



Updates to Your Welfare Rights

Some of the information in this booklet has changed since it was printed. Those changes are detailed below, but be aware that welfare regulations and policies change frequently. Even this update may not be completely up to date. See the chapter “Resources” to find an advocate or other professional who can give you the most recent information on welfare.

Ministry’s name

The name of the welfare ministry changed in October 2010. The old name was the Ministry of Housing and Social Development (MHSD). It is now called the Ministry of Social Development (MSD). We refer to it as “the ministry” in this update.

Chapter 1 — Who Is Eligible

Who might not be eligible for welfare

This change is an addition to pages 12 to 15.

Warrants

As of June 1, 2010, some people with certain outstanding warrants for arrest may be ineligible for (or cut off) welfare until they take steps to deal with the outstanding warrant. The rules about warrants do not apply to you if you are:

- under 18,
- pregnant, OR
- in the end stage of a terminal illness.

There are two kinds of warrants that may affect whether or not you are eligible for welfare. These are:

- warrants under the Immigration and Refugee Protection Act, and
- warrants related to any other federal charge of an indictable or hybrid offence. A warrant for a summary conviction offence does *not* affect welfare eligibility.

The ministry will be checking to see whether people have outstanding warrants. If you apply for welfare after June 1, the application form will ask you about this. You must also agree that the ministry can run checks on you. If you were already receiving welfare before June 1, at your annual review (or sooner), you may be asked to give permission for the ministry to run checks on you. In addition, from July 2010 on, if you receive income assistance or Person with Persistent Multiple Barriers (PPMB) benefits, you must answer a question every month on your report stub about whether you have relevant warrants. If you receive Persons with Disabilities (PWD) benefits and think you may have a relevant warrant, fill in a monthly report to report this to the ministry.

If the ministry refuses you welfare or cuts off your benefits saying you have a relevant warrant, and you disagree, you can apply for reconsideration and appeal of the ministry's decision. See page 106 for more information about reconsiderations and appeals.

If you have a warrant that makes you ineligible for welfare, other people in your family unit can still get welfare. For example, if you live with your spouse and child and you have a relevant warrant, your spouse and child should still be eligible for welfare, even though you are not. They should receive a benefit rate that does not include you as part of the family unit.

TIP The rules about warrants are complicated. See an advocate and look for more information. For more information about warrants, different types of offences, reporting warrants to the ministry, and options for dealing with warrants, see the detailed Community Legal Assistance Society fact sheet at www.clasbc.net/publications/details.php?ID=54

You can also apply for legal aid to see if you are eligible for a criminal law lawyer to take your case or at least give you some advice about a warrant. Never plead guilty without first talking to a criminal law lawyer.

Warrant supplements

If you are not eligible for welfare because of a relevant warrant, you may still be eligible for one of two kinds of financial help from the ministry:

- **a repayable monthly supplement**, if you can show that without this help you would experience “undue hardship”

The purpose of this supplement is to prevent undue financial hardship if you want to take steps to clear a warrant that makes you ineligible for welfare (such as negotiating to have a charge dropped or transferring a charge to BC so you can plead guilty).

This supplement is usually paid for only three months, but can be paid for a total of six months in some cases. You must reapply for it each month, and show that you would face undue hardship without it. The supplement is like a loan that you must pay back later to the ministry. The maximum amount of the supplement is the difference between the amount of welfare your family unit would have received that month if you had no warrant, and the amount of welfare your family unit actually received.

- **a repayable travel supplement**, if the warrant was issued in another place in Canada, and you want to go back there to deal with the charge

The purpose of this supplement is to allow you to travel back to another province or territory to clear a warrant. You may decide to do this if, for example, you receive legal advice that you have a good defence to the charge.

To be eligible for this supplement, you must satisfy the ministry that:

- you have no other way to pay the cost of going back to the place where the warrant was issued, AND
- you will use the supplement for that purpose.

The supplement will cover basic transportation and living costs while travelling to the other place. This includes other members of your family if they choose to go with you. However, the ministry will not pay for you or your family during your stay or for your return to BC once you have cleared the warrant.

Warrant supplements and reconsideration rights

If you apply for either of these supplements and the ministry refuses your application, you can request a reconsideration of that decision. See page 106 for more information on requests for reconsideration.

Note: You will not be eligible for an “appeal supplement” while your request for reconsideration about a warrant supplement is being decided. Also, if your request is denied, you cannot appeal.

