# *Draft Benefits Planning Report*

***Updated Report for March 2024 meeting with feedback from the February 2024 meeting***

**Introduction**

Beginning in 2023, the California Committee on Employment of People with Disabilities (CCEPD) developed 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 goal of the report was to examine how the State of California can develop a consistent and integrated benefits planning structure to assist people with disabilities in multiple programs with linkages to benefits planners and have consistent messaging and information on managing benefits while employed. Managing benefits and employment allow people with disabilities to live independent lives. Another purpose of this report was to highlight how the various income and asset eligibility affects people with disabilities and their employment decisions.

Benefits planning 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. Navigating each income and asset eligibility, and understanding each programs income levels, becomes complicated and fraught with misinformation from misconceptions disseminated through the community and staff not properly trained on program policies.

There are over 1.3 million Californians with disabilities on Social Security Income (SSI) and/or Social Security Disability Insurance (SSDI). The labor participation rate is 21.6% for people with disabilities and for non-disabled, the labor participation rate is 66.9%.[[1]](#footnote-1) Although the labor 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, is a major factor in people with disabilities making employment decisions either to receive a promotion to move up the economic ladder, holding a part-time job, or full-time position.

The continued low employment rates and high employment rates of people with disabilities during their working age should be a call to action for California to evaluate how people navigate the need for benefits and employment to make policy choices to remove these barriers. This report makes recommendations on improving access to benefits planning and how health care benefits and long-term services and supports affect decisions for employment for people with disabilities, and policy recommendations for health care benefits and long-term services and supports.

**Policy Recommendations for Social Security Administration**

The Workgroup focused on how state programs and processes can be improved for benefits planning. However, 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 disabilities on panel discussions to the Workgroup all said navigating and corresponding with the Social Security Administration (SSA) is difficult. Each person with a disability who received an overpayment letter had a traumatic experience.[[2]](#footnote-2) A letter requesting potentially thousands of dollars causes economic hardship and stress on that individual and their families.

Once received, if a person with disability is not tied to three programs (Department of Rehabilitation, local workforce development area that offers and understands benefits planning, or independent living centers), then they may seek information from a legal professional, or trusted community resources who may not be properly trained in providing benefits planning. People with disabilities would not know that there are community-based resources to assist them, such as Ticket-to-Work Employment Networks or Work Incentives Planning Assistance programs. Furthermore, the Workgroup would like to create strategies that better educate and makes information on overpayment available to all people with disabilities.

In the winter of 2023, there was national news coverage in the New York Times and 60 Minutes and other media, resulting in a House Ways and Means Social Security Subcommittee hearing on improper payments, or also referred to as overpayments.[[3]](#footnote-3) The hearing highlighted a variety of issues, including overpayments. 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 Social Security Administration 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.”[[4]](#footnote-4) The national data continues to demonstrate a systemic issue with people with disabilities using the Ticket-to-Work program.

The workgroup agreed that reform is needed for overpayments and continues to affect employment choices for people with disabilities. The workgroup also agreed that the State can assist people with disabilities with information on overpayments and benefits planning.

Furthermore, the Center for American Progress released a report in December 2022 that highlighted the complex administrative burdens faced by people with disabilities in the navigation of receiving benefits.[[5]](#footnote-5) More work is needed at the federal level to lessen the administrative burdens for people with disabilities.

The State of California **should have a more robust partnership with the Social Security Administration and support efforts to streamline work incentive processes for people with disabilities, so overpayments do not occur.** The workgroup strongly feels more streamlined and automated processes are needed for people with disabilities. The system of wage reporting to make complying with SSA easier should be streamlined and user-friendly. The State can assist in developing relationships between SSA and local frontline staff who serve people with disabilities. The State can also create ongoing stakeholder meetings with local SSA offices on issues affecting that community.

The State of California **should develop a policy to provide general resources on benefits planning to create messaging that people with disabilities can be employed.** The program within the California Department of Social Services, the Disability Determination Services is charged with evaluating people for 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.

Other issues have arisen from policy discussions on benefits planning, such as medical staff within Disability Determination Services should receive training 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. The State should create more linkages with the Disability Determination Services and other disability-related programs within California.

