

BENEFITS PLANNING IN CALIFORNIA

A comprehensive report
on benefits planning
needs for people with
disabilities



October 2024

Benefits Planning in California

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Executive Summary

In April 2023, the California Committee on Employment of People with Disabilities (CCEPD) created a Workgroup with other disability-related advisory bodies to address barriers to employment from various income and asset eligibility related



to cash, health, and long-term services and supports benefits. Income and asset eligibility rules for benefits play an integral role in decision-making process for people with disabilities, whether born with a disability, acquire a disability throughout their life or age into a disability on whether to choose a career, retrain into another career or pursue career advancement.

The Workgroup also focused on how to improve California's benefits planning infrastructure because it provides accurate information about benefits and employment. California can take actionable steps to improve its infrastructure to provide consistent information on overpayments, work incentives, and access to benefits planners. Benefits planning is a form of financial literacy because it allows a person with disability to understand their monthly budget when employed and how benefits can support their goals. It allows people to understand how to make the bridge from part-time to full-time employment or manage health care benefits and be employed.

In 2023, the Workgroup reviewed literature, held panel discussions with benefits planners in several programs, people with disabilities or family members affected by overpayments, and held departmental discussions. Many of the policy recommendations could be leveraged into existing work for "no wrong door" discussions currently and incorporated into discussions in the Master Plan for Aging, Master Plan for Career Education or Master Plan for Developmental Services. The Workgroup also understands that

some recommendations may need legislation or additional budgetary investments.

Since the Covid-19 pandemic, California is facing demographic changes due to the aging population and need for employees in various labor markets. Through its innovative work, California can incorporate these suggested policy recommendations into existing initiatives occurring in both the California Health and Human Services and Labor and Workforce Development Agencies.

Policy Recommendations

In accordance with CCEPD's statutory authority, this report makes policy recommendations to the California Health and Human Services and Labor and Workforce Developmental Agency Secretaries in



the following four areas: 1) collaboration with the Social Security Administration, 2) development of a consistent benefits planning infrastructure in California, 3) changes to health care policy, and 4) changes to the long-term service and supports policy.

Many of these policy recommendations are in line with current guiding principles and strategic priorities of the California Health and Human Services and Labor and Workforce Development Agencies.

Social Security Administration

Better educate Californians on work incentives and strengthen collaboration between federal and state departments. These recommendations follow the California Health and Human Services Agency (CalHHS) guiding principles of seeing the whole person and cultivating a

culture of innovation, leading to people with disabilities entering careers and living independently.

- ✓ Develop a more robust partnership with the Social Security Administration (SSA) and support efforts to streamline work incentive processes for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) beneficiaries, so overpayments do not occur.
- ✓ Create outreach strategies to educate people with disabilities on overpayments and work incentives.
- ✓ Develop a policy for state programs to increase general resources provided on benefits planning to create messaging that SSI and SSDI beneficiaries are employable.
- ✓ Increase collaboration and linkages between the Disability Determination Services, located at the California Department of Social Services, and California's disability-related programs.

Benefits Planning Infrastructure

Create a coherent and easily navigable benefits planning system for people with disabilities. This allows people with disabilities in any phase of life to access information and benefits planners. These recommendations assist in building a Healthy California for All by leveraging resources and developing consistent information for people with disabilities to competitive integrated employment and economic independence.

- ✓ Create integrated strategies to increase benefits planning services and develop "no wrong door" approaches to benefits planning.
- ✓ Develop 1) policies for cross-training of frontline staff within workforce and health and human services programs on work incentives. 2) policies to incorporate benefits planning into contracts and written agreements, 3) policies to incorporate how beneficiaries can manage benefits and employment into all human services programs, both disability and mainstream programs.

- ✓ Invest funds to ensure tools, such as the California Disability Benefits (DB) 101 platform, continue to be available to Californians with disabilities.
- ✓ Develop career advancement opportunities for benefits planners.
- ✓ Launch and sustain a marketing and outreach campaign about benefits planning to increase awareness of work incentives. This will lead to engaging individuals through childhood education, postsecondary transitions, career development, and retirement planning.

Health Care

Remove barriers for people with disabilities with long-term health conditions to develop their careers and advancement without fear of losing health care benefits. These policy recommendations will further strengthen the current priorities of building a Healthy California for All and integrating Health and Human Services by using Medi-Cal policies to strengthen economic opportunities for people with disabilities.

- ✓ Collaborate with disability-related stakeholders to improve the awareness of the 250% Working Disabled Program for people with disabilities.
- ✓ Eliminate the income eligibility requirement for California's 250% Working Disabled Program, helping people with disabilities obtain competitive integrated employment without losing access to health care and critical long-term support services.
- ✓ Data on disability should be incorporated into existing reports for the Medi-Cal programs.

Long-Term Services and Supports

Support efforts towards a "no wrong door system" and removes barriers for those who have long-term care needs to develop their careers. These policy recommendations will further strengthen the current strategic priorities of building a Healthy California for All and building an age-friendly state for all by innovation and leveraging programs throughout California.

- ✓ Develop a comprehensive and easily navigated long-term services and supports system for all Californians, including people with disabilities.
- ✓ Eliminate income eligibility levels to allow access to long-term services and supports to support employment.
- ✓ Data by disability type should be collected and incorporated into existing reports for the In-Home Supportive Services program.

Introduction

In 2023, the CCEPD established a Benefits Planning Cross-Advisory Workgroup (Workgroup). The Workgroup included representatives from the following advisory bodies: the CalABLE Act Board, the California Behavioral Health Planning Council, the California Commission on Aging, the State Council on Developmental Disabilities, the State Rehabilitation Council, and the State Independent Living Council. The CCEPD included multiple perspectives because benefits planning affects all people with disabilities in various communities. There are three goals of this report:

1. Examine how the State of California can develop a consistent and integrated benefits planning structure to 1) assist people with disabilities in multiple programs by providing linkages to benefits planners and 2) provide consistent messaging and information to people with disabilities on how to manage benefits and avoid overpayments while employed.
2. Highlight how the various income and asset eligibility affects people with disabilities and their employment decisions, focusing on health care and long-term services and supports.
3. Make policy recommendations to the Health and Human Services Agency and Labor and Workforce Development Agency Secretaries in these areas.

As of January 2024, there over 1.3 million Californians with disabilities on Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI). The labor force participation rate is 21.6% for people with disabilities and for non-disabled, the labor force participation rate is 66.9%.¹ Although the labor force participation rate has increased slightly since the COVID-19 pandemic, people with disabilities are underemployed and unemployed at higher rates than non-disabled. Benefits, whether health insurance, long-term services and supports, or cash, are a major factor for people with disabilities when making employment decisions such as pursuing a promotion to move up the economic ladder or hold a part-time or full-time position.

¹ Information from [Unified Strategic Workforce Development Plan, Economic and Workforce Analysis 2024-2027](#)

People with disabilities make economic and self-care choices based on their needs for health care and long-term services and supports, causing a benefits cliff for people with disabilities. For an example, if an individual with a disability makes a few thousand a year over the benefit income limit, they may lose the critical personal care services that allow them to be independent and employed. When analyzing benefit income and asset eligibility, the Workgroup concluded that policy changes are required to benefits that will assist in increasing the employment rate for people with disabilities. Policies should support employment and independence and not create barriers by having a myriad of income and asset eligibility requirements. Furthermore, California lacks a coherent benefit planning infrastructure that is apparent to people with disabilities when they need information or access to benefits planners.

Connecting to a benefits planner helps people with disabilities understand how their benefits can be used for continued health insurance, long-term services and supports, and cash benefits, while working either part-time or full-time. It also allows people with disabilities to understand their choices for employment and helps them with financial literacy. Navigating each program's income and asset eligibility levels becomes complicated when misinformation is disseminated in the community and staff are not properly trained on program policies. This is a call to action for California to evaluate policies on income and asset eligibility thresholds that create barriers to employment and an insufficient benefit planning infrastructure.

