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ACORN Nova Scotia Presentation to DCS Standing Committee

June 7, 2016

Presented by Bonnie Barrett - Chair of Halifax ACORN (Association of Community Organizations for Reform Now)

- Income Assistance recipients with chronic and unchanging health conditions are forced to continuously provide medical document confirming their medical conditions. This puts an undue burden both on medical professionals as well as income assistance recipients.
- The amount of funding provided for special diets recipients does not reflect the true cost of food. Even when ESIA recipients do receive funding for medically necessary special diets, the amount they are provided with is often not enough to actually buy the food that is necessary to maintain reasonable health. Special diet rates have not increased since 1997, despite the reality that the cost of food has risen substantially in the last 20 years.
- ACORN Nova Scotia is a membership-based anti-poverty organization that represents over 265 active members, and with a contact list of over 2,300 low-income community members across Halifax, Dartmouth, and Spryfield. ACORN organizers go door-to-door every day in low-income communities talking to people about the issues they want to see changed. Approximately half of our membership are currently on income assistance or disability. All of the ESIA recipients that we speak with have either had their phone, transportation, or special diet funding cut, or they fear losing that funding. Since beginning to organize in 2012, we have never heard of an ESIA recipient who has had their special need funding restored after it was cut. Due to the frequency with which our organization hears stories of ESIA recipients losing special need funding, we feel that it is effectively systematic policy on the part of the Department of Community Services to reduce special need funding for recipients.

Benefits Reform Action Group

Halifax, Nova Scotia

Presentation to the Community Services Standing Committee

Group: Benefits Reform Action Group (BRAG)

Presenter: Kendall Worth (co-chair)

Hello Committee members,

I would like to start this presentation by thanking the Community Services Standing Committee for allowing us the opportunity to come forward at today's committee meeting. We are here today to talk to you about our concerns regarding ESIA clients losing their special needs.

As you may remember, in our original request to appear, we only talked about the loss of special diets. However we want to note that our group understands that special needs which ESIA clients have been losing are not limited to special diets.

Other special needs which ESIA clients have been losing include the following:

- Bus passes / transportation allowances
- Telephone allowances

When those who have no choice in life but to depend on the ESIA program/system for their living needs, the loss of any special needs benefits is a big problem.

A bus pass cost \$78.00 (which is within approved transportation allowance) and a basic telephone cost \$35.00 (which is also the approved allowance for telephones). The reality is an ESIA client depends on their telephone allowance and bus pass to live a half decent life.

Then to top that, special diets have various approved allowances attached according to section 6.3.3 of the ESIA policy manual. People may lose what could be anywhere between \$27.00 to \$150.00.

One example, I myself was getting the amount of \$147.00 for special diet allowance before February 26th, 2013. After that date, my special diet allowance went down to \$81.00.

The loss of any special need allowance makes the ESIA client have no choice in life but to suffer unfair consequences financially. For persons with disabilities to lose special needs allowances makes the

hardships they suffer even more difficult. Without the ESIA client receiving that extra special needs funding, the client ends up with no choice but to live their day to day life with frustration and anxiety.

This is what losing the special needs allowance does to many people:

- The loss of the special needs allowance has affected ESIA client's ability to live an acceptable quality of life.
- It also makes their health deteriorate.
- For ESIA clients it is impossible to pay for special needs because the personal allowances is so small.
- Even though this year ESIA clients did get a \$20.00 increase in personal allowance, when it comes to replacing lost special needs this increase hardly makes a dent.
- Telephones not being treated as a general basic need makes it difficult for ESIA clients who want to re-enter the workforce.
- Loss of telephone also makes it difficult to book appointments and keep out of social isolation. Also not having a telephone means that in an emergency, you cannot call 911 for help.
- Not having a phone makes it difficult for people to keep in touch with people who are involved with the client's care and wellbeing. These people include family members, close friends, and in some if not a lot of cases homes care/home support workers. Some clients are also required to keep in touch with a mental health crisis line because of their mental illness.
- Transportation not being treated as a basic need makes it difficult for clients to live various aspects of their lives. Examples include – Attending appointments, looking for work, doing daily task such as grocery shopping and going to the food bank, participating in volunteer work opportunities, education opportunities, attending support groups, etc.

