be able to work. Your disability must be the main factor, not your age, lack of education or lack of available jobs. ▪ You must apply for all other income benefits you are eligible for (e.g. Canada Pension Plan disability benefits)
Definition of “disabled”	<p>A severe handicap is an impairment of mental or physical functioning, or both. The handicap must cause substantial limitation to the person’s ability to earn a livelihood. The handicap is permanent and no remedial therapy is available that would generally improve the person’s ability to earn a livelihood.</p> <p>AISH determines an applicant or client’s work potential based on the impact of their disability on their ability to work. When an applicant and client’s employment potential changes, they are expected to pursue employment or training that will lead to greater financial independence.</p>
Is HIV/AIDS or other episodic disorders included in definition?	No references found in legislation, regulations or policy.
Are benefits available to people living with episodic disorders under another designation?	No references found in legislation, regulations or policy.
Income provisions (not exhaustive)	<p>Applicant’s pension income - e.g. EI, CPP, Workers’ Compensation - is not exempt.</p> <p>A partial exemption of pension income is permitted for a co-habiting partner</p> <ul style="list-style-type: none"> ▪ <i>Single person:</i> \$400 of net employment income plus 50% of the balance up to a maximum exemption of \$700 ▪ <i>Couple:</i> \$975 plus 50% of balance up to \$2,000 for a maximum

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ALBERTA

	exemption of \$1,488
Allowable assets	\$100,000 per household
Health benefits available	Premium-free Alberta Health Plan Insurance coverage, plus prescription drugs, dental, optical, emergency ambulance services and exemption from the Alberta Aids to Daily Living co-payment fees.
Employment services available	The department provides employment supports. Additional financial assistance is available under Personal Benefits (see below). Alberta Employment, Immigration and Industry and community-based resources provide employment services.
Reinstatement provisions	Yes, clients may be reinstated within two years of leaving AISH due to excess employment income.
Appeal provisions	Appeal Panel, whose decision is final. However, a person may request that the Queen's Bench of Alberta undertake a judicial review of the appeal.
Sample maximum monthly rate for a single disabled person <i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i>	\$1,050 (effective May 2007) AISH provides <i>Personal Benefits</i> to assist clients with specific one-time or ongoing expenses over and above the monthly living allowance. A special diet allowance of \$36/month is available for those with HIV/AIDS. Eligibility for Personal Benefits is limited to those clients with \$3,000 or less in assets.
ALBERTA ADULT HEALTH BENEFIT PLAN	
Administering department	Alberta Employment, Immigration and Industry
	The <i>Alberta Adult Health Benefit</i> plan is for individuals and families with limited incomes. The Alberta Adult Health Benefit plan pays for health services, such as eyeglasses, prescription drugs and dental care that are not available through standard Alberta Health Care Insurance. The maximum qualifying income is \$15,107 for a single person and \$21,150 for a couple. Clients leaving Alberta Works Income Support or AISH for employment receive coverage. Clients leaving AISH due to income from CPP Disability benefits also receive coverage.

Sources:

Government of Alberta. Employment and Immigration. Retrieved August 5, 2008 from <http://employment.alberta.ca/cps/rde/xchg/hre/hs.xsl/563.html>

Government of Alberta. Employment and Immigration: Alberta Works Policy Manual. Retrieved August 5, 2008 from <http://employment.alberta.ca/hre/awonline/reg/Display.asp>

Government of Alberta. Queen's Printer: Income and Employment Supports Act. Retrieved August 5, 2008 from http://www.qp.gov.ab.ca/documents/Acts/I00P5.cfm?frm_isbn=0779742400

Government of Alberta. Queen's Printer: Alberta Regulations 60/2004. Income and Employment Supports Act: Income Supports, Health and Training Benefit Regulation. Retrieved August 5, 2008 from http://www.qp.gov.ab.ca/documents/Regs/2004_060.cfm?frm_isbn=0779729099

Government of Alberta. Seniors and Community Supports: Strengthening Albertan's Quality of Life. Retrieved August 5, 2008 from <http://www.seniors.gov.ab.ca/>
(see section on AISH, including AISH Tip Sheets)