Social Security Administration

Although the Workgroup has no authority over the Social Security Administration (SSA), cash benefits remain a major barrier to career development due to administrative procedures for wage reporting and overpayments. Because cash benefits with its administrative procedures cause barriers, the Workgroup focused on how state programs and processes can be



improved for benefits planning. People with disabilities are affected by federal policy, laws and regulations surrounding social security disability benefits and other benefits. Each family member, service provider, benefits counselor, and person with disability, who participated on the Workgroup panels all said navigating and corresponding with the SSA is difficult.

The Workgroup agreed reform is needed. Overpayments continue to affect employment choices for people with disabilities. In spring of 2024, SSA has announced a series of reforms for overpayments. The Workgroup supports efforts to reform SSA administrative processes and hope these reforms continue to reduce the number of overpayments. But the Workgroup also agreed the State of California can assist people with disabilities with information on overpayments and benefits planning within its existing programs.

Moreover, the Center for American Progress released a report in December 2022 that highlighted the complex administrative burdens faced by SSI and SSDI recipients in the navigation of receiving benefits.² More work is needed at the federal level to lessen the administrative burdens for people with disabilities. These complicated administrative processes contribute to the misinformation for people with disabilities and create unnecessary barriers to pursuing a career.

People with disabilities who receive an overpayment notice from SSA often find this experience very traumatic.³ These notices which sometimes demand thousands of dollars can cause significant emotional stress and economic hardship for beneficiaries and their families.

Exacerbating the issue when a beneficiary receives a notice, they may not be connected to one of three state programs that offer and understand benefits planning: California Department of Rehabilitation, local workforce development boards, or independent living centers. These state programs can direct people to appropriate channels to resolve an overpayment. Oftentimes, many people with disabilities may not be connected to these state programs, causing them to request information from a legal professional or a community resource that is not properly trained in benefits planning. People with disabilities may not know that there are community-

² Report from the Center for American Progress: [How Dehumanizing Administrative Burdens Harm Disabled People](#)

³ Panelists providing information to Workgroup.

based resources to assist them, such as Ticket to Work, Employment Networks or Work Incentives Planning and Assistance (WIPA) programs. It is not apparent to people with disabilities and their families where to go for information. In addition to WIPA programs and Employment Networks, the Workgroup recommends that the State of California create outreach strategies to educate people with disabilities on overpayments and work incentives.

In the winter of 2023, there was national news coverage in the New York Times, 60 Minutes, and other media outlets, resulting in a House Ways and Means Social Security Subcommittee hearing on improper payments, also referred to as overpayments.⁴ According to the testimony from U.S. Government Accountability Office to the Subcommittee on Ways and Means, House of Representatives, “Disability insurance beneficiaries who have earnings sufficient to affect their benefits will receive an overpayment.” A 2019 study conducted by Mathematica and SSA estimated that 71 percent of disability insurance beneficiaries with earnings sufficient to affect benefits receive overpayments, which often accumulate to thousands of dollars. The study found that overpayments lasted for a median of 9 months and accrued a median amount of \$9,282.⁵ The national data continues to demonstrate a systemic issue with people with disabilities using the Ticket to Work program.

The State of California **should develop a more robust partnership with the SSA and support efforts to streamline work incentive processes for SSI and SSDI beneficiaries, so overpayments do not occur.** The Workgroup strongly recommends more streamlined and automated processes are needed. The process for reporting earned wages to comply with SSA requirements should be more streamlined and user-friendly. The State can assist in developing relationships between SSA and local frontline staff who work with SSI and SSDI beneficiaries. The State can also create ongoing stakeholder meetings with local SSA offices and the California Disability Determination Services Division to address issues for individual cases or general issues faced by the various disability communities.

⁴ [Congressional hearing testimony](#)

⁵ Information from Testimony before the Subcommittee on Social Security, Committee on Ways and Means, House of Representatives: [Disability Insurance-SSA Faces Ongoing Challenges with Overpayments](#)

The State of California **should develop a policy to increase general resources provided on benefits planning and create messaging that reinforces SSI and SSDI beneficiaries are employable.** The program within the California Department of Social Services, the Disability Determination Services, is charged with evaluating people for eligibility of social security disability benefits on behalf of SSA. Having this program include information on benefits planning will support individuals as their health improves or they feel empowered to work. This support will assist them to navigate programs and make informed decisions about their employment goals.

From panel discussions and advocates, the Workgroup heard that more focused training is needed for medical staff within Disability Determination Services, and its contracted medical providers, on specific disabilities, including the difference between short-term and long-term disabilities.

This program stands alone and does not interact with other disability-related programs within California. The State **should increase collaboration and linkages with the Disability Determination Services, located at the California Department of Social Services, and California’s disability-related programs.**

Need for Benefits Planning Infrastructure



California needs a more coordinated and “no wrong door” approach to benefits planning. The vision is to create a benefit planning infrastructure that allows people with disabilities and their families to understand the basics of work incentives and how it affects their benefits, have information on potential overpayments and what to do in the event an overpayment occurs, and

that improves access to existing tools and create linkages to benefits planners when needed from health and human services, disability-specific programs, and employment and training programs. Currently, benefits planning is only accessible to customers of specific systems and connections to benefits planners are not easily accessible. The Workgroup recommends the State of California has existing resources, such as Disability Benefits (DB) 101, which is not integrated into the service delivery systems. These resources are not maximized and used consistently as a “no wrong door” approach. Not funding DB101 removes an existing resource with updated and reliable information.

According to the Social Security Administration (SSA), as of January 2024 there are 1.3 million Californians receiving SSI and SSDI benefits. Of those, 1,116,044 Californians receive SSI based on disability, blindness, and age, and 773,437 Californians receive SSDI, based on disability.⁶ Combined, there is a potential of about **one million Californians** with disabilities needing benefits planning, which amounts to 35% of people who are on SSI benefits and 70% of people who are on SSDI are of working age. Estimates could be higher based on information that older adults are returning to employment during retirement or have a career into their 70s. Lastly, using data from the DB101 platform provides evidence that up to 650,000 people seek assistance on benefits planning in any given year.⁷ The number of people seeking information outpaces individual programs.

People with disabilities are served across all systems and programs, including mainstream health and human services programs, education, and employment programs. Although services are accessible to people with disabilities, they are not all connected to a benefits planner, either in-house or through a partnership or referrals. This gap prevents people with disabilities from understanding work incentives and may discourage them from choosing a career and employment.

Key challenges to current benefits planning infrastructure include:

- The sharing of bad, inaccurate, and outdated information, along with insufficient knowledge of work incentives by uncertified or untrained professionals within agencies or service providers, negatively impacts SSA beneficiaries.

⁶ Information from SSA from [SSI Monthly Statistics, January 2024, Table 4](#)

⁷ Information came from [CCEPD policy recommendations on integrated benefits planning in 2022](#)

- People with disabilities receive services from multiple doors but there is lack of understanding about how other types of benefits can impact SSI/SSDI and employment. Capacity building is needed to enhance knowledge of work incentives in mainstream programs.
- The current benefits planning service structure does not have consistent linkages to benefits planners from multiple programs in different service delivery systems ensuring a “no wrong door” approach.
- Benefits planners often leave the field quickly due to low pay and limited career advancement opportunities. In addition, extensive credentialing is required to ensure proficiency in the field.
- Lack of consistent marketing and outreach efforts to people with disabilities about benefits planning in each phase of life.
- Lack of accurate, timely information available to beneficiaries about benefits, work incentives, employment, and employment potential.

Current California Benefits Planning Infrastructure

Not including federal programs, only three state systems (independent living, vocational rehabilitation, and workforce development areas) have expertise in providing people with disabilities benefits planning. Other systems, such as mental health or developmental services, do not offer benefits planning in a consistent manner. Each system uses the expertise differently for the populations it serves, limiting access to clients within specific programs. This creates a gap for people with disabilities who are not connected to these programs.

