

# Income Benefit Programs for People Living on Low Income and in Poverty – Primary Care Providers' Role

PANELISTS

Dr. Gary Bloch • Anu Bakshi

WITH

Dr. Jobin Varughese



Ontario College of  
Family Physicians



Family & Community Medicine  
UNIVERSITY OF TORONTO

June 19, 2025

Health Equity Community of Practice



Please introduce yourself in the chat!

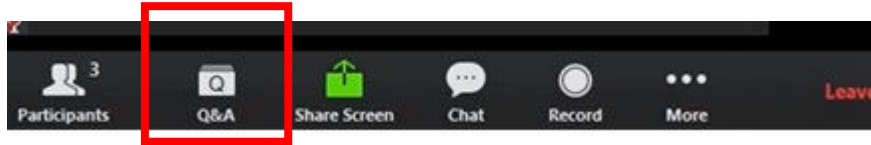
Your name,  
Your community,  
Your twitter handle



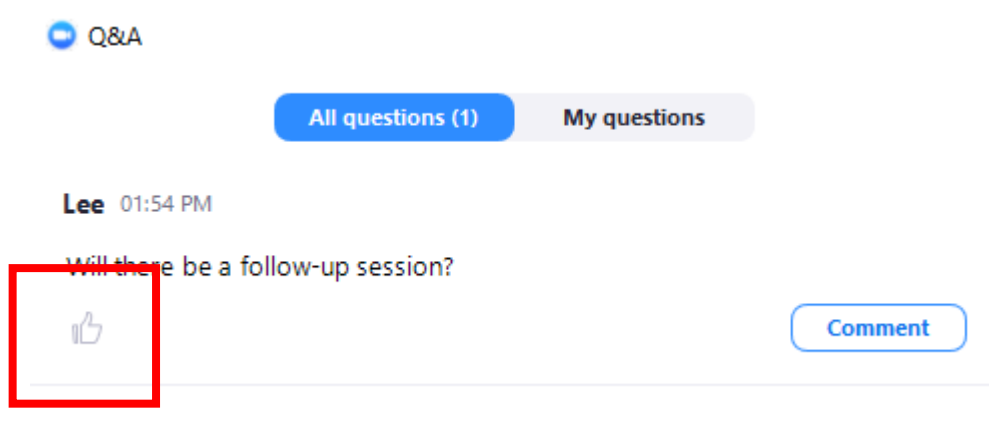
@OntarioCollege  
#HealthEquity

# How to Participate

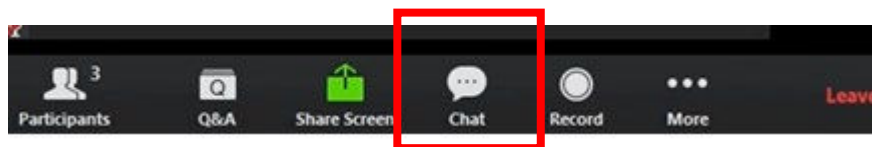
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





# Your Panelists: Disclosures

## Dr. Gary Bloch

- Relationships with financial sponsors (including honoraria):
  - St. Michael's Hospital Foundation, OCFP Honoraria
- Membership on advisory boards or speakers' bureaus
  - Inner City Health Associates
- Funded grants, research, or clinical trials
  - St. Michael's Hospital Foundation

## Anu Bakshi

- Relationships with financial sponsors (including honoraria):
  - Income Security Advocacy Centre (ISAC), OCFP Honoraria

## Dr. Jobin Varughese

- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education), William Osler Health System (Associate Vice President of Academics)



## Disclosure of Financial Support

This program has received funding from the Ontario Ministry of Health and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

### **Potential for conflict(s) of interest:**

N/A

## Mitigating Potential Bias

- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the committee.