Anyway all the above statements point out the realities of day to day life which ESIA clients who had lost their special needs experience.

When it comes to losing special diets, there are a couple of other major concerns.

Section 6.3.3 of the ESIA policy manual is what caseworkers follow when they make their decision on whether or not to approve the special diet allowance. This part of the policy is worded in way which makes doctors offended that their medical notes cannot be accepted at face value.

What's more is – when the medical notes from the doctor do not match the wording of this part of the policy then a client's caseworker is allowed to phone the client's doctor and further question them.

Department of Community Services staff has to understand that time and expense is not included in a

doctor's schedule to be further questioned by caseworkers on this issue. The fact that caseworkers are doing this is a burden on the healthcare system.

Also this action of a client's caseworker further questioning a client's doctor can negatively impact the relationship between an ESIA clients and their docto.

In our view, when it comes to this part of the ESIA policy, Department of Community Services needs to understand that doctors and other medical professionals have studied in Medical school at least at least 7 to 10 years of their lives. Therefore doctors know what they are talking about when they write their medical notes requesting special diet funding for an ESIA client.

There have also been a number of cases where clients have been directed by their caseworkers to go see dietitians. ESIA clients cannot afford to pay for a visit to a dietitian out of their own pocket and MSI only covers dietitian visit when someone is spending time in the hospital.

In conclusion, the system needs to improve so ESIA clients are not going through so many hoops to approve for their living needs.

COMMUNITY SOCIETY TO END POVERTY-NOVA SCOTIA

Presentation to the Nova Scotia Standing Committee on Community Services

Access to Special Needs under the ESIA Program

June 7, 2016

Witnesses appearing:

Stella Lord, Ph.D, Coordinator, Community Society to End Poverty-NS

Kellie McLeod, MSW, Social Worker, Adsum for Women and Children

Megan MacBride, MSW, Social Worker, North End Community Health Centre

Thank you for the opportunity to present our concerns about access to the Special Needs program administered under the ESIA Act and Regulations.

Since 2007, the Community Society to End Poverty in Nova Scotia (CSEP-NS) has facilitated a network of like-minded organizations to advocate for more effective public policies and a comprehensive and effective plan to reduce and end poverty in Nova Scotia. We believe that such a plan should be based on the principles of health equity, social inclusion, and human rights.

We are, therefore, very concerned about the impacts on people living in poverty or on Income Assistance of changes in the provision and administration of Special Needs under the Employment Support and Income Assistance (ESIA) program--especially since these changes are now occurring in the context of an initiative to 'transform' the ESIA program which amongst other things proposes co-design and respectful engagement processes.

The ESIA Act (2001) and regulations allow for assistance for special needs beyond the basic personal and shelter allowances provided under the IA program. People who meet the DCS financial eligibility test and can demonstrate that an item or service that meets the criteria is not available from another source are eligible to apply. Items considered special needs are listed in the ESIA regulations and the policy manual and generally relate to the maintenance of health and access to employment. Items available under MSI, those not recognized as insured health services, prescription drugs not in the Nova Scotia formulary are not regarded as special needs.

In 2011 the regulations were changed and an open ended clause that gave case workers the ability to approve items or services not specifically listed, but considered important to meeting essential needs, was omitted. These approvals could include items or services to accommodate persons with disabilities or alleviate pain and suffering of an applicant, a recipient or a dependent child or spouse.

The implications and impacts of this omission were immediately felt by clients, as well as healthcare and service providers. These were outlined in the 2013 CCPA-NS report *Cornerstone*

Compromised. I have provided copies of a summary of this Report to the Clerk for distribution to the Committee.

Leading up to the provincial election in 2013, the Liberal Party promised to rectify the situation and changes were again made to the regulations in October 2013. However, though an open-ended clause was restored and there was an increase in the maternal nutritional allowance, there was no increase in the special diet allowance (not increased since 1996) and problems with special diet application process for a special diet allowances remained. The regulations also came with conditions attached. There were several specific exclusions (prescription drugs not in the Nova Scotia formulary) and it stipulated that only items or services provided by a medical professional registered to practice in Nova Scotia would be considered, thus excluding certain therapies or treatments essential to the maintenance health and wellbeing of persons with disabilities in particular.