**Policy Recommendations for Health Care**

California’s Working Disabled Program was implemented in 2003. The program was designed to allow people with disabilities to participate in employment and not lose their Medi-Cal insurance, also allowing access to long-term services and supports. Originally, California’s Working Disabled Program was designed at the 250% FPL with asset limits of $2,000 for an individual and $3,000 for a couple. On July 1, 2022, the asset limits for the Non-Modified Adjusted Gross Income (MAGI) Medi-Cal programs were increased to $130,00 for one person and $65,000 for each additional person being evaluated. Beginning on January 1, 2024, the asset limit will be eliminated for Non-MAGI programs and approved by the federal government.[[6]](#footnote-6)

In 2017, the Medi-Cal Policy Institute, established by California HealthCare Foundation,” released a report on California’s Working Disabled Program on the lessons learned and policy choices to strengthen the program. This report detailed the low participation rate by people with disabilities in this program from the onset. The report also outlined 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. It described how these policy changes may increase the participation for this program.[[7]](#footnote-7)

According to the Open Data Portal project, data for total eligibles was extracted, to determine how many people with disabilities are enrolled in the program. The program enrollees only total have varied from 5,587 in 2010 to 13,365 in 2023. The highest enrollment to this program was during the Covid-19 pandemic of 25,375 in 2020 and has since fallen.[[8]](#footnote-8) As of October 2023, there are 15,575,871 Californians who are covered by Medi-Cal.[[9]](#footnote-9) 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.[[10]](#footnote-10) Most of the enrollees who have disabilities are enrolled in various Medi-Cal programs.

**The Department of Health Care Services should work closely with disability-related stakeholders regarding improving the awareness of the Disabled Working Program for people with disabilities.** There is lack of awareness of the Disabled Working Program among county Medi-Cal eligibility employees. Updating the marketing and outreach material, as well as highlighting the program, should be included in general, ongoing outreach efforts. 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.
* Discuss how to highlight the program, as an available program, to county eligibility workers.
* Ongoing outreach efforts at the counties.
* Coordinate with employment-related entities to provide materials for those pursuing work.

The State of California **should increase the income eligibility for the Working Disabled Program.** Other states have increased the income eligibility or have removed income limits for the program. Raising the income limits or eliminating income limits helps people with disabilities be employed and gain access to long-term services and supports and stay employed. It is also key to ensure autonomy around career choices, meaning someone should not have to choose between career advancement and healthcare.

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 also does not have an income limit but has asset limits. Out of the 50 states, the following states have Federal Poverty Limits over 250%:

* Two states, Connecticut, and Idaho, have FPL of 552% and 500%.
* Colorado is the newest state that has increased its FPL to 450%.
* Illinois and Indiana have 350%FPL.
* The District of Columbia, Georgia, Kansas, Maryland, Missouri have 300%FPL and Delaware is at 275% FPL.[[11]](#footnote-11)

**Long-Term Services and Supports Section**

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. Public programs, such as In-Home Supportive Services, have income eligibility limits that make it cost-prohibitive for people with disabilities to choose full-time employment. The income limits for LTSS are 250% FPL, which amounts to $36,450 to qualify for services for In-Home Supportive Services. Making over that amount means that all services must be paid for out-of-pocket, which can be cost prohibitive.

California’s policies have not addressed how to allow people with disabilities 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 causing 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 to pay a certain amount for their care monthly.

The State of California has been working through two tracks in improving long-term services and supports. One has been through the Legislature, where Aging and Disability Resource Connection was established and the development of a feasibility study for a long-term service and supports insurance program was created. 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, making it expensive.

The Aging and Disability Resource Connections (ADRC) were 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, also a vision of the Master Plan for Aging.[[12]](#footnote-12) In other states, like Wisconsin, benefits counseling has been incorporated into the system.[[13]](#footnote-13) ADRCs are meant to be an information and referral network for people with disabilities and older adults on support needs.

The In-Home Supportive Services (IHSS) program is the primary program for people with disabilities needing long-term services and supports. As of November 2023, there were 746,233 receiving services. About 34.8% of clients were those between the age groups of 18-64 years old during working age.[[14]](#footnote-14) 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.