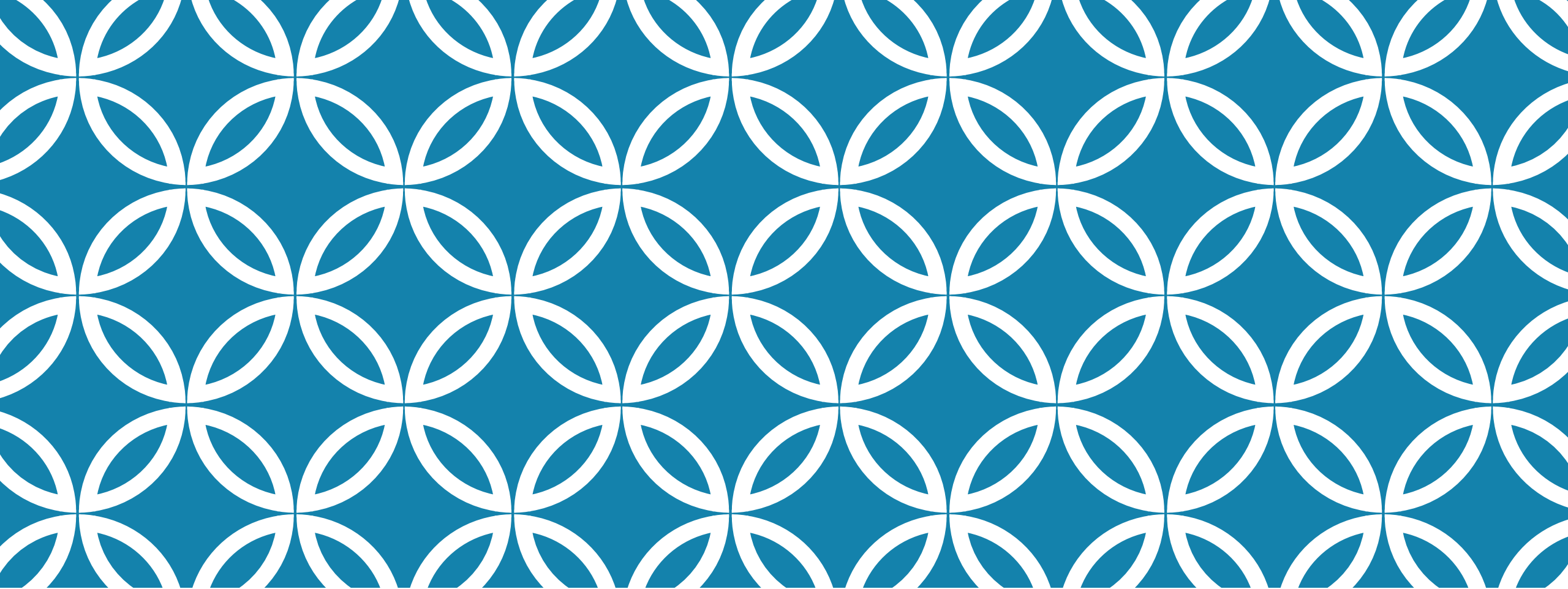


# Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



# **PHYSICIANS AND DISABILITY INCOME PROGRAMS: TIPS AND UPDATES**

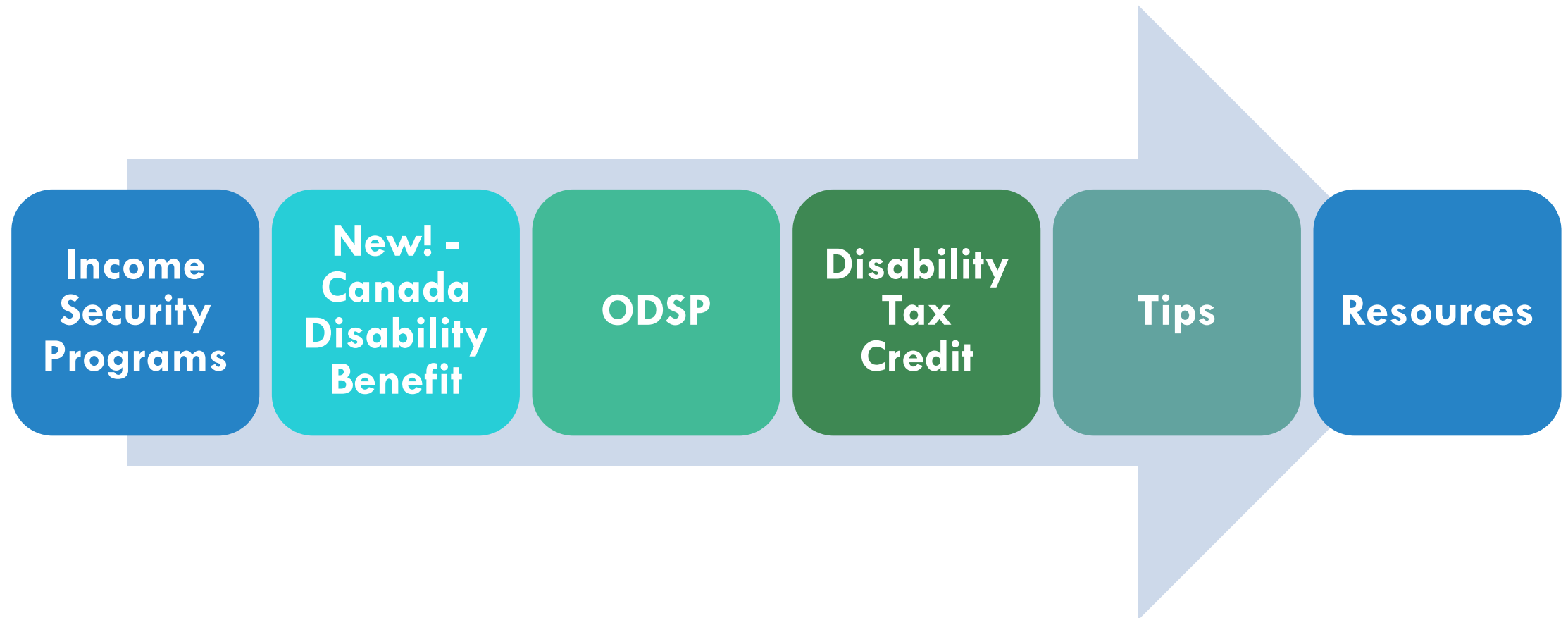
**CCFP Health Equity Community of Practice,**  
June 19, 2025