Disability-Related Programs

Independent Living Centers (ILCs) are community-driven and offer a variety of services to people with disabilities of any age based on the community needs of the local area. ILCs provide expertise to wrap around services for people with disabilities, stabilizing them with a social safety net with benefits. This may increase the likelihood of employment when people with disabilities understand their benefits and their interaction with paid work. Currently, there are two ILCs providing benefits planning through the Work Incentives Planning and Assistance program and are certified. Other ILCs assist with navigating benefits.

DOR's Vocational Rehabilitation program provides Work Incentives Planning Services, including information and counseling on benefits planning for SSI/SSDI beneficiaries who are in the "job-ready" and "employed" statuses of their Individualized Plan for Employment. This also includes students with disabilities, between the ages of 16 and 21 and in a secondary, postsecondary, or other recognized education program. The DOR has 35 Work Incentive Planner (WIP) positions, with at least two WIPs in every district, except one. The WIPs are in the Staff Services Analyst classification with a salary range of \$3,640-\$5,916.⁸ The DOR also receives funds from the SSA's Cost Reimbursement program because of SSI/SSDI consumers who have gained employment.

There are 21 Regional Centers offering employment services may not offer benefits planning or may refer clients to benefits planners. Regional Centers provide a variety of services to people with intellectual and developmental disabilities. If Regional Center clients participate in employment efforts and work with DOR, then that individual will have access to benefits planning counseling.

Counties provide care services to people with mild to moderate health conditions and for adults with serious mental illness and children with serious emotional disturbances. The access point for people with mild to moderate mental health conditions is through the county's Managed Care Plan (MCP). Each county has a managed care plan, which the Department of Health Care Services funds. Counties also have a Behavioral Health Plan (BHP) that serve adults with serious mental health (SMH) and children with emotional disturbances. Each county's BHP operates differently, however, the main entry point for individuals seeking SMH services is through each county's 24-hour, 7 days a week access line. Because individuals may have co-occurring conditions, people may receive substance use disorder services with different eligibility criteria. Although eligibility is different in each program, information on benefits planning can be provided through existing directories. Counties utilize a variety of community care teams, contracted providers and County staff to perform outreach and engagement activities that connect individuals into their treatment programs and systems of care.

⁸ Information from Department of Rehabilitation, Social Security Programs

The Aging and Disability Resource Connection (ADRC) programs can also assist with information on benefits planning and referrals to benefits planners. These programs have been developing throughout California since 2019 and their focus is to create a “no wrong door approach” to long-term care services and supports to older adults and people with disabilities. Wisconsin has built benefits counseling into its model. Benefits planning should be built as a component for information and referrals. The ADRC programs can be used as part of an information and referral network for people with disabilities seeking information on benefits planning and employment services.

Mainstream Workforce Program

In California, eight Local Workforce Development Areas (LWDAs) are Employment Networks (EN), offering Ticket to Work Programs that include access to benefits planners. ENs are recognized by the SSA as providers who can assist SSI and SSDI beneficiaries pursue, enter, and maintain employment. LWDA Ticket to Work Programs are funded on a milestone/outcome basis and only receive funds for clients who gain and keep employment. These LWDAs have access to benefits planning either through staffing benefits planners or by navigating services within their partnership and referral networks. They have established the capacity to assist SSI and SSDI beneficiaries with employment services, including benefits planning and supportive services through grant programs, such as the Disability Employment Initiative (DEI) and Disability Employment Accelerator (DEA). Unlike ILCs and DOR, LWDAs serve the public who are seeking job services, and do not have additional eligibility criteria based on the severity of a disability.

K-12

The Special Education Local Plan Areas are another entity that can provide information on benefits planning, overpayments, and work incentives to youth with disabilities and their families. Benefits planning should be incorporated into services provided to students and their families and is incorporated into DOR’s Student Services. Generic resources about benefits planning and employment should be provided to families at younger ages in middle school before youth are transitioning out of high school. Once youth with disabilities become adults, then they face other restrictions for their cash benefits. Benefits planning should be considered a key part of financial literacy for youth with disabilities.

Disability Services and Programs for Students

These programs are located at community colleges, California State Universities, and University of California campuses. Services provided to students with disabilities are to help them be successful in their coursework. These programs can also be integral in offering information and referral to benefits planners and information on overpayments and work incentives. Benefits information should also be provided to career centers and other areas where youth may find career information.

SSA Work Incentives

Currently, there are 121 ENs serving California, of which many provide benefits planning to Californians. As mentioned above, ENs are community-based organizations serving multiple programs and services. Certified benefits planners are located within the 121 Employment Networks, which may amount to 121 benefits planners.⁹

The Work Incentives Planning and Assistance (WIPA) program, created by the SSA, was developed to promote employment for people with disabilities. There are currently seven WIPA projects in California. In California, there are 21 Community Work Incentives Coordinators (CWIC), of which one of the CWIC is a backup CWIC. The WIPA Projects have been reduced from nine to seven projects in California.¹⁰

Based on information received from SSA and DOR and a survey conducted, there are at least 177 benefits planners who are credentialed as work incentives practitioners.

Existing Web Platform

DB101 was first created in California to address the misinformation and fears among people with disabilities to be employed and manage their benefits. Launched in 2004, the creation of the online portal has been a public-private creation between the World Institute of Disability (WID), grants from the California Endowment, start-up, and research and design grants from the DOR, and funds from the Disability Employment Initiative from the EDD.

⁹ Information from Social Security Administration.

¹⁰ Information from Social Security Administration.

Currently, DB101 in California has philanthropic funding for the 2024 calendar year but does not have funding beyond 2024. Unlike in California, other states fund DB101 through their vocational rehabilitation programs, developmental services programs, health programs, or a combination of funding. DB101 is now available in 11 states, including Alaska, Arizona, California, Colorado, Kentucky, Illinois, Michigan, Minnesota, Missouri, New Jersey, and Ohio. In 2024, WID is developing DB101 in four more states: Georgia, Iowa, Nevada, North Carolina. Washington has deferred development of DB101 in their state.

The State of California should invest funds to ensure tools, such as DB101, continue to be available to Californians with disabilities.

According to WID, at least \$230,000 is needed to update existing information, add information on changes to health and human services programs and further translate more articles into Spanish.¹¹ In recent years, there have been changes to various health and human benefits that should be reflected in DB101. DB101, as an existing resource, can be used more consistently in programs.

There is no evidence of statewide system collaboration regarding benefits planning for people with disabilities. The State of California is not strategically tapping into a potential labor workforce of one million people, in a time of demographic shifts and labor shortages, people with disabilities could have careers and career advancement if benefits planning services and information were consistent and available by referral. States, such as Colorado, Michigan, and Minnesota, have created consistent benefits planning approaches that California can use as best practices.

The California Health and Human Services and the Labor and Workforce Development Agencies should develop integrated strategies to increase benefits planning services and develop “no wrong door” approaches to benefits planning. To develop a benefits planning infrastructure, these other recommendations would help develop and strengthen the infrastructure of benefits planning in California.

- Develop policies for cross-training of frontline staff within workforce and health and human services programs on work incentives.
- Develop consistent policies to incorporate benefits planning into contracts and written agreements, policies to incorporate how

¹¹ Information provided by World Institute of Disability.

beneficiaries can manage benefits and employment into all human services programs, both disability and mainstream programs.

- Develop career advancement opportunities for benefits planners.
- Launch and sustain a marketing and outreach campaign about benefits planning services. This will lead to engaging individuals through childhood education, postsecondary transitions, career development, and retirement planning.

Develop Policies for Cross-Training of Frontline Staff

The Workgroup held several panel discussions with benefits planners in multiple programs, which highlighted the continued lack of understanding of work incentives and/or how benefits can be used to continue working.¹²

Because people with disabilities are served through multiple doors, there is a continued message that people with disabilities on benefits are unable to pursue a career. Basic work incentive training and what services are available to people with disabilities is needed in health and human services, education, and workforce development programs for eligibility workers. Furthermore, basic training is also needed on how employment wages and can impact other benefits.