Government of Alberta. Seniors and Community Supports: Assured Income for the Severely Handicapped (AISH). Retrieved August 5, 2008 from <http://www.seniors.gov.ab.ca/AISH/>

COMPARISON OF PROVINCIAL AND TERRITORIAL INCOME SUPPORT PROGRAMS FOR THE DISABLED

BRITISH COLUMBIA

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES

Administering department	Ministry of Employment and Income Assistance
Type of program	Needs-tested
Eligibility criteria	<p>General provisions apply. Intake process:</p> <ul style="list-style-type: none"> ▪ Complete application ▪ Conduct 3 week job search, where all other options for financial support, including family and friends are explored ▪ Attend orientation session <p>Applicants are required to prove they have been financially independent for the previous two years. This is waived for people living with a disability or persons with a medical condition that affects their ability to work.</p>
Definition of “disabled”	The person has a severe mental or physical impairment that, in the opinion of a medical practitioner is likely to continue for at least 2 years, and directly and significantly restricts the person's ability to perform daily living activities either (A) continuously, or (B) periodically for extended periods, and, as a result of those restrictions, the person requires help to perform those activities.
Is HIV/AIDS or other episodic disorders included in definition?	The criteria for a disability designation (Person with a disability – PWD) include individuals with episodic illnesses by acknowledging that restrictions to daily living activities can be continuous or periodic for extended periods. (Ministry Fact Sheet)
Are benefits available to people living with episodic disorders under another designation?	See Employment and Income Assistance section below – Persons with Persistent and Multiple Barriers (MMPB)
Income provisions (not exhaustive)	<p>Earnings exemptions:</p> <p>There are no earnings exemptions for the first three months on assistance. After a client has been on assistance for three months, the following exemptions are allowed.</p> <ul style="list-style-type: none"> ▪ Single person: \$500 ▪ Couple, one disabled: \$500 ▪ Couple (both disabled): \$750
Allowable assets	<ul style="list-style-type: none"> ▪ Single person: \$3,000 ▪ Family: \$5,000
Health benefits available	Medical Services Plan, no deductible Pharmacare, dental, optical, general health supplements.
Employment services available	Applicants or recipients may be required to participate in an employment plan if it will help them find employment or become more employable. The minister may amend, cancel or suspend an employment plan. Beginning in July 2007, the new Employment Program for Persons with Disabilities offers individualized services that include: in-depth career

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	planning, skills assessment, pre-employment services, job training and placement, provision of necessary employment supports, disability management assistance, follow-up workplace support and employment crisis services.
Reinstatement provisions	Yes, applicants retain their disability designation. However, they have to undergo the 3-week wait period. (Aug 17, 2007 policy directive)
Appeal provisions	<ul style="list-style-type: none"> ▪ Internal review ▪ Employment and Income Assistance Appeal Tribunal
Sample maximum monthly rate for a single disabled person <i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i>	<p>Single person: \$906.42 (effective April 2007)</p> <p>(Includes Support rate of \$531.42 and shelter allowance of \$375)</p> <p>Nutritional supplement for PWDs only:</p> <ul style="list-style-type: none"> ▪ Caloric supplementation \$165/month ▪ Bottled water \$20/month ▪ Vitamins and supplements \$40/month
EMPLOYMENT AND INCOME ASSISTANCE (Persons with Multiple Barriers)	
Administering department	Ministry of Employment and Income Assistance
Type of program	Needs-tested
Eligibility criteria	<p>General provisions apply</p> <p>Intake Process:</p> <ul style="list-style-type: none"> ▪ Complete application ▪ Conduct 3 week job search ▪ Attend orientation session <p>Applicants are required to demonstrate that they have been financially independent for the previous 2 years. This provision is waived for persons with persistent multiple barriers to employment.</p>
Definition of “disabled”	<p>Persons with Persistent Multiple Barriers (PPMB) are those individuals who have received assistance for 12 of the last 15 months, and meet the following criteria:</p> <ul style="list-style-type: none"> ▪ Have severe multiple barriers to employment; ▪ Have taken all reasonable steps to overcome their barriers; and ▪ Have a medical condition (excluding addictions) that has lasted for at least one year, is likely to continue or reoccur frequently for at least two years and which seriously impedes their ability to search for, accept or continue employment; OR, ▪ Have a medical condition (excluding addictions) that has lasted for at least one year, is likely to continue or reoccur frequently for at least two years and which, by itself, and precludes their ability to search for, accept or continue employment.
Is HIV/AIDS or other episodic disorders included in definition?	No specific reference found in legislation or regulations
Are benefits available to people living with episodic	No specific reference found in legislation or regulations