**Gary Bloch** MD CCFP, St. Michael's Hospital  
Academic FHT & Inner City Health Associates

**Anu Bakshi** LLB, Income Security Advocacy  
Centre



# OVERVIEW







# INCOME BENEFIT PROGRAMS REQUIRING PHYSICIAN INPUT

**Provincial Disability Support Programs (e.g. ODSP)**

**Canada Pension Plan, Disability (CPP-D)**

**Disability Tax Credit (DTC)**

**Employment Insurance, Sickness Benefits (EI-Sickness)**

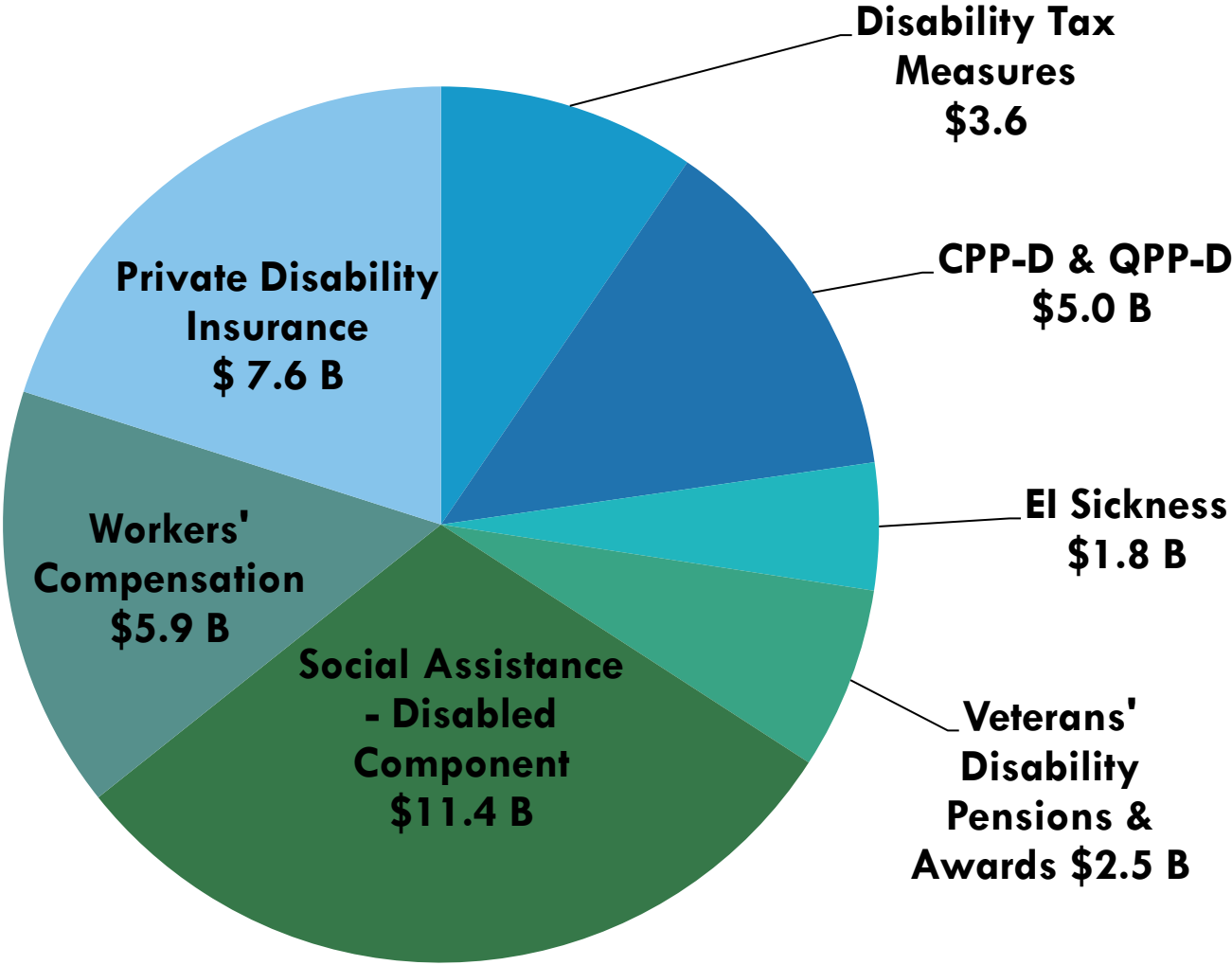
**Provincial Disability Allowance Supplements (e.g. Special Diet, Mandatory Special Needs Benefit)**



# ESTIMATED BENEFIT EXPENDITURES FOR PERSONS WITH DISABILITIES

CANADA 2018-19

\$37.8 B



# WHAT'S NEW???

## THE CANADA DISABILITY BENEFIT

A Basic Income Program  
for People with  
Disabilities? ... Maybe





# THE CDB

Maximum \$2400 per year (\$200 per month)

Payments begin July 2025 – can be paid retroactively 24 months

## Eligibility:

- Age 18-64
- Currently approved for the Disability Tax Credit
- Must have filed an income tax return for the previous year (spouse must file too)
- Citizen, PR, status FNIM, or living in Canada last 18 months
- Income-tested, not means-tested

**Applications Open June 20, 2025**



# **BREAKING NEWS**



Ontario will not deduct  
CDB payments from  
ODSP



... but may affect Rent  
Geared to Income






# **HELPING PATIENTS APPLY FOR DISABILITY INCOME SUPPORTS**

Does this individual meet the  
program's threshold for disability?

*(We don't determine eligibility ...  
but knowledge is power)*



# DISABILITY-TESTED PROGRAMS:



Program	Definition of Disability
El-Sickness	40% reduction in work hours due to illness
Short Term Disability	Unable to perform important duties of Own Occupation/Regular Job
<b>ODSP</b>	Substantial restrictions (work, social, self-care) for 1 year or more
Long Term Disability	1 <sup>st</sup> 2 years, too sick to perform regular job; After 2 years, Any Occupation
<b>Disability Tax Credit</b>	Unable to carry out certain ADLs or certain bodily functions
CPP-Disability	Severe and Prolonged, prevents any substantial occupation