CCPA-NS wrote to the Minister in November 2013 outlining ongoing concerns and subsequently requested a meeting with Departmental officials to discuss it. Since I was a co-author on the report I attended this meeting which occurred on January 30 2014.

My notes from this meeting indicate that while the Department agreed that in some cases requirements for referrals and documentation “went too far”, an openness to pull back on some requirements (e.g., a yearly letter from a physician confirming a disability that was essentially permanent), and communication on the more onerous issues to front line staff, their main concerns were the increasing costs associated with special needs costs and cutting back on these costs, They also indicated they were moving towards an overhaul of the ESIA system that would be designed to respond to the changing caseload and to individual needs.

Not only were our concerns not addressed (and CCPA-NS did not receive a response to the letter), but there appears to have been ongoing directives to staff to cut costs by denying or reducing special needs allowances. In the last two years, the situation has worsened for clients who are often in desperate situations and a lot more onerous for service and health providers who spend a lot of time trying to ensure that client needs are met.

Our concerns are as follows:

It is morally wrong to penalize people who through no fault of their own are in great need of assistance. Rather than inferring that higher special need program costs are due to individuals taking advantage of the system as Ministers and other spokespersons have tended to do, government need to consider the impacts of demographic and socio-economic changes, and its own policies as well as those of the federal government, to explain the changes.

For example, over the last ten to fifteen years there have been significant changes in the IA caseload. DCS statistics demonstrate that compared with 15 year ago a much higher proportion of people on assistance today have disabilities. It stands to reason that people with disabilities are

likely to require more special needs assistance for things such as transportation, medications, special diets and other supports. Moreover, over the same period there has been an increased emphasis on employability within the ESIA program – moving people from assistance into the labour market—and indeed the overall caseload has declined since 2001, especially in the case of single parents. Since special needs also includes provision of employment related supports – transportation; childcare; equipment – it is likely that there has been an increase in special needs funding allocated for employability purposes, putting pressure on the overall special needs budget. However, new developments in policies and programs should not mean robbing Peter to pay Paul; instead, they should mean that more resources are allocated overall to ensure that both sets of needs are adequately met.

Income assistance recipients have access to Pharmacare, but there are limitations—assistance is limited to items in the Nova Scotia formulary and non-prescription medications are not covered. The limitations of our so-called ‘universal’ healthcare system with no dental, vision or therapeutic care often create extra costs for disabled and aging populations without access to private health plans. These costs quickly mount up for people who are not only facing poverty but health issues. While these can sometimes be treated as special needs under the IA program, as our report demonstrates, navigating the program to get this help is increasingly difficult because such requests for assistance are discretionary, are not always granted and are increasingly turned down. Indeed, we are aware of numerous cases where clients are advised to turn to a charitable dentist or optometrist for free or low cost treatment. This can be demeaning and stressful and may prevent some people from seeking treatment at all.

We are also aware of situations where people initially granted special needs assistance are having it taken away. In the case of transportation, for example, recipients are no longer eligible for assistance unless they have 12 medical appointments per month. What impacts is this policy having on the healthcare system? What message is it sending to people on income assistance about social inclusion which DCS claims to hold as a goal? The social isolation that lack of access to transportation creates should not be happening in a developed and wealthy country such as Canada.

As the report which has been handed out demonstrates, cuts and denials of special needs are having serious impacts on the health and wellbeing of IA recipients across Nova Scotia and are increasingly problematic for service and health providers. I would like to introduce two witnesses who will testify to these impacts—Kellie McLeod is a social worker at Adsum House for Women and Children; Megan MacBride is a social worker at the North End Community Health Centre in Halifax:

Kellie McLeod, Adsum for Women and Children:

Thank you for allowing me to give witness to the Standing Committee on Community Services today. As a social worker with Adsum for Women & Children I see firsthand how difficult it is for people to access essential special needs items through the current ESIA program. There is a tremendous amount of stress placed on single women with disabilities and women with children in particular, as they try to navigate the current system rife with arduous tasks and never ending hoops to jump through just to access items required for daily living.