The involvement of lived experience of people with disabilities and their families and benefits planners will be needed to develop a baseline understanding of what is occurring in various programs. Focus groups consisting of people with variety of disabilities should be developed to determine the best strategies for cross-training of frontline staff in multiple programs.

Develop Administrative Policies to Encourage Benefits Planning

All identified programs within human services and workforce development organizations should incorporate benefits planning into written agreements to either provide access to benefits planners or provide benefits planning as a service. Written protocols and best practices can be developed for vendors and county-level programs to provide consistent information.

Programs should collect data on people seeking benefits planning to provide the State a better understanding of how many people with disabilities need these services and what type of assistance is needed.

¹² CCEPD Benefits Planning Cross-Advisory Body Workgroup panel discussion with certified benefits planners during May 2023 public meeting.

Only the vocational rehabilitation program collects data on benefits planning services, making it difficult to determine the range of needs in navigating benefits and employment.

Develop Career Advancement Opportunities for Benefits Planners

The Workgroup heard from local areas that it is difficult to hire and retain benefits planners within programs due to labor market changes, low pay rate and the nature of the job duties.¹³ Many suggested that funding for benefits planners are short-term and there is no long-term funding created for benefits planners. A compensation report and more data collection are needed on the benefits planner profession to understand the nature of the work and its compensation needs. The benefits planner position plays a trusted role for people with disabilities and service delivery in answering questions and addressing the support needs of a particular individual.

Launch and Sustain an Outreach Campaign

Marketing and outreach strategies must be improved, as there is a lack of consistent information about managing benefits and employment within mainstream programs and no effective use of existing information within disability-related programs. Additionally, and as previously referenced in the report, there is a limited amount of information about benefits management which makes improved marketing and outreach even more essential.

A common misconception is that many people believe benefits planning aims to maximize public benefit payments or prevent beneficiaries from losing benefits due to employment. Neither of these perceptions is accurate. In fact, the objective of benefits planning is



¹³ CCEPD Benefits Planning Cross-Advisory Body Workgroup panel discussion with certified benefits planner at May 2023 and July 2023 public meetings.

to promote employment and bolster financial independence for recipients of disability beneficiaries. Consequently, an effective marketing and outreach campaign should convey the following five points:

1. Paid employment and disability benefits aren't mutually exclusive — beneficiaries don't have to choose between work and benefits.
2. It's possible to work (even full-time) and keep Medicaid and Medicare in almost every case.
3. It's possible to work and come out ahead financially, even if SSA and other agencies reduce or stop public benefits.
4. It's possible to receive disability benefits again if they are stopped due to employment.
5. Benefits planning services aren't intended to force people off benefits or help them maximize use of public benefits.

An ongoing marketing and outreach campaign on benefits planning to increase awareness of work incentives for people with disabilities should be developed. These efforts are needed at certain points in a person's lifespan and messaging needs to be different depending on what benefits are needed and relevant for their situation. The marketing and outreach campaign should address four different life phases – childhood education, high school, and college (transition age), career and independence, and on-set of retirement.

Within the four life phases, an effective marketing and outreach campaign should address the following:

- Raising awareness of benefits planning services within the disability community; educate beneficiaries and service providers about what benefits planning services can be provided and who they are intended to assist.
- Promoting employment of people with disabilities by educating beneficiaries and service providers on how earned income affects public benefits and how work incentives can help achieve employment goals.
- Establishing relationships with other service providers who support individuals with disabilities in their efforts to obtain and maintain paid employment.

Creating an effective marketing and outreach campaign requires extensive planning. Partner roles, goals, and objectives should be clearly defined. Important metrics should be identified, collected, and evaluated to measure

outcomes. Outcomes must be evaluated for quality in addition to quantity. Plans should be refined based on challenges and successes. See appendix A for the description and needs of marketing and outreach in the different phases of life and career development.

Health Care



Accessing and affordability of health care is always the top concern for people with disabilities because many have complex medical care or need access to long-term services and supports. In evaluating health care as it relates to employment, the Workgroup decided to

focus on the Working Disabled program because it allows people with disabilities who are employed access to health care. Also, panelists mentioned that there is lack of information and misinformation about California's 250% Working Disabled program. To become eligible for Medi-Cal programs, a person with disability can be qualified through the Aged, Blind or Disabled at 138% Federal Poverty Level (FPL) or earn no more \$20,783 for one person.¹⁴ However, each state has a Working Disabled program that allows people with disabilities at certain economic levels to have access to health care and long-term services and supports while being employed.

California's Working Disabled Program is at 250% FPL, allowing a person with disabilities access to health care, if they earn no more than \$37,650 for one person.¹⁵ Thus, causing a cliff and barrier to full-time employment and career advancement. Because access to health care is one of the top concerns of people with disabilities, the Workgroup focused on California's 250% Working Disabled Program and whether changes to that program would further support a person's decision to pursue a career.

California's 250% Working Disabled Program was implemented in 2003. The program was designed to allow people with disabilities to participate in employment without losing their Medi-Cal insurance and allow access to

¹⁴ Information from Department of Health Care Services February 2024 Memo to County Welfare Directors on 2024 Federal Poverty Levels.

¹⁵ Same as Footnote 11.

long-term services and supports. In reviewing data from the Open Data Portal project for the 250% Working Disabled Program, enrollee totals have varied from 5,587 in 2010 to 13,365 in 2023. The highest enrollment to this program was during the COVID-19 pandemic at 25,375 in 2020 and has since fallen.¹⁶

The Medi-Cal program does cover people with disabilities in other Medi-Cal programs. As of October 2023, there are 15,575,871 Californians who are covered by Medi-Cal.¹⁷ Of those enrolled in Medi-Cal, there are 2,237,440 who are seniors or people with disabilities, or 14.4% of Medi-Cal enrollees.¹⁸ Data on disability type is not available and assessing which community of people with disabilities are covered is hard to determine. The Workgroup **recommends that data on disability should be collected and incorporated into existing reports for the Medi-Cal programs.** Without data on disability, it makes it difficult to determine which communities use various health care programs or if gaps exist based on disability.

The Department of Health Care Services should collaborate with disability-related stakeholders to improve the awareness of the 250% Working Disabled Program for people with disabilities. There is lack of awareness of the 250% Disabled Working Program among county Medi-Cal eligibility employees. Benefits planners pointed to this as an issue during panel discussions. The Workgroup recommends developing an action plan with disability-related advocates and departments serving people with disabilities. The action plan should consider the following elements:

- Update the marketing and outreach materials.
- Develop ongoing outreach efforts at the county level, using existing resources.
- Coordinate with employment-related entities to provide materials for those pursuing work.

¹⁶ Information from CalHHS Open Data Portal: [Statewide Medi-Cal Certified Eligible Individuals, by Aid Code, 2010 to the Most Recent Reportable Month - Dataset - California Health and Human Services Open Data Portal](#)

¹⁷ [Department of Health Care Services, October 2023. Medi-Cal at a Glance, July 2023 as of the MEDS Cut-off for October 2023. California Department of Health Care Services.](#)

¹⁸ [Department of Health Care Services, October 2023. Medi-Cal at a Glance, July 2023 as of the MEDS Cut-off for October 2023. California Department of Health Care Services.](#)

Originally, California's 250% Working Disabled Program was designed at the 250% Federal Poverty Level (FPL) with asset limits of \$2,000 for an individual and \$3,000 for a couple.

In 2017, the Medi-Cal Policy Institute, established by California HealthCare Foundation, released a report on California's 250% Working Disabled Program and determined that there were low participation rates from the onset. The report provided two potential policy choices for California, raise the income rate to 450% FPL and/or raise the income rate to 450% FPL and remove asset limits. These policy changes would increase participation rates for this program.¹⁹ California has removed asset limits but has not raised eligibility.