# HIGHEST IMPACT

ODSP

Disability  
Tax Credit



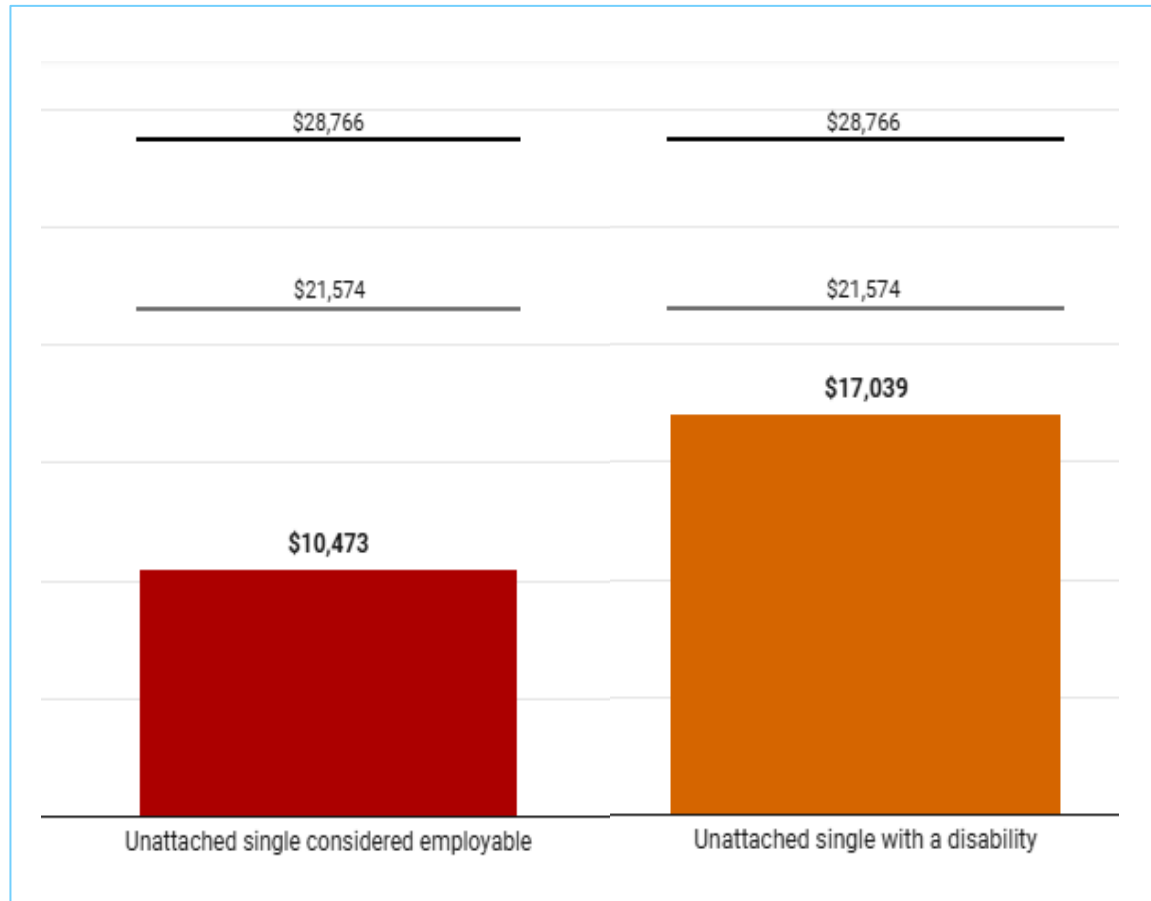


ODSP



# ADEQUACY OF THE RATES

## Total welfare income and poverty line in Ontario:





# ODSP DISABILITY TEST

- ❖ **Substantial mental or physical impairment** that is continuous or recurrent, and is **expected to last one year or more; AND**
- ❖ Impairment directly results in a **substantial restriction** in ability to work, care for self, or take part in community life; **AND**
- ❖ Impairment, its duration and restrictions have been **verified** by an approved health care professional.

# ODSP: THE APPLICATION

Impairments leading to restrictions.

Grading scales.

Written summary of impressions.



Ontario

Ministry of Community  
and Social Services

## Notice with Respect to the Collection of Personal Information (Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the Ontario Disability Support Program Act, 1997, sections 5 & 10, for the purpose of administering the Ontario Disability Support Program. For more information about the collection of personal information, contact the Client Service Advisor at the Ministry's Disability Adjudication Unit at 416 326-0417 (Greater Toronto Area) or toll free at 1 888 256-6758 (outside the Greater Toronto Area) or by writing to the Ontario Disability Support Program, Disability Adjudication Unit, Box B18, Toronto ON M7A 1R3.

### Collect calls will be accepted.

TTY users in the Greater Toronto Area can call 416 326-3372.  
TTY users in other area codes can call 1 866 780-6050.

If the applicant appeals the decision, this and all supplementary medical information provided will be released to the applicant, their legal representative(s) and the Social Benefits Tribunal.

## Health Status Report and Activities of Daily Living Index

Note: If the person is in receipt of a Canada Pension Plan (CPP) Disability Pension, this form does not need to be completed. CPP Disability Pension recipients should contact their local Ontario Disability Support Program (ODSP) office with the CPP disability information.

### Instructions

The Health Status Report (HSR) is intended to gather information about the applicant's diagnosis(es), impairment(s) and restrictions that give rise to their application for Income Support under the Ontario Disability Support Program Act, 1997. The HSR includes an Intellectual and Emotional Wellness Scale and Activities of Daily Living Index. The Intellectual and Emotional Wellness Scale must be completed if the principal diagnosis(es) relates to mental health or intellectual development. (This scale is not required for diagnosis(es) that are of a physical nature only.) In addition, there is a section for those with visual and/or auditory impairments and should be completed where either of these conditions need to be considered.

### Who may complete the form(s)

The Health Status Report may be completed by physicians, psychologists, psychological associates, ophthalmologists, optometrists and registered nurses in the extended class (RNEC), licensed to practice in the Province of Ontario. The Activities of Daily Living Index may be completed by physicians, psychologists, ophthalmologists, optometrists, occupational therapists, physiotherapists, psychological associates, audiologists, chiropractors, registered nurses in the extended class, registered nurses, speech language pathologists, and social workers, licensed to practice in the Province of Ontario. The Activities of Daily Living Index can be detached if it is being completed by a different approved professional than the one who completed the Health Status Report.

