

# Public Benefit Reform



People with disabilities may rely on multiple public benefit programs—including Medicaid, FoodShare, public housing, and Social Security Income or Disability Insurance—to access the health care, food, housing, and funding they need to live independently and stay out of institutions.

## 46%

46% of Wisconsin families receiving FoodShare have at least one member who is elderly, blind, or has disabilities<sup>1</sup>.

## 38%

38% of all households in a public housing program include a member who has a disability.

## 41%

41% of working-age public housing tenants have a disability<sup>3</sup>

- Many people with disabilities want to make improvements in their lives—like becoming employed, increasing income, covering more transportation costs—but cannot take opportunities without losing benefits. **This so-called “benefits cliff” keeps many people with disabilities in poverty and reliant on public benefits.**
- **Unfortunately, strict income and asset limits—which may vary by program—mean working too much or for too high a wage or saving enough to cover larger bills (like a car repair, or first/last month rent and deposit money) is impossible** and can jeopardize eligibility for some or all the public supports the person needs to remain independent.
- There is no tiered path across public assistance programs for people with disabilities to gradually increase their income and assets while maintaining access to some or all supports across public benefit programs.
- **14% (or 1,820,000 people)** of SSI and SSDI beneficiaries have an intellectual/developmental disability (I/DD). More than **20%** of SSI recipients and **8%** of SSDI recipients have a primary impairment of I/DD<sup>5</sup>.
- Adults with disabilities who rely on Supplemental Security Income (SSI) are among the groups most severely affected by the extreme shortage of affordable rental housing. **There is no housing market in Wisconsin where a person would pay less than 68% of their SSI income towards renting a one-bedroom unit<sup>4</sup>.**

## 15%

Nationally people with disabilities account for **15%** of total Medicaid enrollment.

## 30%

Medicaid covers more than **30%** of working age adults with disabilities<sup>2</sup>.

# Recommendations



To the extent allowable under federal law, align public benefit eligibility criteria for people with disabilities—including income levels, asset limits, and income exclusions—across Medicaid, FoodShare, Housing, and other public benefit programs Wisconsin administers.

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Direct DHS to use administrative Medicaid funds for housing-related activities like assisting with housing applications, developing a housing support plan, and providing tenant support services.

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Require disability advocate and stakeholder involvement before proposing changes to eligibility or other administrative requirements within public benefit programs and continue stakeholder engagement throughout any change or transition process.



<sup>1</sup> Wisconsin Department of Health Services, FoodShare at a Glance, March 2017.

<sup>2</sup> Figure includes people with physical disabilities, such as cerebral palsy, multiple sclerosis, and traumatic brain or spinal cord injuries as well as intellectual or developmental disabilities such as Down syndrome and autism; and mental illness.

<sup>3</sup> U.S. Department of Housing and Urban Development (HUD), Resident Characteristics Report as of December 31, 2017 ([https://hudapps.hud.gov/public/picj2ee/Mtcsrccr?category=rcr\\_ftp&download=false&count=0](https://hudapps.hud.gov/public/picj2ee/Mtcsrccr?category=rcr_ftp&download=false&count=0)).

<sup>4</sup> <http://www.tacinc.org/knowledge-resources/priced-out-v2/>

<sup>5</sup> All data from <https://www.ssa.gov/policy/docs/ssb/v77n1/v77n1p17.html>