Chapter 2 — How to Apply

Contact the office and fill out an application

This change affects the note on page 16.

You can now do Part 1 of the application form online if you prefer instead of in person or over the phone at www.iaselfserve.gov.bc.ca/homepage.aspx

Do an orientation session

This change affects the note on page 20.

The ministry is now putting less emphasis on having orientation sessions done online. If it is difficult for you to do an orientation session by computer, tell the ministry. You can ask them to give you a session by phone or at a ministry office instead. As well, some agencies can do an orientation session with you. Ask an Employment and Assistance Worker (EAW) what your options are.

TIP If you have qualified for an immediate needs assessment for food, shelter, or urgent medical attention (see page 19 of the booklet for more information), ministry staff are supposed to help make sure you get the orientation session done right away.

Information about your income and assets

Income that does not count toward the limits

These changes affect pages 32 and 33.

As of July 29, 2010, class action settlement payments to Woodlands School survivors are exempted as income for people applying for, and receiving, welfare. This class action settlement only applies to people who lived at Woodlands School on and after August 1, 1974.

Assets that do not count toward the limits

These changes affect pages 35 and 36.

As of July 29, 2010, class action settlement payments to Woodlands School survivors are exempted as an asset for people applying for, and receiving, welfare. This class action settlement only applies to people who lived at Woodlands School on and after August 1, 1974.

Chapter 3 — Available Benefits

Monthly benefits

Shelter allowance

This change affects page 50.

Until June 1, 2010, two groups of people had the right to \$75 per month as a shelter allowance, even if their actual shelter costs were less than that:

- people receiving PWD benefits, and
- people aged 60 to 64 who received income assistance or PPMB benefits and were not eligible for the federal spouse's Allowance.

As of June 1, 2010, this right to a minimum shelter allowance ended for both groups. Now, if you have no shelter costs, you will not get a shelter allowance.

Monthly rates

This correction affects page 51.

If your category is not listed, look on page 132 for income assistance and PPMB, or page 133 for PWD to find links to the welfare regulations and updated rate tables online.

Medical benefits

TIP There were many changes to medical benefits on April 1, 2010. Remember that if the ministry refuses a benefit, you can challenge that decision. For information about reconsiderations and appeals, see page 106. It is always a good idea to ask an advocate to help you with a reconsideration or appeal.

This change affects the note on page 53 and the second note on page 60.

Before April 1, 2010, anyone in BC with a life-threatening need for medical benefits (listed under “Health supplements” on pages 54–60) and dental benefits (pages 60–63) could ask the ministry to pay for the item, even if they were not eligible for General Health Supplements (GHS) or even not eligible for welfare. They needed to show the ministry that they had a “life-threatening health need” for it and no other way to pay for it.

As of April 1, 2010, the ministry stopped covering several items for this category of people including emergency dental treatment, dentures, and extended therapies

such as chiropractic and physiotherapy. The medical benefits still available to people with life-threatening health needs who are not otherwise eligible for GHS are:

- medical equipment and devices,
- medical and surgical supplies, and
- medical transportation.

To be eligible, you must now show that you have a “direct and imminent life-threatening health need” for one of the health supplements above, you have no other way to pay for it, and you are receiving Medical Services Plan (MSP) premium assistance.

PWD, General Health Supplements, and MSO status

This change affects page 55.

On April 1, 2010, the rules changed about when people who have stopped receiving PWD or PPMB benefits can still be eligible for GHS (this is called having “Medical Services Only” [MSO] status).

Previously, if you became eligible for MSO status for one of the reasons explained on page 55, you would keep MSO status if you continued to live in BC. Now, to keep MSO status, you must meet other specific criteria. The criteria you must meet depend on the reason why you got MSO status in the first place:

- If you receive PPMB or PWD benefits and you stop receiving monthly welfare benefits when you are **65 or over** because of income such as CPP, OAS, or other pension or retirement income, you will be eligible for MSO benefits for as long as you:
 - live in BC, AND
 - receive the federal Guaranteed Income Supplement (GIS) or spouse’s Allowance.
- If you stop receiving PWD benefits when you are **under age 65** because you started to get CPP, you are eligible for MSO until you are 65, as long as you keep getting your CPP pension. Once you turn 65, you will still be eligible for MSO as long as you:
 - live in BC, AND
 - receive the federal GIS or spouse’s Allowance.

- If you stop receiving PWD benefits when you are under 65 because of **employment income** you or your spouse earn, you will be eligible for MSO until you are 65, so long as you:
 - live in BC, AND
 - are eligible for premium assistance from the MSP.