On July 1, 2022, the asset limits for the Non-Modified Adjusted Gross Income (MAGI) Medi-Cal programs were increased to \$130,000 for one person and \$65,000 for each additional person being evaluated. Beginning on January 1, 2024, the asset limit is eliminated for Non-MAGI programs and approved by the federal government.²⁰ The Workgroup commends the asset elimination and other important changes to health care in California.

The State of California **should eliminate the income eligibility for the 250% Working Disabled Program, helping people with disabilities obtain competitive integrated employment without losing access to health care and critical long-term support services.** Several states have increased the income eligibility or have removed income limits for the program. Eliminating income limits helps people with disabilities be employed and gain access to LTSS and stay employed. Additionally, people with disabilities will contribute to the tax base by being employed. This will also help people with disabilities obtain competitive, integrated employment without losing access to health care and critical long-term services and supports.

It is difficult to estimate the number of people with disabilities who will participate in a Disabled Working Program, if there was no income eligibility. In California, there are 2,101,300 people with disabilities, who may be eligible for the program.²¹ The Workgroup assumes that a certain

¹⁹ Information Report "[The California Working Disabled Program: Lessons Learned Looking Ahead](#)" April 2003

²⁰ Information from the [Department of Health Care Services on Asset Limits](#)

²¹ [AARP](#) Snapshot, Erickson, W., Lee, C., von Schrader, S. (2022). Disability Statistics from the American

percentage of people with disabilities who have private health insurance may switch, depending on their need for long-term services and supports. This will depend on both complex medical needs and personal care needs. Moreover, people switching to the public health care programs may mean a desire to become a full-time employee or advance in their career. The State can reach out to Massachusetts and Washington to determine how many people have switched to public health insurance from private health insurance and make estimates based on those state experiences.

According to the Kaiser Family Foundation, all 50 states have a Working Disabled Program. Many of the states have a 250% FPL and varying requirements of asset limits. Two states, Massachusetts and Washington, cover working people with disabilities with no income and asset limits. Minnesota is the latest state to eliminate income eligibility rates. Out of the 50 states, the following states have FPLs over 250%.²²

States	FPL Percentage
Massachusetts, Minnesota, and Washington	No income eligibility
Connecticut	552%
Idaho	500%
Colorado	450%
Illinois and Indiana	350%
District of Columbia, Georgia, Kansas, Maryland, Missouri	300%
Delaware	275%

In Massachusetts, MassHealth CommonHealth is designed to allow people with disabilities to work while receiving health insurance and long-term services and supports. The program allows people with disabilities to pay a monthly premium based on household income and has no income or asset limit restrictions for people with disabilities.

Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics. website: www.disabilitystatistics.org
<https://doi.org/10.26419/res.00795.010>

²² Survey from Kaiser Family Foundation, [“Medicaid Financial Eligibility in Pathways Based on Old Age or Disability in 2022: Findings from 50 State Survey”](#)

In Washington, the program, Health Care for Workers with Disabilities is also designed for people with disabilities, who work full-time, part-time or are self-employed. Benefits include health insurance and long-term services and supports, if functionally needed. Premiums are income-based on a sliding scale and cannot be more than 7.5% of total income.

In 2023, Minnesota passed SF 1272, which eliminates assets and income eligibility requirements for people with disabilities. The program, Medical Assistance for Employed Persons with Disabilities, began on January 1, 2024, and allows people with disabilities to qualify for health care without income or asset limits. People who qualify for the program must pay a percentage based on their income.

Removing income eligibility for people with disabilities will remove a barrier to employment for people with disabilities, which allows for reliable and ongoing healthcare and access to long-term services and supports. The State has three different examples of program design that can be used for California's 250% Working Disabled Program.

Long-Term Services and Supports



Like cash benefits or health insurance, people with disabilities must choose between working full-time or part-time to use public long-term services and supports (LTSS). Some people with disabilities need 24-hour care or substantial personal care assistance during the day, both for independence to live in the community and employment. These services

mean help with meals, toiletry, or transportation. The In-Home Supportive Services program (IHSS) has income eligibility limits that make it cost-prohibitive for people with disabilities to choose full-time employment or career advancement. The income limits for LTSS are either at 138% or 250% FPL, which amounts to either \$20,783 or \$37,650 as a family of one

to qualify for services for IHSS.²³ Earning more than that amount means that all services must be paid out-of-pocket, which can be cost prohibitive. Private care services are expensive because most private health insurance plans do not cover LTSS. As referenced in the Public Policy Institute of California report, the annual cost of full-time (40 hours per work) in-home care was \$76,000 for Californians in 2023.²⁴ Without public benefits, people with disabilities must make upper income wages to afford personal care.

California's policies have not addressed how to allow people with disabilities to gain middle-class status with life-care LTSS needs or with changing LTSS needs as they age. Policies have created a binary choice, either be on public benefits or rely on family supports to reach middle-class status. This causes inequities for people with disabilities and hardship for some families. California can increase the income eligibility for people with disabilities to have access to long-term services and supports and/or create a fee-for-service option to pay a certain amount for their care monthly. Massachusetts, Minnesota, and Washington have no income and asset limits for people with disabilities to qualify for personal care assistance. These states allow for a premium percentage to be paid for health care and LTSS services, making it more affordable for people with disabilities to keep or gain employment and continue with LTSS services.

Removing income eligibility for Medi-Cal will allow people with disabilities, who are employed, with LTSS be eligible for home and community-based services and access to the In-Home Supportive Services (IHSS) program. The IHSS program is the



²³ Information from Department of Health Care Services Memo to County Welfare Directors on 2024 Federal Poverty Levels

²⁴ Public Policy Institute of California Report, "California's Care Workforce: An Overview of Needs, Opportunities and Challenges"

primary program for people with disabilities needing long-term services and supports. As of April 2024, there were 769,202 or 34.5% receiving services between the age of 18-64 years old, the prime working age.²⁵ The program is both assisting people with disabilities in their everyday lives and helping them stay or become employed. IHSS is a vital program for people with disabilities to remain active by working and living in their local communities. The Workgroup found that data by disability type is not included as part of the demographics overview for IHSS, making it difficult to assess the need for various types of disabilities. Therefore, **the Workgroup recommends that data on disability type should be collected and incorporated in existing reports for the In-Home Supportive Services program.**

The State of California has been working through two tracks in improving LTSS. One has been through the Legislature, where the Aging and Disability Resource Connection (ADRC) was established, and the development of a feasibility study for a LTSS insurance program. The other is through the Master Plan for Aging, which has created initiatives to address support needs as people age. Older adults and people with disabilities have similar needs when it comes to LTSS. Efforts are being aligned to better support a person's needs in the community. These support needs are essential and foundational for a person to gain and retain employment. The difference between the communities is that people with disabilities need LTSS throughout their lifespan. The current system has created barriers to employment for people with disabilities by keeping income eligibility low. Some people with disabilities make economic decisions based on income eligibility for LTSS programs.

The ADRC was established by legislation to allow for a partnership between the Area Agencies on Aging and Independent Living Centers, along with additional local partners. The main goal is to develop a “no wrong door” system, and a vision of the Master Plan for Aging.²⁶ In other states, like Wisconsin, benefits counseling has been incorporated into the system.²⁷ ADRCs are meant to be an information and referral network for people with disabilities and older adults on support needs. The information and referrals from ADRC can be better utilized for people with disabilities and included in general resources.

²⁵ IHSS Program Data, April 2024 from [California Department of Social Services](#).

²⁶ Aging and Disability Resource Connection [Strategic Plan and SWOT Assessment](#)

²⁷ Information from [California's ADRCs: A SWOT Assessment](#)

Assembly Bill 567 (Chapter 746, Statutes of 2019) established the Long-Term Care Insurance Task Force to develop a statewide insurance program for long-term care services and supports. The Task Force has been meeting to develop recommendations and a feasibility study has been conducted and released. The feasibility study basically provided five program designs for California, which ranged from limited to more comprehensive services.²⁸ The Task Force developed concepts for the Legislature to consider, on options in developing a statewide insurance program for LTSS. The focus on LTSS was more short-term and did not consider potential lifespan needs. In the feasibility report, there was a recommendation to develop a workgroup for LTSS for people with developmental and acquired disabilities because their care needs will differ from older adults and the aging process.²⁹ Creating a workgroup would help design a program that can assist people with disabilities with care needed for the lifespan.

