

Benefits Reform Action Group

Date: April 16th, 2018

Re: Response to letter from the Minister of Community Services to Benefits Reform Action Group via Standing Committee. Also a request to appear.

Dear Community Services Standing Committee,

Via Mr. Chuck Porter (Chair)

We as the Benefits Reform Action Group are writing this letter to inform you that we have reviewed the response from Minister Kelly Reagan dated December 1st, 2017 and are unsatisfied with the response. We believe the issues we wrote about in our original letter dated September 6th, 2017 were avoided in Minister Reagan's letter. We believe that it would be beneficial for us to appear in front of the standing committee as witness, and talk to the committee about this concern.

The concerns we addressed were regarding issues with the Income Assistance Program, client concerns, and the intrusive annual review process.

In short, our concerns are:

- The amount and type of information caseworkers require during annual reviews creates an uncomfortable situation for clients
- Medical documentation provided to the caseworker from a client doctor proving a disability and or medical need is not always automatically accepted
- We know of several cases in which clients have been asked to empty their pockets in front of their caseworkers.

The most concerning aspect about the process with disability cases is the part of the annual review where the same medical documentation is required year after year even though the client has a persistent, chronic condition. Also, there are examples in which the client was asked to provide more than one medical note in the same year for the same reason. This is a significant inconvenience for the client as well as unnecessary trouble on the already strained health care system. This is a continuing reality. Yet we read of the following statements made before the Standing Committee on January 10th, 2017 by the Deputy Minister, Ms. Lynn Hartwell, which should, logically-speaking, see the end of these practices:

When you have folks who have chronic conditions, lifelong situations, **it seems crazy to be constantly assessing, reassessing the need.** That's part of our work, how can we, in a way that's transparent, in a way that's fair and consistent...without really burdensome reporting requirements.

As well as:

...We recently did have the occasion to reach out to staff around the province and remind them that they have the discretion that if it's a chronic condition - based on their understanding - they **don't need to have medical reaffirmation that the person is still disabled.**

Not to mention:

...Just to remind them that **they don't have to do that annually, they don't have to do that monthly** - it's really dependent on the situation of the client. Thank you for the people who brought that forward and again, if you're hearing that what we're saying our policy is not necessarily what's being interpreted, it's always helpful to let us know because often it's just that clarification that staff need.

In addition, the Honourable Minister wrote in her response to Mr. Porter that, "The ESIA Program does require recipients to meet with their case worker on an annual basis to review eligibility...and to ensure that documentation and consents are updated." Perhaps, although both Ms. Hartwell's previous words, as well as the wording of the ESIA Act, would seem to denote otherwise, as per Section 7, 2b, (vi) "Persons assisting the Minister in the administration of this Act shall...from **time to time review** the assistance provide to the applicant..."

Also mentioned in the response from Minister Kelly Reagan, "If clients are having issues with their caseworkers then they are encouraged to talk to a local manager at their local DCS office." The problem is, there have been times when clients were denied access speaking with supervisors and managers and issues were not resolved.

Thanks in advance for giving our concerns your attention and we await your response.

Sincerely,
Benefits Reform Action Group