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disorders under another designation?	
Income provisions (not exhaustive)	<p><i>Earnings Exemptions</i></p> <p>There are no earnings exemptions for the first three months on assistance. After a client has been on assistance for three months, the following exemptions are allowed.</p> <p>Single person: \$300/month Family: \$500</p>
Allowable assets	<ul style="list-style-type: none"> ▪ Single person: \$1,500 ▪ Family: \$2,500
Health benefits available	Medical Services Plan, no deductible Pharmacare, dental, optical, general health supplements.
Employment services available	<p>Employable people receiving income assistance are expected to seek work, complete an Employment Plan, and participate in a ministry job placement or job training program.</p> <p>Clients who are exempt from employment-related obligations may participate in a Voluntary Participation Plan.</p> <p>The BC Employment Program assists ministry clients in communities throughout B.C. to find and keep jobs through individualized employment services and supports. Three prime contractors manage employment services for the BC Employment Program working with more than 80 community-based service providers.</p> <p>Persons with persistent and multiple barriers to employment may be excluded from the Employment Plan.</p>
Reinstatement provisions	No specific reference found in legislation or regulations
Appeal provisions	<p>Clients are encouraged to first discuss the issue with their Employment and Assistance Worker (EAW). If there is still disagreement:</p> <ul style="list-style-type: none"> ▪ Client may request a reconsideration. The Reconsideration Decision is a new ministry decision and is the final ministry decision. ▪ A Reconsideration Decision may be appealed to the Employment and Assistance Appeal Tribunal.
<p>Sample maximum monthly rate for a single disabled person</p> <p><i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i></p>	<p>\$657.92 (effective April 2007)</p> <p>(Includes support rate of \$282.92 and shelter allowance of \$375)</p> <p>Diet Assistance Supplement for high-protein diets for those with HIV/AIDS - \$40/month, plus \$30 towards cost of a blender</p>
MEDICAL SERVICES ONLY	
Administering department	Ministry of Employment and Income Assistance
	Provide continued health benefits for disabled or PPMB clients who leave income assistance for employment. The former clients retain health benefits indefinitely, as long as they continue to live in B.C.

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BRITISH COLUMBIA	
HARDSHIP ASSISTANCE	
Administering department	Ministry of Employment and Income Assistance
	Hardship assistance is available to BC Employment and Assistance applicants who are not eligible for income assistance due to a variety of circumstances and who have proven that all other funding sources have been exhausted.
HEALTH RELATED BENEFITS	
Administering department	Ministry of Health
Type of program	Income-tested
	Fair Pharmacare – provides assistance to low-income individuals and families with prescription drug costs. Beneficiaries must register and pay for prescriptions until they reach their deductible (based on family income). Pharmacare covers 70% of costs until they reach the “family maximum”. Once this level is reached, the full cost is paid.
OTHER	
	BC Centre for Excellence in HIV/AIDS – this program operates from St. Paul’s Hospital in Vancouver. HIV positive persons who are enrolled in the program receive their drugs free.

Sources:

Government of British Columbia. Ministry of Housing and Social Development. Retrieved August 5, 2008 from <http://www.gov.bc.ca/eia/>

Government of British Columbia. Ministry of Housing and Social Development: Online Resources. Retrieved August 5, 2008 from http://www.gov.bc.ca/meia/online_resource/

Government of British Columbia. Ministry of Housing and Social Development: Employment and Assistance for Persons with Disabilities Act (Bill 27—2002). Retrieved August 5, 2008 from <http://www.eia.gov.bc.ca/PUBLICAT/VOL1/Part3/3-4.htm>

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Government of British Columbia. Ministry of Housing and Social Development: Online Resources. Retrieved August 5, 2008 from http://www.gov.bc.ca/meia/online_resource/