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: limited selection of benefits, design that doesn’t duplicate Medi-Cal but offers some services and excludes lower-income individuals, and the last three designs provide comprehensive with a range of services relative to cost.[[15]](#footnote-15) The Task Force developed concepts for the Legislature to consider, on options in developing a statewide insurance program for LTSS. 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.[[16]](#footnote-16) Creating a workgroup would help design a program that can assist people with disabilities with care.

**Potential Policy Recommendations for Long-Term Services and Supports**

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 consider the needs of employment and long-term services and supports. Navigating the various programs for care becomes difficult for people with disabilities.

The Workgroup recommends **increasing income eligible levels to allow access to long-term services and supports to incentivize employment.** Three states, Massachusetts, Minnesota, and Washington, have no income eligibility limits on LTSS for people with disabilities. Other states have an increased income eligibility. More information is needed to determine how many people with disabilities use the program who are in the labor force.

**Benefits Planning Section**

**Need for Benefits Planning**

The State of California does not have a cohesive and consistent approach to benefits planning with linkages between programs (both mainstream and disability-related programs), does not have a tiered approach to information that people with disabilities need throughout the lifespan, and lack of consistent marketing and outreach efforts. The State of California has existing information and resources from the Disability Benefits 101 website (DB101) to anyone, including benefits planners in three state programs, however, the programs have not consistently incorporated use of DB101 in their service delivery, and not enough awareness of DB101 for beneficiaries.

The workgroup believes people with disabilities are served from multiple programs, including K-12, higher education, apprenticeships, local workforce development areas, disability-related programs such Department of Rehabilitation (DOR), and human services programs. Without linkages to clear and concise information and/or benefits planners, people with disabilities will not have the right information to choose employment over receiving disability benefits.

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.[[17]](#footnote-17) Although SSI and SSDI provide a safety net, income derived solely from benefits increases the likelihood of a life of poverty. According to December 2022, people with disabilities on OASDI are 539,044 and 71,481 who are children.[[18]](#footnote-18)

From the 1.3 million, at least 450,692 are of working age between the ages of 18 and 64 on SSI and 539,044 are of working age between the ages of 18 and 64 on SSDI.[[19]](#footnote-19) Combined together there is a potential of about million Californians with disabilities needing benefits planning. However, the number of Californians seeking information from the Disability Benefits 101 website was much lower in 2021, therefore there could be up to 650,000 in any given year seeking assistance on benefits planning.[[20]](#footnote-20)

Multiple programs serve people with disabilities, including mainstream health and human services programs, education, and employment programs. The workgroup also believes that all services are accessed by people with disabilities, but not all services are connected to a benefits planner either in-house or through partnership. This gap leads people with disabilities to stay on benefits or not understand work incentives. A coordinated and integrated approach is needed to provide benefits planning to people with disabilities. Benefits planning provides the much-needed information to make choices about one’s employment and independence. Benefits planning should be considered a core service that allows individuals to make choices about their employment.

According to the Unified Strategic Workforce Development Plan, the labor force participation rate, an indicator of people not institutionalized who are employed or looking for work, is 21.6% for people with disabilities and continues to remain low when compared with non-disabled populations, which is 66.9%.[[21]](#footnote-21) Furthermore, according to the plan, “one out of every five Californians with disabilities participated in the civilian labor force.”[[22]](#footnote-22) Labor force participation is one metric that demonstrates the continued, low employment of people with disabilities. Having benefits planning as part of the service delivery is an evidence-based practice and can affect the increase of employment rates.

Benefits planning is an essential service for people with disabilities. Inconsistent and unreliable information can impact dissemination about available health care or long-term care services and supports to assist with SSA overpayments. People with disabilities can also make decisions to remain part-time or stay on benefits without reliable information.

The Workgroup identified key challenges and issues relating to benefits planning services offered to people with disabilities.

* People with disabilities are served from multiple doors and there is lack of knowledge on how other types of benefits can impact SSI/SSDI and employment. Capacity building is needed to build knowledge of work incentives in mainstream programs.
* Currently, benefits planning services are only found in three statewide programs and other systems may have frontline staff with knowledge of work incentives. The current benefits planning service structure does not have consistent linkages to benefits planners from multiple programs in different service delivery systems.
* Continued insufficient knowledge of work incentives among direct service providers who do not have the certification or training to assist people with disabilities may negatively impact SSA disability beneficiaries. This causes insufficient linkages to benefits planners and information.
* Benefits planners may not stay in the field for long, due to low pay and limited career pathways. In addition, benefits planners require extensive credentialing 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.