Then, once you turn 65, you will still be eligible for MSO so long as you:

- live in BC, AND
- receive the federal GIS or spouse's Allowance.

Note: In all of these situations, if you stop being eligible for MSO (for example, because you move away from BC or stop receiving the GIS or spouse's Allowance), your MSO benefits will continue for one year after you are no longer eligible for them.

Even if you are no longer eligible for MSO benefits, you may still be eligible for a tube feed supplement (see page 12 of this update).

The ministry has a useful chart outlining eligibility criteria for MSO at www.gov.bc.ca/meia/online_resource/health_supplements_and_programs/mso/policy.html

General Health Supplements (GHS)

Medical equipment and devices

This change affects pages 55 and 56.

On April 1, 2010, major changes were made to rules about the medical equipment and devices provided under General Health Supplements (GHS). Only very specific medical equipment and devices can now be provided under GHS and under certain conditions.

To get any medical equipment or device covered by the ministry:

- the ministry must pre-authorize your request,
- you must show the ministry that you have no other way to pay for the item, AND
- the equipment or device requested must be the "least expensive appropriate medical equipment or device."

See Tables 1 and 2 on the pages that follow for a summary of the items and the rules.

Note: The rules for each item are so detailed they are difficult to summarize. If you want to apply for medical equipment or devices from the ministry, it is important that you see an advocate to help you with your application.

For full details about eligibility criteria for medical equipment and devices, see sections 3 to 3.11 of Schedule C to the Employment and Assistance for Persons with Disabilities Regulation at www.eia.gov.bc.ca/PUBLICAT/VOL1/Part3/3-5.htm

Table 1 – Medical equipment and devices provided under General Health Supplements

Requirements

The requirements for the items listed in this table are in addition to the basic criteria:

- ministry pre-authorization,
- no other way to pay for the item, AND
- “least expensive appropriate medical equipment or device.”

Type of equipment or device	Time period for replacement ¹	Additional requirements/details
a positive airway pressure device (not including a ventilator), or accessory or supply required to operate a positive airway pressure device	The ministry will only provide or replace a positive airway pressure device once every five years and will only provide an accessory or supply once every 12 months.	<ul style="list-style-type: none"> • must be medically essential for the treatment of moderate to severe sleep apnea, • the item has been prescribed by your doctor or nurse practitioner, AND • a respiratory therapist has performed an assessment that confirms your medical need for the item.
a hearing aid		<ul style="list-style-type: none"> • the item must be prescribed by an audiologist or a hearing aid dealer or consultant who has also done an assessment that confirms you need it.
an orthosis (see Table 2 on page 11)	(see Table 2)	(see pages 10–11)
<p>For the following items, you must also give the ministry one or both (if the ministry requests both) of:</p> <ul style="list-style-type: none"> • a prescription from a doctor or nurse practitioner for the item, and/or • an assessment by an occupational therapist or physical therapist that confirms you have a medical need for the item. 		
a cane, crutch, or walker (not including a walking pole), or accessory to a cane, crutch, or walker	No minimum specified.	<ul style="list-style-type: none"> • must be medically essential to achieve or maintain basic mobility.
a wheelchair (not including a stroller or a high-performance wheelchair for recreational or sports use), upgraded component of a wheelchair, or an accessory attached to a wheelchair	The ministry will only provide or replace each needed item once every five years.	<ul style="list-style-type: none"> • must be medically essential to achieve or maintain basic mobility.

¹Replacements may be provided only if the ministry thinks it is more economical to replace the item than to repair it. Note also that the item may not be repaired or replaced if the ministry thinks it was “damaged through misuse.”

Table 1 (continued) – Medical equipment and devices provided under General Health Supplements