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Government of British Columbia. Ministry of Housing and Social Development: Employment and Assistance Act. Retrieved August 5, 2008 from <http://www.eia.gov.bc.ca/PUBLICAT/VOL1/Part3/3-3.htm>

Government of British Columbia. Health. Retrieved August 5, 2008 from <http://www.gov.bc.ca/health/>

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YUKON

SOCIAL ASSISTANCE

Administering department	Department of Health and Social Services
Type of program	Needs-tested
Eligibility criteria	See general provisions
Definition of "disabled"	No reference is legislation or regulations Former policy manual refers to those who are "permanent exclusions from the labour force as being "permanently and totally unemployable by reason of age, chronic disease or illness, physical or mental impairment or any other form of incapacity which permanently excludes him/her from the labour force". (Note: this may no longer be applicable.)
Is HIV/AIDS or other episodic disorders included in definition?	No specific reference found in legislation or regulations
Are benefits available to people living with episodic disorders under another designation?	No specific reference found in legislation or regulations
Income provisions (not exhaustive)	<i>Earnings exemptions:</i> <i>For the first 3 months:</i> Single person: \$100 Family: \$150 <i>After 3 consecutive months:</i> Single person: \$100 + 25% of earnings Family : \$150 plus 25% of earnings Clients in receipt of the Territorial Supplementary Allowance (see below) are entitled to an additional annual earnings exemption of \$3,900.
Allowable assets	Single person, permanent exclusion from the labour force: \$1,500 Couple, both permanent exclusions from the labour force: \$2,500
Health benefits available	Clients are provided with an allowance to cover health care services (e.g. prescription drugs, dental, optical, hearing aids). Transitional health care benefits are available for up to 6 months to those who leave SA for employment.
Employment services available	None specified
Reinstatement provisions	No specific reference found in legislation or regulations.
Appeal provisions	Social Assistance Appeal Board
Sample maximum monthly rate for a single disabled person	Whitehorse area: \$1,295/month (Includes food allowance of \$159, utility allowance of \$400, clothing allowance of \$56, incidental allowance of \$40, shelter allowance of \$390 and Territorial Supplement Allowance of \$250 (payable to a person with
<i>This rate assumes that the</i>	

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YUKON

<p><i>individual has no earnings and is receiving maximum social assistance benefits.</i></p>	<p>a severe and prolonged disability). Note that the utility rate varies by season - \$300 June to September, \$350 April, May and October, and \$400 November to March.</p> <p><i>Supplementary allowances related to medical or health needs:</i> Transportation allowance of up to the cost of a monthly bus pass Telephone allowance Rehabilitation allowance Health care needs – e.g., dental, optical</p>
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Sources:

Government of Yukon. Yukon Health and Social Services. Retrieved August 5, 2008 from <http://www.hss.gov.yk.ca/>

Government of Yukon. Social Assistance Act. Retrieved August 5, 2008 from <http://www.gov.yk.ca/legislation/acts/soas.pdf>

Government of Yukon. Social Assistance Act C.O. 1972/228. Retrieved August 5, 2008 from http://www.gov.yk.ca/legislation/regs/co1972_228.pdf

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NORTHWEST TERRITORIES

INCOME SUPPORT	
Administering department	Department of Education, Culture and Employment
Type of program	Needs-tested
Eligibility criteria	See general provisions.
Definition of "disabled"	<p>Clients must have a severe disability that substantially limits their ability to earn a living. The disability must be permanent or for a minimum of 12 consecutive months.</p> <p>A medical certificate must be provided certifying that the applicant is not capable of participating in "productive choices" (see below).</p> <p>A client in receipt of CPPD is automatically eligible for SA disability benefits.</p>
Is HIV/AIDS or other episodic disorders included in definition?	None found in legislation, regulations or policy
Are benefits available to people living with episodic disorders under another designation?	None found in legislation, regulations or policy
Income provisions (not exhaustive)	<p><i>Earnings exemptions:</i></p> <p>Single person: \$200 plus 15% of excess Family: \$400 plus 15% of excess</p>
Allowable assets	<p>Single person: \$300 Couple: \$400</p> <p><i>Note: Welfare Incomes notes there are no asset exemption other than for the aged and disabled, who are permitted up to \$5,000 in assets.</i></p>
Health benefits available	No references found
Employment services available	<p>All clients are required to participate in 'productive choices' to enhance independence. These include employment, education, training, hunting/trapping, wellness, community work, parenting.</p> <p>Clients may be exempted from this requirement due to a medical condition or age (60 plus).</p>
Reinstatement provisions	None found in legislation, regulations or policy
Appeal provisions	<ul style="list-style-type: none"> ▪ Appeal Committee or administrative review group (depending on location) ▪ Appeal Board