Funds for transportation, a telephone, and for special diets in particular are essential for the women I encounter at Adsum. The reasons they require these items are too numerous to list in detail, but I will name a few. They need a transportation allowance to complete basic tasks of daily living such as grocery shopping, banking and attending medical appointments. It is unrealistic to expect women, many of whom have medical conditions and physical health issues, to walk 6 kms or more to and from their home and the grocery store, but that is what some of our clients are expected to do. Above and beyond these basic tasks, transportation and a telephone are needed for women to attend community programs, access their public library, communicate with their childrens' teachers, and maintain contact with family and friends. All of these activities are basic to social inclusion and essential for maintaining general health and wellbeing. If a woman is denied funds to buy a bus pass she has to use 30% of her monthly personal allowance to pay for it. This is obviously unrealistic considering the other necessary expenses she must to cover each month out of the basic IA allowance such as heat, power, toiletries and hygiene products, not to mention food for the month.

During my time at Adsum I have seen women become increasingly isolated due to the lack of these items. I have also seen women determined to obtain special needs funding only to quit half way through the process because the tasks required to prove need were so complicated and time-consuming—and this is with the help of a social worker or community advocate like myself supporting them. The impact this has on women is a hard to measure, but I can attest that it does impact their sense of well-being and erodes their sense of dignity. It leaves them feeling disillusioned and demoralized.

Even when a woman is successful in accessing special needs funding, what she ultimately receives is often not enough. At Adsum we have witnessed a woman with a physical disability and mobility issues given only twenty dollars per month for transportation. This is enough to cover just four round trips per month which barely covered grocery shopping and medical appointments. It did not help her meet other important needs, get to community events, see friends or feeling like a valued citizen and member of the community. This is how hard it is for our most vulnerable citizens to access items essential daily living and feel included in the community.

Megan MacBride, North End Community Health Centre

Supporting patients to submit the required documentation for medical special needs allowances for such items as a telephone, transportation or a special diet has become an almost overwhelming task for the doctors, nurses, dietitians, and social workers. Clients are asked to make multiple

appointments with their care providers so that information can be provided to a caseworker to support the application. These information requests include completing pre-set forms, or in some cases writing detailed letters to ESIA workers which are not billable through MSI¹. Below are just a few examples of how we see the impacts of an over complicated and unfair special needs program not only on our clients, but on the operation of our clinic as well.

Special Diets (Policy 6.2.32): Clients are asked to have special diets that have been recommended and fully documented by their doctor reviewed by a dietitian or have special diets for chronic conditions reviewed, even though these measures are not required in ESIA Policy. Wait times for this type of service is often long and takes away the opportunity for clients to get help and information about their health.

Telephone for health and safety reasons (Policy 6.3.33): Perhaps the most essential instrument for an individual experiencing multiple health concerns such as a heart condition, risk of falls, or epilepsy is access to a telephone. However, many requests for access to a telephone based on health and safety have been denied by DCS with the response that care providers must demonstrate the need for the telephone is not just to call for help in emergencies (ie 911) or to book medical appointments. It is extremely unclear in what circumstances a phone would be granted as a special need when the policy leaves no room for care providers to advocate for a telephone for clients who have a very real risk of danger from life threatening medical conditions.

Transportation (Policy 6.2.34): I have observed many of the clients I see weeping at the loss of access to transportation as part of their special needs. I and several colleagues who advocate on behalf of these clients have been told that they must have a minimum of 12 medical appointments a month to access a bus pass and that other activities of daily living, such as not being unable to walk to the store or attend a cooking class to help manage chronic health conditions are not included. Again, this is not clearly defined within the policy manual.

The excessive demand for information and arbitrary and inconsistent implementation of ESIA policies not only negatively impact the physical and mental health and wellbeing of the patients we serve, but also takes away from the time that physicians, nurses, dietitians, and social workers can spend attending to the immediate physical and social health of the people within the community.

Concluding Remarks

The Public Health Department and the Nova Scotia Health Authority appear to espouse the idea of health equity—a concept that takes into account social determinants of health in public policy (of which income is the most important) *and* ensuring equitable access to healthcare—but the kind of situations that have been described above are a long way from achieving either goal. We contend that if the government is serious about health equity, instead of pursuing cuts and denials of special

¹ The exception being “Blue Forms” which are billable through the MSI DCS code. This offers financial incentive and security for doctors and nurse practioners to complete this documentation that takes time from other patients.

assistance, additional resources must be found to address the ongoing as well as the new needs and directions within the IA system.