The Workgroup **supports state efforts to develop a comprehensive and easily navigated long-term services and supports system for all Californians, including people with disabilities.** This system should include information on both employment services and LTSS. Navigating the various programs with various requirements for needed care creates barriers to employment and career development. People with disabilities make economic decisions based on their care needs.

The Workgroup recommends **eliminating income eligible levels to allow access to long-term services and supports to support employment.** Three states, Massachusetts, Minnesota, and Washington, have no income or asset eligibility limits on LTSS for people with disabilities. Other states have increased income eligibility. This will allow people with disabilities to remain employed and be allowed to save for their futures.

²⁸ Information from [AB 567 Feasibility Study](#)

²⁹ Information from [AB 567 Oliver Wyman Feasibility Study](#)

Glossary of Terms

Asset Limits – Maximum asset totals for people to maintain while receiving benefits.

Benefits – Resources available for people with disabilities through government programs. These can include health insurance, long-term services and supports, and cash benefits.

Cross-training – The practice of training employees across multiple roles and programs to enhance the service experience for people with disabilities and all customers.

Disability Determination Services – State agencies that are funded by the US federal government. Their purpose is to make disability findings for the Social Security Administration.

Income Eligibility – Income ranges or maximums people can earn and still be eligible to receive benefits.

Independent Living – Independent living means that people with disabilities have the right to live as independently as they choose. If a person with a disability wants to ask for help, they can. But the kind of help they ask for and who they ask is up to them.

Individualized Plan for Employment (IPE) – Written plan listing your job objective and the services you will receive to reach your employment goal.

In-Home Supportive Services (IHSS) – Program which provides in-home assistance to eligible aged, blind, and disabled individuals as an alternative to out-of-home care and enables recipients to remain safely in their own homes.

Benefits Planning – Planning process that provides work incentives and benefit information in consistent format for people with disabilities.

Labor Force Participation Rate – Rate which represents the number of people in the labor force as a percentage of the civilian noninstitutional population. In other words, the participation rate is the percentage of the population that is either working or actively looking for work.

Local Education Agency (LEA) – A local entity involved in education including but not limited to school districts, county offices of education, direct-funded charter schools, and special education local plan area (SELPA).

Local Workforce Development Area (LWDA) – Administrators of the Workforce Innovation and Opportunity Act (WIOA) services as designated by the Governor. Factors that are considered in designating these LWDA's include geographic location, population, and commonality of labor market areas.

Long-term Services and Supports (LTSS) – Services and supports which encompass the broad range of paid and unpaid medical and personal care services that assist with activities of daily living (such as eating, bathing, and dressing) and instrumental activities of daily living (such as preparing meals, managing medication, and housekeeping).

Medi-Cal Programs – California's Medicaid program. This is a public health insurance program that provides free or low-cost medical services for children and adults with limited income and resources.

Medicare – A federal health insurance program in the United States for people aged 65 or older and younger people with disabilities, including those with end stage renal disease and amyotrophic lateral sclerosis.

No Wrong Door System – Coordinated approach among service providers that ensures beneficiaries receive services without delay regardless of where they initially seek care, and that beneficiaries can continue to see the provider with whom they have built a trusted relationship.

Overpayment Letter – Letters sent when you receive more money for a month than the amount you should have been paid. The amount of your overpayment is the difference between the amount you received and the amount due.

Social Security Disability Insurance (SSDI) – A payroll tax-funded federal insurance program of the United States government. It is managed by the Social Security Administration and designed to provide monthly benefits to

people who have a medically determinable disability that restricts their ability to be employed.

Supplemental Security Income (SSI) – Means-tested program that provides cash payments to children and adults with disabilities, and individuals aged 65 or older who are citizens or nationals of the United States.

Ticket-to-Work and Employment Networks – Entities that enter into an agreement with the Social Security Administration (Social Security) to either provide or coordinate the delivery of services to Social Security disability beneficiaries.

Unemployment Rate – Rate which represents the number of unemployed people as a percentage of the labor force (the labor force is the sum of the employed and unemployed).

Unified Strategic Workforce Development Plan – Plan which represents agreement among partners identified in the Workforce Innovation and Opportunity Act and serves as the framework for the development of public policy, fiscal investment, and operation of the state workforce and education system.

Vocational Rehabilitation – The goal of vocational rehabilitation is to help people with disabilities be employed and assists with training needs and supports for people with disabilities. Program is located within Department of Rehabilitation.

Wage Reporting – Monthly reporting mechanism to report wages and changes in income from other sources to Social Security Administration when on SSI/SSDI.

Work Incentives Planning and Assistance (WIPA) – Program which provides free, in-depth benefits counseling to eligible SSI/SSDI beneficiaries who have a disability to help them make informed choices about work.

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Universal Asset Limits

[Why a Universal Asset Limit for Public Assistance Programs Would Benefit Both Participants and the Government](#)

Appendix A – Marketing and Outreach Phases

The following sections provide high level overviews of recommendations for the four different life phases and their messaging. The sections are not intended to provide complete, detailed breakdowns of activities, but general strategies to address common challenges during the phases. The Workgroup understands marketing and outreach may differ based on organizational structures and regions. While there is overlapping of some activities between phases, it is important each phase is addressed uniquely, as each phase often includes different services, partners, and programs.

Childhood Education

Beneficiaries and their families should be exposed to benefits planning early. Messaging should be received early to ensure that children with disabilities can grow up to achieve employment success and understand that employment and disability benefits aren't mutually exclusive.

Marketing and outreach of disability benefits can begin prior to a beneficiary entering school. This can begin through early service providers such as family resource centers, regional centers, disability-related community-based organizations, and parent organizations coordinated through the California Department of Education (CDE). Many of these organizations may prove helpful in later years as well.

Once school-aged, beneficiaries and their families should be provided information on benefits planning through their local education agency (LEA). Information can be provided within individual education plan (IEP) meetings and special education curriculum. However, outreach shouldn't be limited to only students in special education programs. Students with disabilities mainstreamed in general education classes, and under Section 504 of the Rehabilitation Act, should also be targeted. While LEAs are not expected to provide benefits planning, ensuring they have the information and are able to point beneficiaries and families in the right direction early will improve long-term outcomes.

Information relating to “High School and College (Transition Age)” and “Career and Independence” should be included at a high-level to get guardians and families familiar with the concepts.

High School and College (Transition Age)

The transition age is one of the most vulnerable times for people with disabilities. This population may need additional support as they face unique challenges in their transition into adulthood, career, and independence. Because they are becoming adults, many of the benefit programs and supports are reevaluated for the transition-aged youth.

While parents and guardians will remain an integral part of the outreach strategy, at this phase the beneficiary gains more independence and responsibility for their future. Therefore, the focus of the messaging will now target the beneficiary instead of the parent or guardian.

It is critical that adequate information is provided to counselors, staff of disabled student services, and other service providers working with beneficiaries during this transition age. Benefits planning and career opportunities should be presented to students in ways that incentivizes work and upward career mobility.

Information relating to “Career and Independence” should be included at a high-level to get beneficiaries and their guardians and families familiar with the concepts.

Career and Independence

This phase is typically the longest, therefore it often has the most variables. Throughout a person’s career, and as people age, their needs obviously evolve. People with disabilities should have the ability to maneuver throughout their careers and experience upward mobility without the concern of severe financial challenges caused by a lack of benefits planning.

During this phase, an effective marketing and outreach strategy should concentrate on work incentives and how career advancements can impact benefits. This includes an emphasis on SSA wage reporting requirements and access to continued healthcare coverage. It is critically important to understand these requirements, as overpayments of benefits can often result in financial challenges. Additionally, sustained access to healthcare programs remains a primary concern.