Sources:

Government of Northwest Territories. Education, Culture and Employment. Retrieved August 5, 2008 from <http://www.ece.gov.nt.ca/>

Government of Northwest Territories. Education, Culture and Employment: Income Assistance Policy and Procedures Manual. Retrieved August 5, 2008 from <http://www.ece.gov.nt.ca/IS%20Policy%20and%20Lists/IA%20Policy/Income%20Assistance%20Policy%20and%20Procedures%20Manual%20September2007%20V2.pdf>

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Government of Northwest Territories. Social Assistance Act: Income Assistance Act. Retrieved August 5, 2008 from http://www.justice.gov.nt.ca/PDF/REGS/SOCIAL_ASSIST/Income_Assistance.pdf

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NUNAVUT

INCOME SUPPORT

Administering department	Department of Education
Type of program	Needs-tested
Eligibility criteria	See general provisions.
Definition of "disabled"	Clients must have a severe disability that substantially limits their ability to earn a living. The disability must be permanent or last for a minimum of 12 consecutive months.
Is HIV/AIDS or other episodic disorders included in definition?	None found in legislation, regulations or policy
Are benefits available to people living with episodic disorders under another designation?	None found in legislation, regulations or policy
Income provisions (not exhaustive)	<i>Earnings exemptions:</i> Single person: \$200 Family: \$400
Allowable assets	Single person: \$5,000
Health benefits available	No references found
Employment services available	All clients are required to participate in 'productive choices' to enhance independence. These include employment, education, training, hunting/trapping, wellness, community work, parenting. Clients may be exempted from this requirement due to a medical condition or age (60 plus).
Reinstatement provisions	None found in legislation, regulations or policy
Appeal provisions	<ul style="list-style-type: none"> ▪ Social Assistance Appeal Committee or administrative review board, depending on area ▪ Social Assistance Appeal Board
Sample maximum monthly rate for a single disabled person <i>This rate assumes that the individual has no earnings and is receiving maximum social assistance benefits.</i>	No rate provided. Rates in the Nunavut vary based on the community of residence (food). In addition, actual costs are paid for fuel, utilities and rent (Director may set maximums). Disabled Allowance: \$175/month Most SA clients live in public housing.

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IV. INCOME SUPPORT PROGRAMS FOR PEOPLE LIVING WITH DISABILITIES – SUMMARY OF ISSUES

<i>Inconsistencies/Incompatibilities</i>	<i>Lack of Coordination</i>	<i>Gaps</i>
Differing program philosophies – they were not designed to be complementary	With exception of CPP and EI, no common access points for benefits	Lack of public info on the range of income support programs available to the disabled (federal, provincial and third party).
Definition of disability, where available	No “portability” of SA benefits Entitlement in one jurisdiction does not guarantee entitlement in another	Lack of plain language information on benefits and services for many programs. CPPD sends the annual “Staying In Touch” Newsletter to all beneficiaries and to key stakeholders and partners in the community. The Newsletter always provides information on return to work supports and services available to clients through CPPD. The CPPD Post-Grant letter sent to new beneficiaries also includes information on CPPD return to work provisions. In addition, the HRSDC website provides current information on all the CPPD return to work provisions at www.servicecanada.gc.ca .
Different intake processes	Little coordination of employment supports between SA programs	Policy information on programs is not readily available or is outdated. E.g., CPP policy manual accessible only via an Access to Information Request.
Different medical requirements	Outsourcing of employment support services for many SA programs	No acknowledgement of episodic disorders (except ODSP) in any disability programs. There are several opportunities to incorporate the “episodic” nature of disabilities in program definitions. People with episodic disorders are eligible to receive CPP disability benefits. If a person is able to re-enter the workplace part-time, obtaining disability income support for the episodes when not able to work can be a challenge. Automatic reinstatement of CPP disability benefits is particularly designed to support to beneficiaries with episodic disorders who need to apply again for benefits and is a model that should be encouraged.
Different rules concerning employment and apparent contradiction between being “permanently disabled”		Medical tests focuses on inability to work and not on employment potential