**Need for an Improved Approach to Benefits Planning**

Currently, the system is fragmented, and knowledge of benefits planning is in three systems (vocational rehabilitation program within Department of Rehabilitation, Independent Living Centers, and local workforce development areas). Benefits planning services are only for clients receiving services from those programs. The new approach would create linkages for people with disabilities who are using services in other programs (i.e. education and training and human services) and linking them to benefits planners when needed and integrate Disability Benefits (DB)101 toolkit and information on benefits planning. Each mainstream and disability-related programs would have existing benefits information to be shared with a person with disability.

Existing resources, like Disability Benefits 101 and other information already developed, would be given to clients to provide reliable information on overpayments, health insurance, and long-term services and supports. Not all people with disabilities will need benefits planning services, but many need the basics on how to report wages and estimators to understand how to manage benefits and employment. This is where existing resources, such as [Disability Benefits 101](https://ca.db101.org/), and information on benefits planners can also be provided to an individual seeking information in consistent manner in all programs. The State will need to develop funding strategies to keep ongoing tools, such as DB101, and/or leverage existing benefits information into ongoing marketing and outreach strategies.

The approach would be to have information on benefits planning information incorporated into every program (mainstream and disability-related) with linkages for people with disabilities to obtain referrals to benefits planners as needed.

**Existing Programs**

Currently, only three 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 and only for those that are clients of each program. There is a gap of services for people with disabilities not connected with these 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. Although the supportive services that ILCs offer can be different, most offer benefits planning. ILCs provide expertise to wrap around services for people with disabilities, stabilizing 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. Data on how many of the ILCs have staff with benefits planning expertise or how many people receive benefits planning services from the ILCs has yet to be obtained. In this system, benefits planning is not an ILC core service, so there is no data available.

DOR’s Vocational Rehabilitation program provides Work Incentives Planning (WIP) Services, including information and counseling on benefits planning for SSI/SSDI participants who are in the job-ready and employed statuses of their Individualized Plan for Employment and for 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) position, 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.[[23]](#footnote-23) As of March 2024, there are six vacant positions. The DOR also receives funds from the Social Security Administration’s Cost Reimbursement program as a result of SSI/SSDI consumers who have gained employment.

DOR offers WIP services for students in the Potentially Eligible (PE) and Vocational Rehabilitation (VR) Case Types, offering benefits planning services to SSI/SSDI students planning for and participating in a paid work experience. DOR Student WIP Services are designed to empower students planning for and participating in paid work experience to explore competitive integrated employment by easing fears about going to work while receiving disability benefits. Services include educating students and their families about work incentives and financial literacy, explanation of the student’s benefits, review of a benefits summary, information about the DB101 website, and an overview of how to report earnings.

In California, there are eight Local Workforce Development Areas (LWDAs) are Employment Networks, offering Ticket to Work Programs that include connections to benefits planners. Employment Networks are recognized by the Social Security Administration as providers who can assist people with disabilities to pursue, enter, and maintain employment. LWDA Ticket to Work Programs are funded on a milestone/outcome basis, only receiving 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 built capacity to assist people with disabilities 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.

Currently, there are 121 Employment Networks serving California, of which many provide benefits planning to Californians. As mentioned above, Employment Networks are community-based organizations serving multiple programs and services.

There are 21 Regional Centers state-wide offering employment services. Although some of the Regional Centers may offer benefits planning, it is unknown how consistent the counseling is throughout the system. If Regional Center clients participate in employment efforts and work with DOR, then that individual will receive benefits planning counseling in the job-ready status.

The Work Incentives Planning and Assistance (WIPA) program, created by the Social Security Administration, was developed to promote employment for people with disabilities. According to the federal government, the goal of the program is to allow people with disabilities to achieve financial stability and gainful employment. There are currently seven WIPA projects in California. These WIPA projects have allowed states to offer benefits planning for people with disabilities and receive funding when people with disabilities receive employment.