### How to complete the form

Please answer all the questions as completely as possible in order to provide the adjudicator with comprehensive information. For applicants whose diagnosis(es) relates to mental health or intellectual development, complete the Intellectual and Emotional Wellness Scale in addition to the main portion of the Health Status Report.

## For Ministry use only Member I.D.

Applicant's Name (please print)

Date of Birth  
Day Month Year  
Sex  
☐ Male ☐ Female

Applicant's Address  
Street Apartment Number

City Postal Code

Complete the section on the Activities of Daily Living Index for all applicants. Complete the visual acuity and/or auditory sections for those with visual or hearing impairments, questions 9 and/or 10. Otherwise, these sections do not need to be completed.

### Supporting documents/insufficient information

Supporting documents for the principal diagnosis(es) must be attached to the completed Health Status Report. These could include copies of reports regarding laboratory findings, x-rays, pathological findings, specialist's reports, hospital records, discharge summaries and psychological reports. Cost of photocopying has been included in the fee. Please do not submit actual x-rays or pathology slides. Reports will not be returned. Please make a copy of the report for your own records.

If insufficient information is provided (e.g. questions answered with a lack of comprehensive detail, supporting documentation not included), the adjudicator may request further information and/or supporting documentation from you. This will result in unfortunate delays in processing your patient's application for ODSP Income Support. It is therefore requested that all relevant information/documentation be included to expedite the adjudication, including the Consent Form. They should be completed as appropriate and a copy retained for your record.

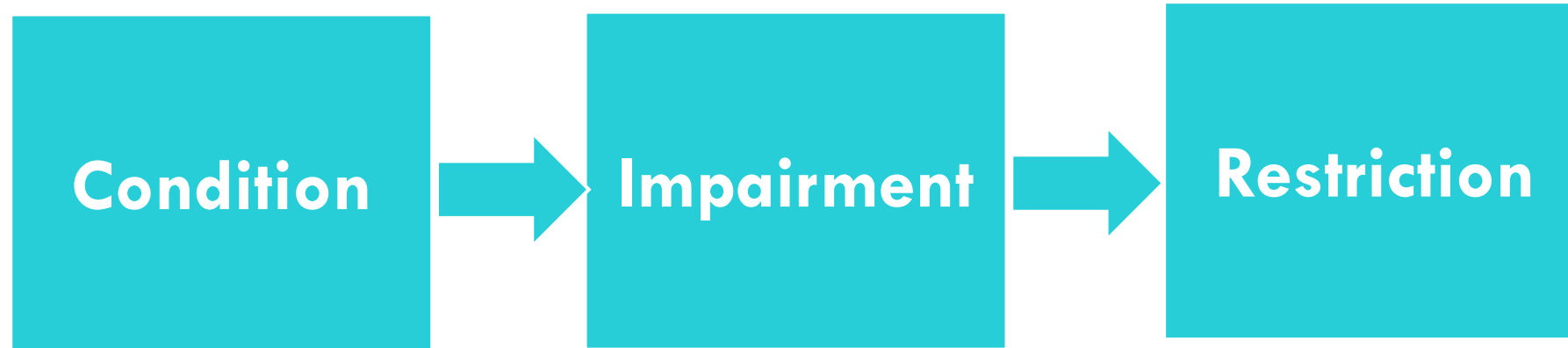
The original Health Status Report and Activities of Daily Living Index form must be submitted. Photocopied forms will not be accepted.

Note: Under the legislation, the applicant has 90 days from the day they receive the adjudication package to return this completed report along with the Activities of Daily Living Index (ADL) form and the Consent to Release Medical Information form to the Disability Adjudication Unit. Please help the applicant to meet this deadline.

Please make a copy for your own records.



# ODSP



- Diagnosis of illness or disability

- = Symptoms.
- Subjective or objective experience.

- Impact of impairment on daily functions: personal care, social/community function, workplace function



# WHY DO ODSP DENIALS HAPPEN?

## Inconsistencies or missing information

### Examples (all pulled from case files):

- “the physician states the applicant cannot stand more than 5 minutes, however the rating is a category 1 – “within normal limits”
- “an ER visit is noted, however there is no report submitted”
- “the impairments are noted, however there are no related diagnostic imaging reports or specialist reports”
- “previous trials of pharmacotherapy are not identified”
- “there is no indication the current medications do not manage the applicant’s symptoms”
- **Medical reviews – no improvement**



# COMPLETING ODSP FORMS

## Tips for Treatment – pages 6, 8, 9:

- ❖ Include diagnostic tests, specialist visits, “other” (physio, OT)
- ❖ Note if referrals are pending, barriers in patient seeking treatment or patient is on wait list
  - ❖ “Referral to psychiatry has been made, but will take 1+ years to get an appointment.”
- ❖ For pharmacotherapy – include side effects. Also include comments on (1) effectiveness, (2) barriers, (3) past failed treatment
  - ❖ “Patient is compliant with recommended treatment, but is still in pain”
  - ❖ “Patient attempted physiotherapy; relief lasted only a few hours and patient cannot afford further sessions”
  - ❖ “Disability related impairments are a factor in treatment compliance”



# Disability Tax Credit





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**Non-refundable** tax credit: Only  
returns amount paid in taxes

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Claimed by individual or transferred  
from dependent or spouse.

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2024: up to **\$9,872**; **additional**  
**\$5,758** available for children.