Support services during this time often come from workforce service providers and should include providing access to benefits planning services. In many instances, local workforce development board employ staff trained to provide workers with benefits planning. Whether they have dedicated staff or not, it is important workforce service providers have a basic knowledge of benefits planning to point beneficiaries in the correct direction.

Information relating to “Retirement” should be included at a high-level during this phase to get beneficiaries familiar with the concepts.

Retirement

Once a beneficiary retires, their benefits will obviously change. As a worker nears retirement age, it is important know what to expect once they leave the workforce. It is also important to note that many seniors may experience their first disability during this time and others might experience new, additional disabilities.

The outreach at this time should remain focused on the beneficiary. However, as beneficiaries age, the role of family or other caregivers often becomes more prominent in ensuring needs are met in later years.

The California Department of Aging provides seniors with numerous programs and services that can be utilized and promoted through marketing and outreach. Additionally, organizations such as senior centers and assisted living facilities should be utilized in outreach and marketing strategies.

Appendix B – List of Benefits

The tables on the following pages list numerous benefits, how to access them, the type of benefit they provide, the description of service, their target populations, and their income/asset eligibility.

Asset Building Benefits

Benefit (Asset Building)	How to access benefit	Type of Benefit	Description of Service	Target Population for Service	Income/Asset Eligibility
CalABLE	Can create an account through Treasurer's Office	Cash/saving	Savings to be used for qualified disability expenses	People with disabilities, up to age 26 and beginning on January 1, 2026, up to age 46	Save up to \$100,000 without counting towards \$2,000 asset limit and affecting other means-tested public benefits
Individual Development Accounts	Through state's TANF (Temporary Assistance for Needy Families) program	Cash/saving	Savings for education, the purchase of a first home, or to start a business	Working and receiving TANF payments	Eligibility requirements vary. Usually, your annual income must be within 200% of the Federal Poverty Level (\$29,160) and you must have some form of earned income. You must also take financial education training once you're enrolled in the program.
Plan to Achieve Self-Supports (PASS)	SSA	Saving	PASS lets a disabled individual set aside countable earned income to pay for items or services needed to achieve a	Individuals with disabilities who are currently working	

			specific work goal.		
Special Needs Trust (SNT)	Created through an attorney	Saving	Self-settled (first party) or third-party special needs trust to help with wealth building to be used to monetarily supplement the persons needs through their lifetime	Persons with disabilities to maintain his or her eligibility for public assistance benefits, despite having assets that would otherwise make the person ineligible for those benefits.	First-party SNT is subject to Medi-Cal estate recovery

Cash Benefits

Benefit (Cash)	How to access benefit	Type of Benefit	Description of Service	Target Population for Service	Income/Asset Eligibility
CalFresh	Local county welfare, Department of Social Services	Cash	Issues monthly electronic benefits that can be used to buy most foods at many markets and food stores,	Must meet federal eligibility requirements, for entire population	

			including some fast food restaurants		
<u>Cash Assistance Program for Immigrants (CAPI)</u>	Local county welfare, state program	Cash, to non-citizens who are ineligible for SSI	Monthly amount	Must be ineligible for SSI/SSP due to immigration and be aged, blind and disabled	\$2,000 for an individual or \$3,000 for a couple, income that is less than the CAPI payment standards
<u>CA State Disability Insurance (SDI)</u>	EDD	Cash, provides wage replacement (60-70%)	Monthly amount	To be considered disabled, you must be unable to perform any substantial work due to a physical and/or mental condition, which has lasted or can be expected to last for at least 12 months or can be expected to result in death.	
<u>Social Security Disability Insurance (SSDI)</u>	SSA	Cash, based on the person's work record	Monthly amount	To be considered disabled, you must be unable to perform any substantial work due to a physical and/or mental condition, which has lasted or can be expected to last for at least 12 months or can be expected to result in death.	Has income limits, but no resource limits

Supplemental Security Income (SSI)	SSA	Cash	Monthly amount	Aged over 65, blind or disabled	Has income/asset
Women, Infants, and Children (WIC)	Local county welfare, administered by Department of Public Health	Cash for supplemental food	Program helps families across the state by providing nutrition education, breastfeeding support, healthy foods and referrals to health care and other community services.	Women that are pregnant, children under 5 or children under 5 years old cared for by fathers, guardians or grandparents.	185% of Federal Poverty Line

Tax Credit Benefits

Benefit (Tax Credits)	How to access benefit	Type of Benefit	Description of Service	Target Population for Service	Income/Asset Eligibility
Child Tax Credit	Complete federal/state taxes, Franchise Tax Board	Cash	May qualify for up to \$1,083 cash back if you had a child under the age of 6 at the end of the tax year.	For entire population	Annual income is not more than \$200,000 (\$400,000 if filing a joint return)
Foster Youth Tax Credit	Complete federal/state taxes, Franchise Tax Board	Cash	May qualify for up to \$1,083 cash back if you were in California foster care when age 13 or older.	For California foster youth	
California Earned Income Tax Credit	Complete federal/state taxes, Franchise Tax Board	Cash/tax credit	May be eligible for up to \$3,417 cash back or a reduction of the tax you owe.	For entire population	

Health Care Benefits

Benefit (Health Care)	How to access benefit	Type of Benefit	Description of Service	Target Population for Service	Income/Asset Eligibility
California Children's Services	Department of Health Care Services	Supports, provides medical services, and supports to children with physical and chronic health conditions	The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.	Children up to 21 with special health care needs	
Medi-Cal	Local county welfare, Department of Health Care Services	Health care	Public health insurance program which provides needed health care services	Low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low-income people with specific disease	Applications will not ask for asset information starting on January 1, 2024. Medi-Cal will consider income information but will not consider assets.
Children's Health Insurance Program	Department of Health Care Services	Health care	CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid.	Children and pregnant women and those 12-months postpartum.	Income

In-Home Supportive Services	Local County IHSS office, Department of Social Services	The types of services which can be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, paramedical services, and protective supervision for those with mental impairments	Pays for services to remain in home	To be eligible, you must be 65 year of age and over, or disabled, or blind and qualify for Medi-Cal. Disabled children are also potentially eligible for IHSS provided the child is Medi-Cal eligible, including through the regional center institutional deeming waiver. Live in a non-institutional setting.	
Waivers for various people with disabilities	Department of Health Care Services (DHCS)	Supports	Various services related to assisted living and IHSS	Eligible seniors and persons with disabilities	
HICAP (the Health Insurance Counseling & Advocacy Program)	California Department of Aging	Supports	Provides free and objective information and counseling about Medicare. Volunteer counselors can help people understand their specific rights and health care options.	Medicare beneficiaries, their families and/or providers	

Housing Benefits

Benefit (Housing)	How to access benefit	Type of Benefit	Description of Service	Target Population for Service	Income/Asset Eligibility
Section 8 Housing	Local public housing agency (PHA)	Supports	Provides assistance to very low-income families to afford decent, safe, and sanitary housing	Low or very low income based on annual gross income	Varies. In general, the family's income may not exceed 50% of the median income for the county or metropolitan area in which the family chooses to live.
CA Housing Finance Agency Programs	California Housing Finance Agency (CalHFA)	Variety of programs	Provides financing and programs with a focus on equity	Low- and moderate-income renters and homebuyers	
Transition and Diversion	Provided by ILCs for home modification/assistive technology (AT)	Supports, not cash benefit	Assist individuals in living in their community and avoiding institutionalization.	Those receiving medically necessary nursing facility level of care or meet minimum criteria to receive nursing facility services	
Community Living Fund Program	Services provided by community-based organization (CBO) but approved by DOR for person to remain in community.	Supports	"Bridge" program that expedites the provision of goods or services not available through other means to individuals either transitioning to the community or at-risk of institutionalization	Individuals either transitioning to the community or at-risk of institutionalization	

Low-Income Housing Tax Credit (LIHTC) properties	California Tax Allocation Committee	Subsidized housing	The LIHTC program gives State and local LIHTC-allocating agencies the authority to issue tax credits for the purchase, rehabilitation, or new construction of rental housing targeted to lower-income households. The apartment complex receives the tax credit, which is passed onto the tenant in the form of subsidized rent.	Low-income adults, including persons with disabilities	
Project Based Vouchers (PBV)	County PHA	Subsidized housing	Subsidized rental housing where the voucher is tied to the apartment complex (generally waiting list are much shorter than that to receive a Section 8 Housing Choice Voucher).	Low-income adults, including persons with disabilities	
Section 811	Housing and Urban Development	Subsidized housing with built-in support services	Through the Section 811 Supportive Housing for Persons with Disabilities program, HUD provides funding to develop and subsidize rental housing with the	Low-income adults with disabilities	

			availability of supportive services for very low- and extremely low-income adults with disabilities.		
Non-Elderly Disabled (NED) Vouchers	Local public housing agency (PHA)	Section 8 voucher	Subsidized rent through a Section 8 voucher	Non-elderly disabled (NED) persons residing in nursing homes or other healthcare institutions to transition into the community with appropriate services.	