These cuts and denials of special needs have been occurring simultaneously with consultations and stakeholder engagement processes related to the transformation of the ESIA program. While we are generally hopeful that the transformation, when it is completed, will bring about positive outcomes, the current situation with the special needs program is creating distrust and raises questions about the authenticity of the engagement and consultation process.

Given recent experience with the special needs program many people on assistance are concerned about where 'transformation' will lead and what this will mean for them since they have been given little information about the direction. We understand that money for a telephone and transportation may be included in a proposal for a single envelop, but recipients and stakeholders are concerned about what will happen to other special need items that should be available to people with health and other needs. We recommend that DCS allay these fears by providing more information and consult with recipients and other stakeholders on an ongoing basis on their specific plans for ESIA transformation.

The rise in special needs costs have also been occurring in the context of extremely low basic IA allowances which have not kept pace with increases in the cost of living, especially for basics such as housing, food, and energy. Depending on the family configuration and number of dependents, basic allowances are now anywhere between 30% and 45% below the Low Income Cut-Off (LICO). As research on food security from the MSVU Food Arc project demonstrates, budgets for people on Income Assistance do not allow for a healthy diet and in many instances people on IA must cut back on healthy food in order to pay rent or energy bills. What happens to people with diabetes when access to a special need allowance for a special diet is cut off? How long will it take before they are admitted to the Emergency Department or experience conditions that will ensure that they do have 12 doctors appointments a month!

Finally, while the federal government bears a good deal of responsibility for the situation due limits and cuts to the Canada Social Transfer and other transfer payments, the denial or cuts to special needs in concert with extremely low IA benefits undoubtedly puts Nova Scotia in contravention of Articles 9 (the right to social security) and Article 11 (the right to an adequate standing of living...including food, clothing and housing and to the continuous improvement of living conditions) under the UN Convention on Economic and Social Rights.

As the concluding remarks of the 6th Annual Review of Canada by the Committee on Social, Economic and Cultural Rights under the UN Economic and Social Council stated in its March report: "The Committee recommends that the State party ensure that social assistance rates are increased in all provinces to levels that allow a decent living for beneficiaries and their families so as to ensure an effective income safety net."

Clearly, the low IA allowances and cuts to special needs are not enabling Nova Scotia to be in compliance with this directive. This situation must change.