# DTC Application Process





# DTC DISABILITY TEST

- ❖ Medically certified Impairment
- ❖ Marked OR significant restriction from single or cumulative impairments
- ❖ Prolonged physical or mental impairment.  
≥ 12 months
- ❖ All or substantially all the time
- ❖ Pro-tip – keep a copy of submitted form for your records

# DTC ELIGIBILITY

No age restriction

Not dependent on income or assets

Physical or mental impairment (or combined)

Resident of Canada -  
refugee claimants and  
refugees may be eligible



# NOT DIRECTLY CONNECTED TO DIAGNOSIS

## ❖ Keys to Success:


- ❖ Focus on how severely impaired by restrictions
- ❖ Examples of how disability impacts daily activities

❖ Medical practitioner must certify **severe and prolonged impairment** resulting in a **marked restriction of ADL's, lasting substantially all the time, or receive therapy to support vital function**




# MARKED RESTRICTION MEANS

**Unable to do the activity, or it takes 3 times longer than someone of similar age without the impairment, even with appropriate therapy, medication, and devices**



**Present all or almost all of the time** (CRA says generally at least 90%, but not clear in case law)



**Has lasted or is expected to last for a continuous period of at least 12 months**



# CATEGORIES (ADL)

- ❖ Walking
- ❖ Mental Functions (Mental Illness & Psychological Impairment)
- ❖ Dressing
- ❖ Feeding
- ❖ Eliminating (bowel or bladder functions)
- ❖ Hearing
- ❖ Speaking
- ❖ Vision
- ❖ Cumulative effect of significant limitations
- ❖ Life-sustaining Therapy

# NOTABLE: TYPE 1 DM



- ❖ Eligible under life-sustaining therapy.
- ❖ See [bcdiabetes.ca](http://bcdiabetes.ca) for sample form and info





# MENTAL FUNCTION

**Adaptive  
functioning**

**Attention**

**Judgment**

**Memory**

**Concentration**

**Goal-setting**

**Perception of  
reality**

**Problem-  
solving**

**Regulating  
behavior and  
emotions**

**Verbal and  
non-verbal  
comprehension**



# KEY PHRASES — SEVERITY AND FREQUENCY

- ❖ Substantially all the time
- ❖ Unable to manage activity
- ❖ Takes three times as long to complete an activity
- ❖ Requires assistance — depends on
- ❖ Do not include work, housekeeping, banking, driving, or recreational activities
- ❖ Include all applicable categories — even if they can do it, but may take them longer
- ❖ Provide examples from patient's life, explaining how they require additional time to perform an activity or cannot complete certain activities — cueing, impulsivity, poor judgment, effect on relationships



# TIPS

**Document “invisible”  
impairments and  
impact**

**Avoid making cost a  
barrier**

**Focus on function-  
impact your patient’s  
life**

**List treatments,  
adherence, and  
barriers**

**Refer to specialists  
(demonstrates  
severity)**

**Use plain and  
neutral language**

**Include medical  
record diagnostics,  
examination findings,  
tests, specialist  
reports.**



# GATEWAY TO OTHER BENEFITS

➤ Besides the CDB, the DTC is useful for:

**Canada's  
Workers Benefits  
(CWB) Disability  
Supplement**

**Child Disability  
Benefits (CDB)**

**Canada  
Caregiver Credit  
(CCC)**

**Medical  
Expenses  
Deduction**

**Home Buyer's  
Amount**

**Registered  
Disability  
Savings Plan  
(RDSP)**

# REGISTERED DISABILITY SAVINGS PLAN (RDSP)



A retirement savings plan - contribute a maximum amount of **\$200,000** until December 31st of the year the beneficiary turns 59.

- ❖ Receive up to \$90,000 in grants and bonds
- ❖ Tax Sheltered
- ❖ Compound Interest
- ❖ Does not impact other federal or provincial benefits
- ❖ No annual limits on contributions