<i>Inconsistencies/Incompatibilities</i>	<i>Lack of Coordination</i>	<i>Gaps</i>
yet able to work.		
Inherent assumption that a return to work will be full time and will meet all client's needs		No common policy approach to disabled population; rather a series of programs providing assistance under specified circumstances
Within social assistance, design and administration of each provincial and territorial program is different, e.g., <ul style="list-style-type: none"> ▪ Asset provisions ▪ Income provisions ▪ Benefit levels ▪ Definition of disability ▪ Reinstatement provisions ▪ Extension of health services 		P/T drug formularies often exclude new drugs
Indexation of benefits – only exists in CPP and 2 SA programs (Quebec and Newfoundland & Labrador)		Little information on the impact of benefits from other programs – “coordination of benefits” – where benefits from other sources are deducted dollar for dollar. Does this address ‘claw-back’.
Adjudication process may not be consistent within a program, let alone across programs		For CPP, little public information on the “return to work” provisions. For CPPD beneficiaries, a newsletter outlining provision updates for beneficiaries is distributed.
Duration of long-term disability different across programs		Lack of individualized support within program areas. “Administrative jungle”
Retroactivity provisions		

V. ESTIMATED DISABILITY EXPENDITURES* IN CANADA, 2005-06

	2005-6 (\$M)	Source of Funding	Governance	Philosophy	Definition of Disabled	HIV/AIDS in Definition
Disability-related tax measures (2006 calendar year estimates)		Consolidated Revenue Fund (CRF)	Finance Canada for policy Canada Revenue Agency for administration	Provide tax relief to offset the cost of disability-related expenses	Severe or prolonged impairment in physical or mental functions in most cases	No
Disability Tax Credit	440					
Medical Expense Tax Credit	825				Not applicable	
Caregiver Credit	81					
Infirm Dependant Credit	6					
Disability Supports Deduction	8					
Refundable Medical Expense Supplement	100				Not applicable	
Child Disability Benefit	90					
	1,550.0					
CPPD	3,074.1	Employer & employee contributions	Human Resources and Social Development Canada (HRSDC)	Basic income replacement for those with severe and prolonged disabilities	Disability must be severe and prolonged	All medical conditions can be considered including HIV/AIDS
QPPD	624.5	Employer & employee contributions	Régie des rentes du Québec	Income support for those with severe and prolonged disabilities	Disability must be severe and prolonged	No
	3,698.6					
EI Sickness	859.2	Employer & employee contributions	HRSDC	Income support for those with short-term illness	Not applicable – inability to work due to sickness or injury	No
	859.2					
Veterans' Disability Pensions	1,656.0	CRF	Veterans Affairs Canada	Income support for disabled veterans	Injury or disability related to service in a theatre of war	No
	1,656.0					
Social Assistance – benefits for the disabled (includes SA to First Nations and Alberta's AISH program) (2004-05 estimated data)	6,566.5	Provincial & territorial taxes First Nations via CRS	Provincial and territorial departments responsible for Income Assistance Indian and Northern Affairs Canada	Last resort income assistance to those in need	Different definition in each jurisdiction; generally permanent and severe	In Ontario
	6,566.5					
Worker's Compensation (2005 data)	6,401.9	Employer contributions	Provincial Boards	Protection against workplace injuries	Not applicable. Jurisdictions use disability rating schedules to determine the degree of disability	Unknown
Federal Worker's Compensation	107.7	Employer Contributions	HRSDC	Protection against workplace injuries		Unknown
	6,509.6					
Private disability insurance (2005 data)	5,172.0	Employer & employee contributions	Private Insurers	Income support for short and long-term disabilities	Varies according to plan	Unknown
	5,172.0					
TOTAL	26,011.9					

* represent direct income support benefits. Excludes health and employment-related costs.

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