a wheelchair seating system or accessory to a wheelchair seating system	The ministry will only provide or replace each needed item once every two years.	<ul style="list-style-type: none"> • must be medically essential to achieve or maintain a person's positioning in a wheelchair.
a scooter (not including a scooter with two wheels or a scooter intended primarily for recreational or sports use), upgraded component of a scooter, or accessory attached to a scooter	The ministry will only provide or replace each needed item once every five years.	<ul style="list-style-type: none"> • must be medically essential to achieve or maintain basic mobility, • you must give the ministry an assessment by an occupational therapist confirming that it is unlikely that you will have a medical need for a wheelchair during the five years following the assessment, AND • the total cost of the scooter and accessories is not more than \$3,500.
a grab bar in a bathroom, a bath or shower seat, a bath transfer bench with hand-held shower, a tub slide, a bath lift, a bed pan or urinal, a raised toilet seat, a toilet safety frame, a floor-to-ceiling pole in a bathroom, and/or a portable commode chair	The ministry will only provide or replace each needed item once every five years.	<ul style="list-style-type: none"> • must be medically essential for transferring a person or to achieve or maintain a person's positioning.
a pressure relief mattress	The ministry will only provide or replace a pressure relief mattress once every five years.	<ul style="list-style-type: none"> • must be medically essential to prevent skin breakdown and maintain skin integrity.
a floor or ceiling lift device defined as: "a device that stands on the floor or is attached to the ceiling and that uses a sling to transfer a person"	The ministry will only provide or replace a floor or ceiling lift device once every five years.	<ul style="list-style-type: none"> • must be medically essential for transferring a person in a bedroom or a bathroom. • the lift device cannot cost more than \$4,200 unless the ministry "is satisfied that the excess cost is a result of unusual installation expenses."

¹Replacements may be provided only if the ministry thinks it is more economical to replace the item than to repair it. Note also that the item may not be repaired or replaced if the ministry thinks it was "damaged through misuse."

Medical equipment and devices: Orthoses

This is a new section for pages 55 and 56.

An **orthosis** can only be one or more of the items in Table 2 below. There are also very specific rules about how often the ministry will replace each type of orthosis. To get an orthosis, your request must meet the same three general requirements as for the other medical equipment and devices (see page 7 of this update). In addition, you must meet the following requirements:

- the specific orthosis must be prescribed by your doctor or a nurse practitioner;
- the ministry must be satisfied that the orthosis is medically essential to achieve or maintain basic functionality;
- the ministry must be satisfied that the orthosis is required for one or more of the following purposes:
 - to prevent surgery;
 - for post-surgical care;
 - to assist in physical healing from surgery, injury, or disease; OR
 - to improve physical functioning that has been impaired by a neuro-musculo-skeletal condition; AND
- the orthosis must be pre-fabricated (that is, available to buy off the shelf) unless you qualify for a custom-made orthosis under the rules below. The exception is pre-fabricated foot orthotics, which are no longer covered.

To get a **custom-made orthosis**, your request must also meet the following additional criteria:

- your doctor or nurse practitioner confirms that a custom-made orthosis is medically required;
- the custom-made orthosis is fitted by an orthotist, pedorthist, occupational therapist, physical therapist or podiatrist; AND
- if the request is for custom-made footwear, the cost of the footwear (including the assessment fee) must not be more than \$1,650.

To get a **custom-made foot orthotic**, your request must also meet the following additional criteria:

- your doctor or nurse practitioner must confirm that a custom-made foot orthotic is medically required;
- the custom-made foot orthotic must be fitted by an orthotist, pedorthist, occupational therapist, physical therapist, or podiatrist;
- the ministry must be satisfied that if you do not get the orthotic, this is likely to result in **partial or complete amputation of your foot**;
- the custom-made foot orthotic must be made from a hand-cast mold; AND
- the cost of one pair of custom-made foot orthotics must not be more than \$375 (including the assessment fee).

For full details, about eligibility criteria for orthoses, see 3.10 of Schedule C to the Employment and Assistance for Persons with Disabilities Regulation at www.eia.gov.bc.ca/PUBLICAT/VOL1/Part3/3-5.htm

Table 2 – Orthoses provided under General Health Supplements

<i>Type of orthosis</i>	<i>Time period for replacement</i>
a custom-made foot orthotic	4 years
custom-made footwear	1 year
a permanent modification to footwear	1 year
an ankle brace	2 years
an ankle-foot orthosis	2 years
a knee-ankle-foot orthosis	2 years
a knee brace, but only if the doctor or nurse practitioner who prescribes the knee brace recommends that you wear it at least 6 hours per day	4 years
a hip brace	2 years
an upper extremity brace, but only if it is intended to provide hand, finger, wrist, elbow, or shoulder support	2 years
a cranial helmet, but only if prescribed by a doctor or nurse practitioner and recommended for daily use in cases of self-abusive behavior, seizure disorder, or to protect or facilitate healing of chronic wounds or cranial defects	2 years
a torso or spine brace, but only if intended to provide pelvic, lumbar, lumbar-sacral, thoracic lumbar sacral, cervical-thoracic lumbar sacral, or cervical spine support	2 years

Disposable medical and surgical supplies

This change affects page 57.