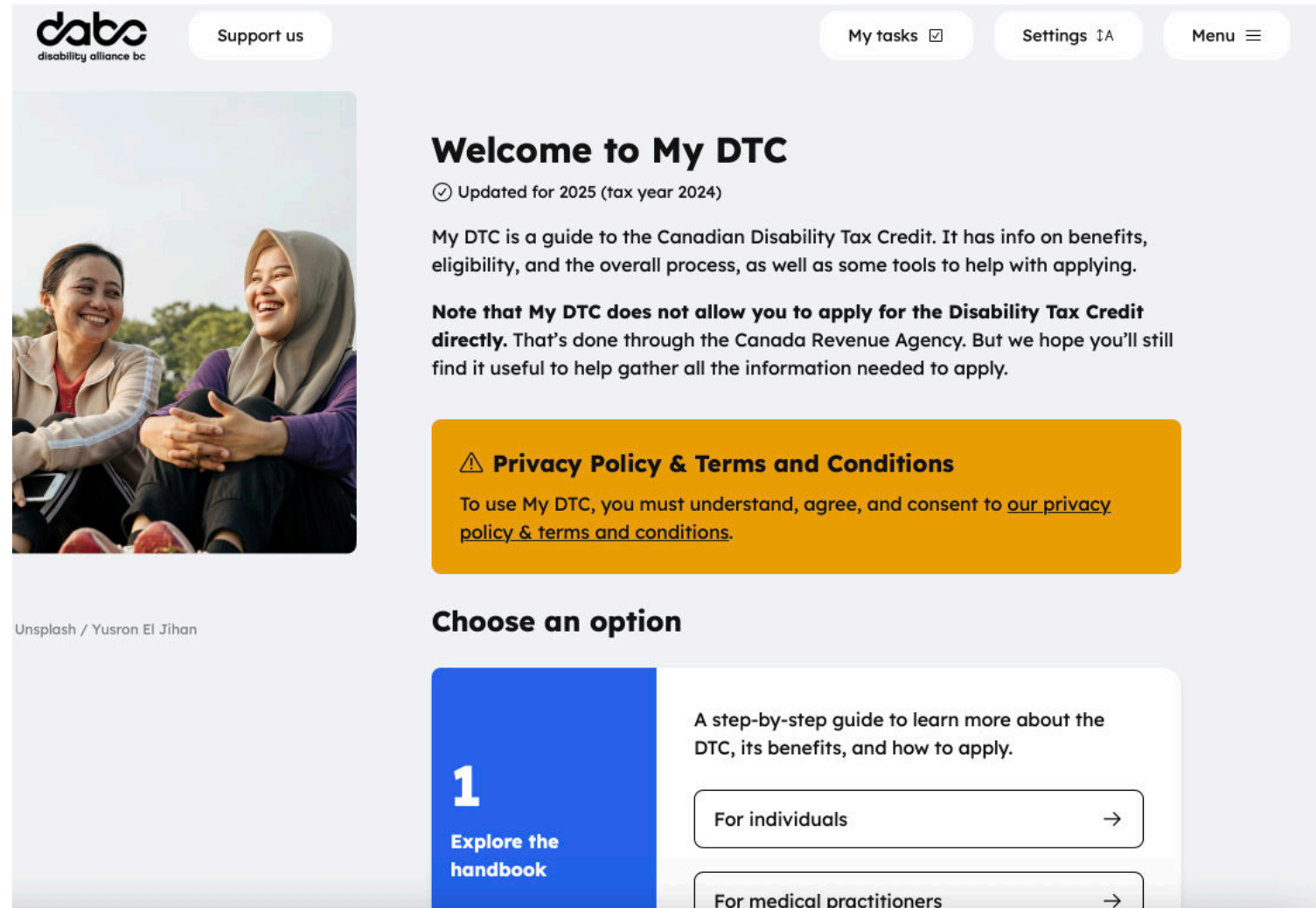
# RESOURCES

- ❖ Refer to local [legal clinic](#)
- ❖ [Disability Tax Credit and Related Benefits, Guide and Tool](#) \*
- ❖ ISAC's [Tip Sheet for Healthcare Practitioners on the Disability Tax Credit](#), [DTC and Type 1 Diabetes Tip Sheet](#) by Diabetes Canada, [DTC Guide for Medical Professionals \(tips to express eligibility for patients living with urinary diversion\)](#) by Bladder Cancer Canada
- ❖ Completing ODSP Applications: [Checklists and Tips for Family Physicians](#)
- ❖ CALC's [ODSP Resources](#); Sample [Completed ODSP application](#), Sample [Completed ODSP Medical Review Application](#); Examples of [impairments and restrictions](#); Areas of [overlap on IEWS and ADL charts](#)
- ❖ Few more - [Applying for Cooling Devices](#)\*\* through ODSP/OW and ISAC's [Guide to Health Benefits in Ontario](#)

\*Developed by Plan Institute, Disability Alliance BC, and BC Aboriginal Network on Disability Society

\*\*Developed by CELA, Canadian Association of Physicians for the Environment and Health Providers Against Poverty

## PRACTICAL TOOL: MYDTC



The screenshot shows the 'My DTC' web application. At the top, there is a header with the 'dabc' logo (disability alliance bc), a 'Support us' button, and navigation links for 'My tasks' (with a checkmark icon), 'Settings' (with a downward arrow icon), and a 'Menu' (with a hamburger icon). Below the header, on the left, is a large image of two women smiling, with the credit 'Unsplash / Yusron El Jihan' below it. The main content area on the right has a heading 'Welcome to My DTC' followed by a note 'Updated for 2025 (tax year 2024)'. Below this is a paragraph explaining that My DTC is a guide to the Canadian Disability Tax Credit. A bold note states that the tool does not allow direct application for the credit, which must be done through the Canada Revenue Agency. A yellow banner contains a warning icon and the text 'Privacy Policy & Terms and Conditions', with a subtext stating that users must agree to the privacy policy and terms. Under the heading 'Choose an option', there is a blue sidebar with the number '1' and the text 'Explore the handbook'. To the right of the sidebar are two buttons: 'For individuals' and 'For medical practitioners', both with right-pointing arrows.

dabc  
disability alliance bc

Support us

My tasks ☒

Settings ⌵

Menu ☰

## Welcome to My DTC

✓ Updated for 2025 (tax year 2024)

My DTC is a guide to the Canadian Disability Tax Credit. It has info on benefits, eligibility, and the overall process, as well as some tools to help with applying.

**Note that My DTC does not allow you to apply for the Disability Tax Credit directly.** That's done through the Canada Revenue Agency. But we hope you'll still find it useful to help gather all the information needed to apply.

⚠ **Privacy Policy & Terms and Conditions**

To use My DTC, you must understand, agree, and consent to [our privacy policy & terms and conditions](#).

### Choose an option

**1**  
Explore the handbook

A step-by-step guide to learn more about the DTC, its benefits, and how to apply.

For individuals →

For medical practitioners →

<https://mydtc.dabc.ca>

prepared to

Get a head start on your application by answering a detailed questionnaire about your restrictions. This tool will then make a custom PDF letter for you to give to your medical practitioner to help them complete your application.

Get started



Home

Navigation

Home

Generate a PDF letter detailing  
your restrictions

Back to

Home

Generate a PDF letter detailing  
your restrictions

your restrictions

Restrictions Questionnaire Tool —  
Part

Restrictions questionnaire

How more

## Restrictions questionnaire tool

When applying for the Disability Tax Credit (DTC), it helps to be prepared

The aim of this tool is to give you the time to think through restrictions that qualify for the DTC. The tool will help you generate a letter about your restrictions for you to bring to your medical practitioner when they fill out the application.

**Note: This tool is not the DTC application form.** The tool will create a PDF letter that can supplement the application.

Here's how it works:

- Step 1: This tool will ask questions to get a better sense of your eligibility and your restrictions.
- Step 2: Your responses will be gathered into documents for you to download and/or print.
- Step 3: Take your responses to your healthcare provider to talk about your restrictions. Your healthcare provider can use your responses to help them complete the form.