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. Although WID continues to maintain the tool through philanthropic funding, the State of California currently does not pay for the ongoing maintenance and operation costs. However, other states fund DB101 through vocational rehabilitation program, developmental services programs, health programs, or a combination of funding. Currently, DB101 is funded for 2024 but does not have funding beyond this year. 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 five more states: Georgia, Iowa, Nevada, North Carolina, and Washington.

The Aging and Disability Referral Connection 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. As mentioned above, Wisconsin has built benefits counseling into its model. Benefits planning should be built as a component for information and referrals.

All these programs serve people with disabilities in different capacities but are not leveraged in statewide strategies to provide consistent messaging and access to benefits planners.

The State of California **needs to weave basic benefits planning information into all its employment services.** When people first seek employment, they should have information on benefits planning. Existing resources are available but need to be better integrated into mainstream programs and better distributed by disability-related programs.

The Workgroup has developed the following policy recommendations:

* Request that Departments within Health and Human Services and Labor and Workforce Development Agencies develop integrated strategies to increase benefits planning services.
* Develop policies for providing benefits planning services by staff within workforce and health and human services programs.
* Develop consistent administrative policies to encourage benefits planning into contracts, policies to incorporate the message of managing benefits and employment into all human services programs, both disability and mainstream programs.
* Develop career pathways for benefits planners.
* Develop a consistent marketing and outreach plan to promote benefits planning services to SSA beneficiaries with disabilities.

**Develop Policies for Cross-Training of Frontline Staff in Multiple Programs and Systems**

To increase benefits planning services, the Health and Human Services and Labor and Workforce Development Agencies should first develop a baseline understanding of the benefits planning needs of individuals requiring disability benefits, if on disability benefits or SSI. 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 Consistent Administrative Policies to Encourage Benefits Planning**

All identified programs within human services and workforce development should incorporate benefits planning into written agreements to either have 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. 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 Pathways 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 and the nature of the job duties. Long-term funding is needed to fund positions for benefits planning and data collection is needed on the profession to understand the nature of the work. The first step is to understand the nature of the work and skills sets needed to develop career ladders for this profession.

**Develop a Consistent Marketing and Outreach Plan**

To adequately and efficiently provide benefits planning services, improved marketing and outreach strategies are needed. While there have been publications developed to assist with the marketing and outreach activities of certain programs, such as Virginia Commonwealth University’s [“Performing Outreach to Social Security Beneficiaries with Disabilities, Community Agencies, and Other Key Stakeholders”](https://vcu-ntdc.org/resources/WIPA_OtherResources/OutreachintheWIPAProgram2021.pdf) for the Work Incentives Planning and Assistance (WIPA) program, more comprehensive strategies should be developed.

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, 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 often think benefits planning is designed to maximize public benefit payments or to keep beneficiaries from losing benefits due to employment. Neither of these perceptions is correct. In fact, the objective of benefits planning is to promote employment and enhance financial independence for recipients of disability beneficiaries. Therefore, an effective marketing and outreach campaign should be developed to 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 Social Security 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.

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. Additional details are provided in the appendix B (located in Excel spreadsheet).

**Childhood Education**

Beneficiaries and their families should be exposed to benefits planning early. Messaging should be received early that children with disabilities can grow up to achieve employment success, and 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) while in school. 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 adequate information is provided to counselors, admission 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 incentivize 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 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 and sustained access to healthcare programs remains a primary concern.

Support services during this time often come from workforce service providers, and they should be engaged in benefits planning marketing and outreach. 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 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 they understand what’s to be expected 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.