As of April 1, 2010, the ministry has limited the types of medical or surgical supplies it will pay for. Now the supplies must be for one of six specific purposes:

- wound care,
- ongoing bowel care due to loss of muscle function,
- catheterization,
- incontinence,
- skin parasite care, or
- limb circulation care.

To qualify, the supply must be:

- for one of the six purposes above,
- disposable or reusable,
- prescribed by a doctor or nurse practitioner,
- used in a medical procedure or treatment,
- necessary to prevent you from becoming very ill (to avoid what the ministry calls “an imminent and substantial danger” to health), AND
- “the least expensive supply appropriate for the purpose.”

You must also show the ministry that you have no other way to pay for the supplies, and no other way of getting them (this criteria did not change with the April 1, 2010 changes).

Prescription medications have been added to the list of items that are not considered to be a medical or surgical supply; however, bottled water may now be considered a medical or surgical supply.

Diet supplements

This change affects page 58.

Two new types of monthly diet supplements were introduced as of April 1, 2010:

- \$40 for a ketogenic diet, and
- \$40 for a phenylalanine diet.

Tube feed nutritional supplements

This change affects page 58.

As of April 1, 2010, the rules about who can get a tube feed supplement through “medical services only” (MSO) status changed.

If you were receiving a tube feed supplement when you got MSO status, you should continue to be eligible for a tube feed supplement *as long as you qualify for MSP premium assistance*. That means your tube feed supplement should continue even if you lose other MSO coverage (for example, in some cases you could lose MSO coverage if you are no longer financially eligible for the federal GIS or spouse’s Allowance).

PWD and monthly nutritional supplements

These changes affect pages 59 and 60.

On April 1, 2010, the criteria for monthly nutritional supplements (MNS) for people with the PWD designation became harder to meet. People who qualified for MNS before April 1, 2010 may have their eligibility for the MNS reviewed using the new rules. In addition, MNS no longer pays for bottled water.

The application process for MNS has not changed. Your medical doctor or nurse practitioner must still confirm that you are being treated for a “chronic, progressive deterioration of health on account of a severe medical condition.” However, as of April 1, 2010, the following has changed:

- The medical information required in the first bullet on page 59 has changed. Now, to qualify for MNS, your medical doctor or nurse must instead confirm that you are suffering from **two or more** of the following symptoms: malnutrition, underweight status, significant weight **loss** (not weight change or gain); **significant** muscle mass loss (but not bone density); **significant** neurological degeneration; significant deterioration of a **vital** organ; and/or moderate to severe immune suppression. They must also confirm that you display these two or more symptoms as a direct result of the chronic progressive deterioration of your health.
- The medical information required in the second bullet on page 59 has changed. The need for bottled water no longer helps to qualify you for MNS. The second bullet should say: “you need vitamins and minerals and/or caloric supplements to your regular diet to improve **one or more** of the symptoms listed above.”
- The third bullet on page 59, stating that your doctor must say that your life will be in “imminent danger” without the supplement, remains the same.

Dental benefits

These changes affect pages 60–62.

Basic dental services

As of April 1, 2010, children who need dental treatment under general anaesthetic in the hospital or in a private facility on the ministry’s approved list, can now get an extra \$1,000 in benefits.

PWD and general anaesthetic

As of April 1, 2010, people with disabilities who need dental treatment under general anaesthetic in a hospital or in a private facility on the ministry's approved list can now get an extra \$1,000 in benefits.

The following chart replaces the chart on page 61.

Eligibility for basic dental services as of April 2010

<i>Situation</i>	<i>Maximum amount</i>	<i>Time period</i>
Self or spouse on PWD benefits	\$1,000	2 calendar years
Self or spouse on PPMB benefits; neither receives the federal spouse's Allowance or GIS	\$1,000	2 calendar years
Dependent child of anyone on income assistance, PPMB or PWD	\$1,400	2 calendar years
Adult on income assistance or PPMB when turned 65, still qualifies for GHS	\$1,000	2 calendar years
Adult on PWD when turned 65	\$1,000	2 calendar years
Adult no longer on PWD benefits because self or spouse got a job or began getting CPP disability benefits	\$1,000	2 calendar years
Child eligible for Child in the Home of a Relative (CIHR) benefits; payment for treatment is not available through parents	\$1,400	2 calendar years