# Supporting Document 2: Disability Tax Credit

## Application supplement

Prepared on June 9, 2025

### Reported restrictions and effects

### Mental Functions

Medical conditions or diagnoses that impair mental functions, and year of diagnosis (if known):

- major depressive disorder – 2006

Does patient take medication (if yes, does it help?): Yes – It helps sometimes

Devices or therapies patient uses to help manage mental functioning:

- Memory aids (e.g. post-it notes, alarms, calendars, notepads) – Almost always
- Psychiatry – Sometimes
- Counselling – Almost always
- Support from social worker – Almost always
- Support from community services – Often

Mental functioning restriction(s) present even with use of devices/therapies: Yes

In terms of living independently without daily support, the patient said: I rely on supervision and family

Restrictions in everyday tasks:

- Adapt to change – Some limitations
- Express basic needs – Some limitations
- Go out into the community – Very limited capacity
- Initiate common, simple transactions – Some limitations
- Perform basic hygiene or self-care activities – Some limitations
- Perform necessary, everyday tasks – Some limitations

- Demonstrate basic impulse control tasks – Very limited capacity

Restrictions in concentration:

- Focus on a simple task for any length of time – Some limitations
- Absorb and retrieve information in the short-term – Very limited capacity

Restrictions in goal-setting:

- Make and carry out simple day-to-day plans – Some limitations
- Self-direct to begin everyday tasks – Very limited capacity

Restrictions in judgement:

- Make decisions about their own treatment and welfare – Some limitations
- Recognize risk of being taken advantage of by others – Some limitations
- Understand consequences of their actions or decisions – Some limitations

Restrictions in problem solving:

- Identify everyday problems – Some limitations
- Implement solutions to simple problems – Very limited capacity

Restrictions in managing emotions and behaviour:

- Behave appropriately for the situation – Some limitations
- Demonstrate appropriate emotional responses for the situation – Some limitations
- Regulate mood to prevent risk of harm to self or others – Very limited capacity

Restrictions in understanding conversations:

- Understand and respond to non-verbal information or cues – Some limitations
- Understand and respond to verbal information – Some limitations

Year that patient's mental functions became impaired: 2006

Has impairment in mental functioning lasted (or is it expected to last) a continuous Yes

Have restrictions with mental functions improved (or are they expected to improve)

### Hearing

Medical conditions or diagnoses that impair hearing, and year of diagnosis (if known)

- presbycusis – 2014

Left ear hearing loss: Moderate to Severe (56-60 dB)

Right ear hearing loss: Moderate to Severe (56-60 dB)

The patient's cause of hearing loss is: Age related (Presbycusis)

Hearing restriction is present even with use of devices: Yes

Examples that describe how the patient's ability to hear is impaired even with appropriate therapy, medication, and devices:

- Requires repetition to follow conversation due to hearing difficulties – Almost always
- Difficulty hearing others when visual cues are blocked – Almost always
- Difficulty hearing when there is background noise even in a familiar setting – Almost always
- Difficulty hearing while sleeping, which can be a safety risk – Almost always

Year that patient's hearing became impaired: 2018

Has impairment in hearing lasted (or is expected to last) a continuous period of at least 12 months: Yes

Has hearing improved (or is it expected to improve) – if yes, what year: No

### Signature

Name of medical practitioner:

Medical practitioner's signature:

Date:

# A NOTE ON FEES

- ❖ You can bill for an ODSP application: K050, K051, K052
- ❖ To date, no mechanism to bill government for a DTC application
- ❖ You may charge a patient but please be extremely cognisant of ability to pay. By definition, these are people living with disability and rates of poverty are high!

# Social prescribing for clinicians mini-module

- Enhance your practice in as little as 20 minutes!
- Earn MainPro+ Certified CME Credits
- Online, Self-Paced Learning



Register now!



Centre  
for Effective  
Practice





# Health Equity CoP – Self-Learning Program

**The Health Equity CoP is certified for self-learning credits!**

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. This program is certified for up to 6 Mainpro+ credits.



[Learn More and  
Participate](#)



# OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.

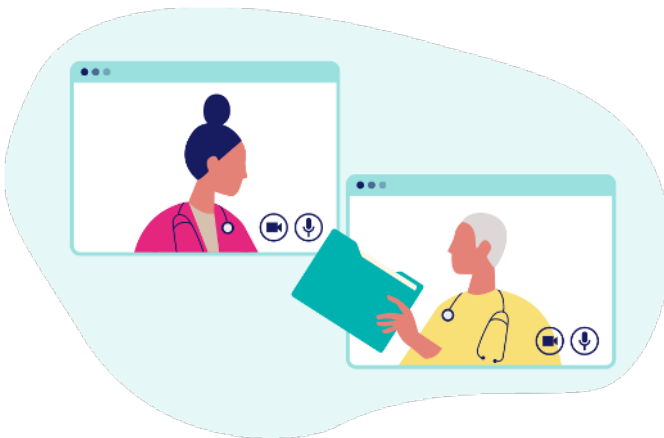


## Community of Practice

Join upcoming sessions:

[Navigating the Complexities of  
Opioid Prescribing for Chronic](#)  
(June 25<sup>th</sup>)

[Best Practices for Nicotine  
Cessation](#)  
(July 23<sup>rd</sup>)



## Peer Connect Mentorship

Receive tailored support to skillfully respond to mental health issues, address substance use disorders, and chronic pain challenges in your practice.

Join

# Upcoming Changing the Way We Work Community of Practice

**AI Tools for Practice and Managing the Summer Heat**  
with Drs. Daniel Warshafsky, Mohamed Alarakhia, Samantha Green

**June 27, 2025**  
**8:00am – 9:00am**

[Register Now](#)



The Changing the Way We Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.