Dalhousie Legal Aid Service

PRESENTATION TO THE STANDING COMMITTEE ON COMMUNITY
SERVICES - ACCESS TO SPECIAL NEEDS UNDER THE ESIA PROGRAM

**Fiona Traynor – Community Legal Worker,
Dalhousie Legal Aid Service**

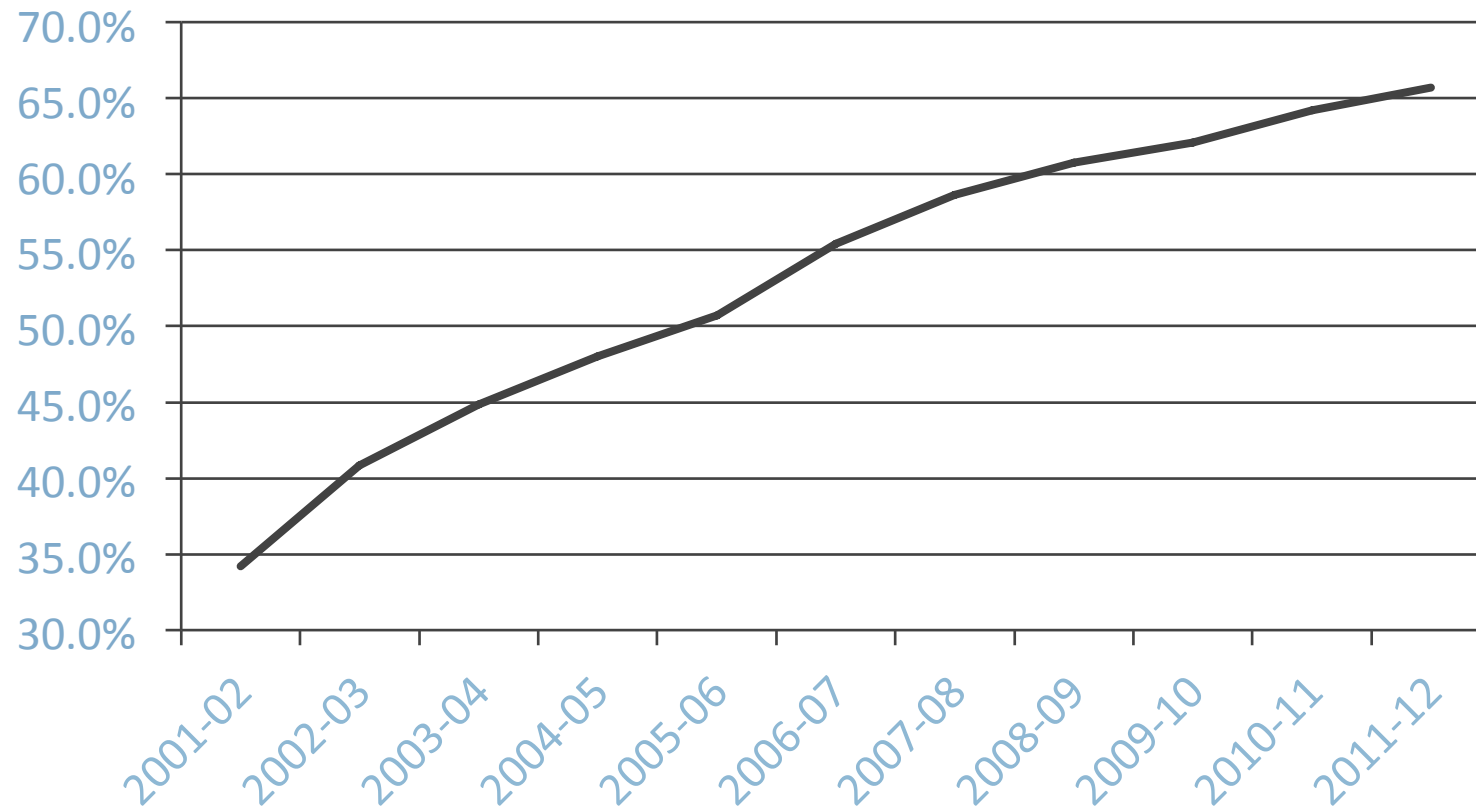
Special Needs

- Thank you for listening to our concerns about access to the Special Needs entitlements under the Employment Support and Income Assistance Program.
- DLAS has been in operation since 1970, when it began as a summer project out of the former Halifax Neighbourhood Centre. It was the first legal service for people living in poverty in Nova Scotia.
- I have worked as a community legal worker at DLAS for the past eight years. I work mainly in the area of poverty rights and I advocate for and represent people on issues around Income Assistance (IA). All of my clients over the past eight years have been disabled and most have told me that the welfare system in Nova Scotia is punitive and demeaning to people who receive IA.
- I am here to tell you that everyday I work on behalf of people whose main source of income comes from the ESIA program and what they have to tell me is never good news. Instead they talk of being cut off of IA or having the amount of their monthly cheques reduced – often with no prior notification. My clients tell me of their unending struggle to pay their rent, feed their children, and get access to items and services that affect their health – the latter are called Special Needs under the ESIA program. If there's one thing I want this committee to remember today – it's that the Special Needs provision of the ESIA program is vital to the health and wellness of people on IA and that the actions of successive government in this province have whittled away the legal access to these important items and services.

Special Needs

- Total ESIA Cases - 28,805 (44,467 people) on IA in NS – all live well below the poverty line
- Under the ESIA, financial assistance for basic needs include a ‘personal allowance’ and a ‘shelter allowance’, which are meant to cover rent, water, heat, electricity, and other ‘personal’ or family expenses such as food, clothing, etc. Special Needs support is intended to cover additional expenses for items related to a disability, health, or access to employment.
- According to the Department of Community Services (DCS), 65% of the total IA caseload in Nova Scotia receives some form of Special Needs allowance.
- These allowances, therefore, are extremely important for the majority of people living on social assistance, who are disproportionately people with disabilities. When it was introduced in 2000, the Minister of Community Services, Peter Christie, called Special Needs a “cornerstone” in the design of the ESIA program and it was intended to ensure that accommodative measures are in place to meet people’s essential health and other needs.