Legal Services Benefits

Benefit (Legal Services)	How to access benefit	Type of Benefit	Description of Service	Target Population for Service	Income/Asset Eligibility
Disability Rights California's Legal Advocacy Unit (LAU)	Disability Rights California, the federally mandated Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP) agency	Supports	Legal and advocacy services	People with disabilities - The DRC Legal Practice Groups include civil rights, Healthcare/Home & Community-Based Services, Intellectual/Developmental Disabilities, Mental Health, Pathways to Work, Voting Rights, and Youth	
Legal Services Corporation (LSC)	LSC has link to search by address for local legal aid organization	Supports	Civil legal services	Low-income Americans	

Other Benefits

Benefit (Other)	How to access benefit	Type of Benefit	Description of Service	Target Population for Service	Income/Asset Eligibility
Regional Center Services	Regional Center	Supports	Various - Regional centers provide assessments, determine eligibility for services, and offer case management services. Regional centers also develop, purchase, and coordinate the services in each person's Individual Program Plan.	Californians with developmental disabilities	
State Council on Developmental Disabilities	State and/or local regional office	Systems navigation support	Provide persons with disabilities and/or their families information to help navigate the complexities of the CA disability service delivery system. Also provides capacity-building, self-advocacy training, and barrier elimination	Californians with developmental disabilities	
Independent Living Centers (ILC)	Through CFILC or local ILC offices	Supports	Provide assistance that will facilitate both individual and	Californians with disabilities	

			community options for independent living		
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Appendix C – Roles of Various Eligibility Workers

The tables on the following pages list the role of various workers regarding certain benefits. They list the benefits, the state entity overseeing the benefits, the types of benefits planners, and their functions.

Cash Benefits

Benefit (Cash)	State Entity	Benefits Planners	Function
CalFresh	Department of Social Services	County eligibility workers	Assists clients to meet income and asset requirements for the program.
Cash Assistance Program for Immigrants	Department of Social Services	County eligibility workers	Assists clients to meet income and asset requirements for the program.
CA State Disability Insurance (SDI)	Employment Development Department	EDD workers	Assists clients with eligibility requirements
Social Security Disability Insurance	Social Security Administration (SSA) / Department of Social Services	Disability Determination Services/ SSA	Determine if a person is in fact disabled and eligible to get cash benefits. No information provided on overpayments or employment services.
Supplemental Security Income	SSA	SSA eligibility workers	Assists client for SSI to determine income and asset eligibility.
Women, Infants, and Children	Department of Social Services	County eligibility workers	Assists clients to meet income and asset requirements for the program.

Health Care Benefits

Benefit (Health Care)	State Entity	Benefits Planners	Function
CA Children's Services	Department of Health Care Services	County eligibility workers	Assists children with disabilities and their families with eligibility
Medi-Cal	Department of Health Care Services	County eligibility workers	Assists individuals with income eligibility.
Children's Health Insurance Program	Department of Health Care Services	County eligibility workers	Assist children and their families with income eligibility.
In-Home Supportive Services	Department of Social Services	County eligibility workers	Assists clients with income eligibility.

HICAP (Health Insurance Counseling and Advocacy Program)	California Department of Aging	trained individuals through Area Agency on Aging	Provides counseling on Medicare and health care options.
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Housing Benefits

Benefit (Housing)	State Entity	Benefits Planners	Function
Section 8 Housing	Local public housing authorities	eligibility workers	Assists individuals with income eligibility.

Employment Services Benefits

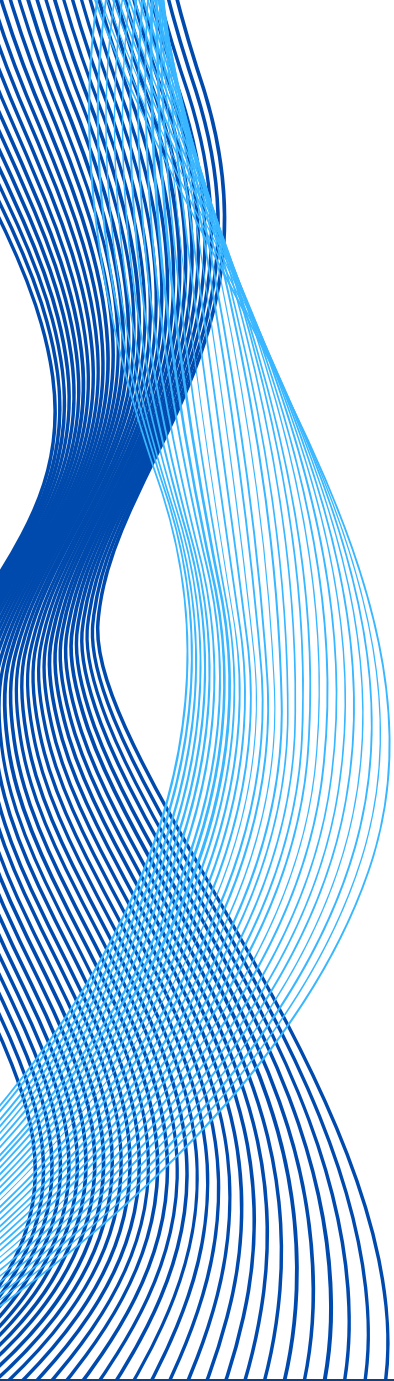
Benefit (Employment Services)	State Entity	Benefits Planners	Function
Vocational Rehabilitation Program	Department of Rehabilitation (DOR)	Credentialed benefits planners	Assists individuals with managing benefits and employment that is a DOR consumer.
Independent Living Centers	Department of Rehabilitation (DOR)	Mix of credentialed benefits planners and staff familiar with various benefits	Two Centers are WIPA projects and are credentialed. Others work with individuals to navigate support needs.
Employment Networks	SSA, some are community based, including local workforce development boards	Credentialed benefits planners	Assists individuals with managing benefits and employment, either as a client or referral from other agencies.
Work Incentives Planning and Assistance Programs	SSA, two of seven, are ILCs	Credentialed benefits planners	Assists individuals with managing benefits and employment, either as a client or referral from other agencies.

People with ID/DD Benefits

Benefit (People with ID/DD)	State Entity	Benefits Planners	Function
Regional Center Services	Department of Developmental Services	Case managers	Assists case management and support needs of an individual with intellectual or developmental disabilities.
State Council on Developmental Disabilities	State or local office	Supports system navigation	Provides information to help navigate the complexities of the disability delivery system.

Other Benefits

Benefit (Other)	State Entity	Benefits Planners	Function
Aging and Disability Resource Centers	California Department of Aging	System navigation and referral system	Provides information to help navigate the complexities of multiple programs



This report was developed by the Benefits Planning Cross-Advisory Body Workgroup, led by the California Committee on Employment of People with Disabilities.

C&EPD

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