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## Principles: Public Benefits

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*Publication #1043 - Adopted 3/7/2015, Revised 9/17/2016*

Disability Rights California (DRC) is committed to ensuring that public benefit programs meet the needs of individuals with disabilities. Public benefit programs should be broadly-available and designed to provide people adequate financial and service supports to live safely in the community and lead productive lives. Public benefits should be client-centered, client-directed to the extent possible, voluntary, and designed to provide wanted services.

Current state and federal program benefit amounts do not provide an adequate safety net and this makes it increasingly difficult for people to gain and maintain independence and lead productive lives in the community.

DRC will oppose any legislative or policy changes that eliminate public benefit services or the right to services, or result in fewer services or services of lesser quality.

### **Supplemental Security Income/State Supplementary Payment Benefits**

People should receive full cost of living increases in Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits. The amount of monthly SSI/SSP payments should be updated to reflect the current cost of living. In addition, the program should be updated to: 1) increase the

SSI/SSP resource limit for individuals and couples;<sup>1</sup> 2) update the general income exclusion<sup>2</sup> and the earned income exclusion;<sup>3</sup> 3) repeal the in-kind support and maintenance provision;<sup>4</sup> and 4) repeal the transfer of assets penalty (three years of ineligibility for transfer of assets). In addition, reductions in SSI/SSP and Social Security benefits to collect debts for child support or federal loans should be limited or eliminated.

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<sup>1</sup> The current resource limit is \$2,000 for an individual and \$3,000 per couple. These amounts have not been adjusted since 1989. This limit is greater by one-fourth than the original SSI resource limit of \$1,500 for an individual and \$2,250 for a couple, which was enacted in 1972. “Return to Main Document”

<sup>2</sup> Some items considered income are excluded when determining the amount of an individual's benefit. The general income exclusion allows an SSI/SSP recipient to keep up to \$20 per month of income received from any source. This exclusion was established so recipients who receive a monthly Social Security benefit that is less than the uniform payment rate would benefit from receiving both Social Security and SSI/SSP, as compared to SSI/SSP recipients with no other income. This amount has not been adjusted since 1972. “Return to Main Document”

<sup>3</sup> The earned income exclusion was intended to encourage those who could to return to the work force by allowing them to keep \$65 per month plus one-half of their earnings. The \$65 was designed to cover work expenses, other than disability-related expenses, such as transportation, work clothes, and taxes. It has not been adjusted since 1972. “Return to Main Document”

<sup>4</sup> Under current law, there can be a reduction in monthly benefit of an amount equal to one-third the Federal Benefit Rate (FBR) if an SSI/SSP recipient receives in-kind food or shelter. This makes it difficult to receive in-kind support from others. The FBR is the maximum federal dollar amount paid to an aged, blind, or disabled person who receives SSI/SSP. FBR is linked to the consumer price index. In 2016, the FBR is \$733 per month for individuals and \$1,100 for couples. (The FBR increases annually if there is a Social Security cost-of-living adjustment.) See <http://www.disability-benefits-help.org/glossary/federal-benefit-rate>. “Return to Main Document”

Representative payees<sup>5</sup> for Social Security beneficiaries must respect the beneficiaries' right to direct and control disbursements consistent with the beneficiaries' capacity to make decisions for themselves and consistent with the representative payees' fiduciary obligations. Federal policies and laws should provide oversight of and accountability by representative payees of SSI recipient funds consistent with their fiduciary duties and should protect Social Security beneficiaries from losing eligibility solely due to de-certification of the state facility in which they are residing.

### **Availability of Public Benefits**

Public benefits should be available to similarly-situated individuals with disabilities, including all lawful permanent residents of California. This includes individuals permanently residing in the United States under color of law.

Counties and other responsible entities must ensure individuals in out-of-county placements receive the same public benefits and services they would receive had they been placed in-county. Counties and other responsible entities should provide out-of-county services or arrange for their provision by the county of placement, by out-of-county providers, or by other appropriate entities.

Californians who received health insurance and other general health care through the Medi-Cal program when they were 55 or older should not be subject to additional state asset recovery claims<sup>6</sup> regardless of the type of medical services received. State law should limit asset recovery to what is

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<sup>5</sup> A representative payee is an individual or organization appointed by Social Security Administration (SSA) to receive Social Security benefits for people who cannot manage or direct someone else to manage their money. The main responsibilities of a payee are to use the benefits to pay for the current and foreseeable needs of the beneficiary, including paying for food, shelter, clothing, medical care and personal comfort items, and to properly save any benefits not needed to meet current needs. A payee must also keep records of expenses. When SSA requests a report, a payee must provide an accounting to SSA of how benefits were used or saved.  
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<sup>6</sup> <http://www.scpr.org/news/2015/07/06/52861/bill-seeks-to-limit-california-s-medi-cal-asset-re/> "Return to Main Document"

allowed under federal law and include protections for heirs and surviving spouses.

### **Applying for and Receiving Information about Benefits**

Programs that provide case management<sup>7</sup> should help people apply for and qualify for all benefit programs for which they may be eligible. There should be appropriate coordination and exchange of information between agencies to avoid delays in receiving needed benefits.

Local education agencies and charter schools that provide special education and related services should include benefits planning as a key component of the Individual Education Program and school transition process for transition-aged students.<sup>8</sup>

Information about public benefits programs and services should be clear and in an understandable language, at a reading level the recipient can understand, in the recipient's language of choice, and in a format accessible to the recipient. Information must be given at the time of application, on request.

Agencies should notify beneficiaries and applicants of all due process rights at the time of application, when there is a proposed reduction to or denial of a program or service and when requested. Notice of all eligibility and non-coverage determinations should be provided in requested formats.

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<sup>7</sup> These include such programs as regional centers, county mental health departments, and California Children's Services. "Return to Main Document"

<sup>8</sup> <http://www.ncd.gov/publications/2007/March2007> "Return to Main Document"