Special Needs as a Percentage of Total Caseload



Department of Community Services (2011)

Special Needs – 2011 Changes Created Reduced Legal Oversight

- Prior to 2011, Special Needs included coverage for items or services cited in the Regulations and “another item or service that is in the opinion of a caseworker essential for an applicant, recipient, spouse or dependent child.”
- This meant that a Special Need could be approved even if it was not explicitly listed in the Regulations or in the Policy Manual, but was shown (through medical letters and diagnostic recommendations) to be “essential” to the applicant.
- On August 8, 2011 the Nova Scotia government made several changes that affected access to Special Needs. Namely, they removed the above cited section and put in the section that reads: “an item or service prescribed in policy by the Director” – this meant that any request for Special Needs that fell outside of the proscribed list in Regulations or the Policy Manual would not be approved and was not appealable to the Income Assistance Appeal Board.
- This amendment fundamentally removed the legal options for people whose Special Needs requests were denied by the Department of Community Services. It removed a vital measure of oversight of Departmental decisions on Special Needs by the Income Assistance Appeal Board.
- Also unappealable are denials of non-Formulary medications, medical marijuana, shelter allowance increase.

Under the previous Regulations:

Special Needs were defined as -

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(i) an item or service with respect to:

- (A) dental care,
- (B) optical care,
- (C) funeral arrangements,
- (D) special diet,
- (E) transportation, child care,
- (F) implementation of an

employment plan, or

(ii) another item or service that is in the opinion of a caseworker essential for an applicant, recipient, spouse or dependent child, but does not include an item or service that is insured under Provincial insured health services programs or otherwise funded by government;

Under the current Regulations:

Special Needs are defined as -

24

- (A) dental care approved in accordance with the *ESIA Dental Fee Guide* approved by the Director,
 - (B) optical care,
 - (C) Pharmacare coverage,
 - (D) special diet,
 - (E) transportation,
 - (F) child care,
 - (G) implementation of an employment plan,
 - (H) funeral arrangements;
- (I) an item or service prescribed in **policy** by the Director.

Special Needs

These regulatory changes also included an elimination of an important discretionary authority that casework supervisors previously had:

46 A supervisor may exempt an applicant or recipient from the provisions regarding the calculation of the budget deficit where a supervisor considers it necessary to

- (a) alleviate the pain and suffering of an applicant or recipient or dependent child or spouse of an applicant or a recipient;

This section of the Regulations was completely eliminated.

Special Needs – 2013 Stop Gap Measures

- After public outcry and published reports on the results of the 2011 Regulatory changes, in 2013 the government attempted to reverse its mistake and inserted Special need essential for health 24A(1) which was to address the curtailment of Special Needs as a result of the previous change.
- The word “essential” was put back into the Regulations, however the new section is very exclusionary and stipulates that only items or services provided by a medical professional registered to practice in Nova Scotia will be considered for approval.

Consequences of Regulatory Changes – Case Study

- Currently an IA recipient suffers from global environmental illness and cannot live in housing that has toxic wall paint, carpeted flooring, smoking. These health needs are recognized and supported by doctors and specialists.
- The only appropriate housing available is well above DCS shelter rate.
- DCS policy only recognizes the need for additional shelter assistance for persons requiring “barrier-free access to, from, or within their accommodations as a result of a terminal illness or permanent physical disability.”
- Prior to the 2011 Regulatory changes this client could appeal a denial of this request to the Appeal Board if it was shown that it was “essential” to her health.
- 2011 Regulatory changes removed “essential” and delineated that shelter cost could not be considered a Special Need.
- 2013 Regulatory changes do not remove barriers to access accommodation that is above the DCS shelter rate allowance.
- Therefore, persons with environmental illnesses are ineligible for enhanced shelter assistance and **cannot appeal** it to the Income Assistance Appeal Board.

Policy vs Law

- ESIA Policies do not always mirror the Regulations/Act
- Unfairness of a system that creates hardship to the most vulnerable
- Policy is in the discretion of bureaucrats
- Regulations and Act are reviewable by Cabinet and Government respectively
- Regressive change – removal of legal process – the Income Assistance Appeal Board – an arms-length, quasi-judicial body that oversaw decisions of the Department.