1. Information from [Unified Strategic Workforce Development Plan, Economic and Workforce Analysis 2024-2027](https://cwdb.ca.gov/plans_policies/2024-2027-state-plan/) [↑](#footnote-ref-1)
2. Panelists providing information to Workgroup. (Will add names/we may highlight quotes from individuals). [↑](#footnote-ref-2)
3. [Congressional hearing testimony](https://www.gao.gov/products/gao-24-107113) [↑](#footnote-ref-3)
4. 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](https://www.gao.gov/products/gao-24-107113) [↑](#footnote-ref-4)
5. Report from the Center for American Progress: [How Dehumanizing Administrative Burdens Harm Disabled People](https://www.americanprogress.org/article/how-dehumanizing-administrative-burdens-harm-disabled-people/) [↑](#footnote-ref-5)
6. Information from the [Department of Health Care Services on Asset Limits](https://www.dhcs.ca.gov/individuals) [↑](#footnote-ref-6)
7. Information Report “[The California Working Disabled Program: Lessons Learned Looking Ahead](https://www.chcf.org/wp-content/uploads/2017/12/PDF-CalWorkingDisabled.pdf)” April 2003 [↑](#footnote-ref-7)
8. 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](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.chhs.ca.gov%2Fdataset%2Fstatewide-medi-cal-certified-eligible-individuals-by-aid-code-2013-2017&data=05%7C02%7Cmaria.aliferis-gjerde%40dor.ca.gov%7C01781c2b86cd4a7073b608dc1954e7d5%7C19ed70549d9743c792b16781b6b95b68%7C0%7C0%7C638413099661872323%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=k%2F8u96aS5grKdosisMO80EQsgiQ5OW5DMS1GmPPQTz8%3D&reserved=0) [↑](#footnote-ref-8)
9. [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](https://www.dhcs.ca.gov/dataandstats/Pages/Medi-Cal-Eligibility-Statistics.aspx).  [↑](#footnote-ref-9)
10. [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](https://www.dhcs.ca.gov/dataandstats/Pages/Medi-Cal-Eligibility-Statistics.aspx). [↑](#footnote-ref-10)
11. Survey from Kaiser Family Foundation, [“Medicaid Financial Eligibility in Pathways Based on Old Age or Disability in 2022: Findings from 50 State Survey”](https://www.kff.org/report-section/medicaid-financial-eligibility-in-pathways-based-on-old-age-or-disability-in-2022-findings-from-a-50-state-survey-issue-brief/) [↑](#footnote-ref-11)
12. Aging and Disability Resource Connection [Strategic Plan and SWOT Assessment](https://aging.ca.gov/Providers_and_Partners/Aging_and_Disability_Resource_Connection/Strategy_for_Statewide_System/) [↑](#footnote-ref-12)
13. Information from [California’s ADRCs: A SWOT Assessment](https://aging.ca.gov/Providers_and_Partners/Aging_and_Disability_Resource_Connection/Strategy_for_Statewide_System/) [↑](#footnote-ref-13)
14. Presentation from California Department of Social Services on January 20, 2024 to Workgroup. [↑](#footnote-ref-14)
15. Information from [AB 567 Feasibility Study](https://www.insurance.ca.gov/0500-about-us/03-appointments/ltcitf.cfm) [↑](#footnote-ref-15)
16. Information from [AB 567 Oliver Wyman Feasibility Study](https://www.insurance.ca.gov/0500-about-us/03-appointments/ltcitf.cfm) [↑](#footnote-ref-16)
17. Information from SSA from [SSI Monthly Statistics, January 2024, Table 4](https://www.ssa.gov/policy/docs/statcomps/ssi_monthly/2024-01/index.html) [↑](#footnote-ref-17)
18. Information from SSA from [OASDI Beneficiaries by State and County, 2022](https://www.ssa.gov/policy/docs/statcomps/oasdi_sc/2022/ca.html) [↑](#footnote-ref-18)
19. The amount of working age adults has taken from total amount between [SSI Monthly Statistics, January 2024, Table 4](https://www.ssa.gov/policy/docs/statcomps/ssi_monthly/2024-01/index.html) and [OASDI Beneficiaries by State and County, 2022](https://www.ssa.gov/policy/docs/statcomps/oasdi_sc/2022/ca.html) [↑](#footnote-ref-19)
20. Information came from [CCEPD policy recommendations on integrated benefits planning in 2022](https://www.dor.ca.gov/Home/CcepdResources) [↑](#footnote-ref-20)
21. Information from [Unified Strategic Workforce Development Plan, Economic and Workforce Analysis 2024-2027](https://cwdb.ca.gov/plans_policies/2024-2027-state-plan/) [↑](#footnote-ref-21)
22. Information from [Unified Strategic Workforce Development Plan, Economic and Workforce Analysis 2024-2027](https://cwdb.ca.gov/plans_policies/2024-2027-state-plan/) [↑](#footnote-ref-22)
23. Information from Department of Rehabilitation, Social Security Programs [↑](#footnote-ref-23)