



# Disability Benefit Specialist Program

## 2020 Summary Report

When a person with disabilities seeks to apply for disability benefits such as Social Security, Medicaid, Medicare, or FoodShare, or encounters a barrier to accessing benefits they already have, it can be a confusing, frightening experience. The individual may ask, “How does the benefits application process even work? Why have I been denied eligibility? Is there anything I can do to appeal that decision? What happens if I have already been awarded benefits, but am now being told that I no longer qualify?”

For situations like these, disability benefit specialists (DBS) are here to help. DBSs serve people with disabilities in Wisconsin who are 17 years and 6 months to 59 years old. These professionals help their clients access disability benefit programs like Social Security, Medicaid, Medicare, and other public and private benefits, thus empowering people with disabilities to obtain health insurance, food, shelter, medical care, and other critical life needs. DBSs assist their clients in many ways, including:

**Explaining** the eligibility criteria for disability benefit programs.

**Developing** advocacy strategies that ensure agency decision-makers have the information they need to make an informed decision regarding a client’s eligibility for disability benefits.

**Assisting** individuals who encounter difficulties accessing or retaining their benefits eligibility during the post-award period.

Every client’s case is unique. Working with a DBS does not guarantee a favorable result for any client regarding a given disability benefit matter. Clients who work with a DBS gain more than just knowledge of disability benefit programs. They gain access to a network of knowledgeable, experienced advocates who have a proven track record of providing effective service on behalf of people with disabilities in Wisconsin.

### **Disability benefit specialist services are available statewide.**

**All aging and disability resource centers (ADRCs)** across Wisconsin offer DBS services.

**The Great Lakes Inter-Tribal Council** employs three DBSs to serve tribal members who live on or near a Wisconsin reservation.

**The Department of Health Services Office for the Deaf and Hard of Hearing** employs a DBS to serve individuals who use American Sign Language.

## Disability benefit specialists faced new challenges in 2020.

At the start of 2020, DBSs were busy learning and adapting to a new client-tracking database, officially converting from the former DBS Access database to the WellSky platform in February. In the former database, a “case” was defined as “an issue or set of interrelated issues that a client needed help to resolve.” Although it was possible for a client to have more than one case at a time, the case count was largely centered on the number of clients the DBS was assisting, not necessarily the number of issues that the DBS was helping to resolve.

In the WellSky platform, which has been used by the Elder Benefit Specialist (EBS) program since 2006, a “case” is defined as “a single topic that a client needed help to resolve.” That is, each topic (benefit issue) that a DBS helped the client resolve is considered a “case.” It is much more common within the WellSky database for a single client to have more than one case.

Data from the prior DBS Access database were migrated to the WellSky reporting system. Historical data referenced in this report were obtained through the WellSky system, when available. Current limitations preclude updates to certain data points. Notations indicate when data elements are representative based on aggregated data from prior years.

Shortly after the conversion to the WellSky client-tracking system, the Coronavirus (COVID-19) pandemic struck. The pandemic changed the manner in which DBS services were provided. Prior to the pandemic it was common practice for the client and the DBS to meet in person at the ADRC or in the client’s home. Service provision shifted abruptly in spring of 2020, with most in-person services ceasing and a pivot to virtual contact by phone or online platforms. While necessary to minimize the risk of disease transmission, the change made it more difficult to serve individuals who were without reliable phone or internet connections.

At the onset of the COVID-19 pandemic, many businesses closed and laid off their employees. Many people were suddenly without work and experienced difficulties and delays in accessing their unemployment insurance benefits. To reduce barriers in accessing these benefits for people with disabilities, the DBS program expanded its scope to include unemployment insurance benefit advocacy. A total of 328 call records (0.9% of the total) involved advocacy services related to unemployment insurance.<sup>1</sup>

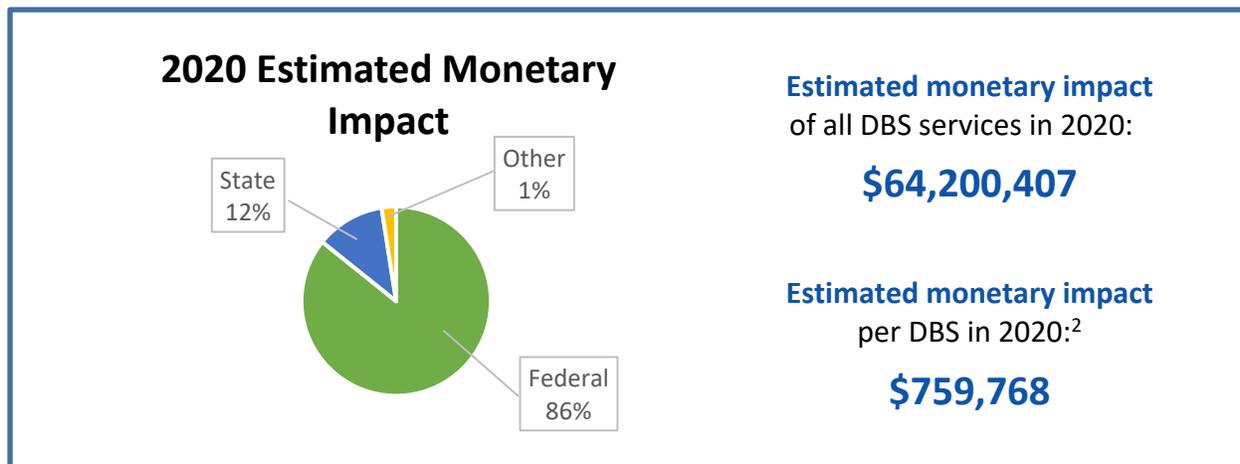
## Disability benefit specialist services make a positive impact.

Despite the challenges 2020 brought, DBSs continued to help people with disabilities gain access to benefits and services. Through the advocacy work performed by DBSs, clients accessed over **\$64 million** worth of services, which helped to stabilize household budgets and lessen reliance on local crisis and emergency services. Federal funds accounted for a majority of

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<sup>1</sup> Historical data is not available; prior to the pandemic unemployment insurance benefit advocacy was not an allowable service within the DBS program.

the benefits provided, while state and other funds, such as private donations, made up the remainder.<sup>2</sup>



### Disability benefit specialists help with a wide range of benefit issues.

The work of a DBS frequently involves helping a client resolve multiple, interrelated topics (benefit issues or “cases”). For example, a DBS could help a single client resolve cases related to eligibility for Social Security, Medicaid, Medicare, and FoodShare.

There were 36,849 call records with at least one associated topic recorded in 2020. A call record is created when the DBS has a meaningful interaction with a client. That interaction may be conducted through a meeting (in-person or virtual), phone call, or email. Multiple contacts with an individual client made within the same day are consolidated into one call record.

The total number of topics is greater than the total number of call records because more than one topic can be discussed in a single call. The percent of total calls reflects the percentage of calls that included a specific topic; for example, 67.9% of the calls recorded in 2020 included Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) as a topic. The top 10 disability benefit program topics in 2020 are listed below.

2020 Top 10 Disability Benefit Program Call Topics	Number of Calls	Percent of Total Calls
Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)	25,027	67.9%
Medicaid for the Elderly, Blind, or Disabled (EBD), including Medicaid Purchase Plan (MAPP)	5,348	14.5%
Medicare Options and/or Enrollment	3,688	10.0%
Medicare Savings Programs or Part D Low-Income Subsidy	2,256	6.1%
FoodShare	1,447	3.9%
BadgerCare Plus	1,141	3.1%
Medicare Coverage, Items, or Services	629	1.7%

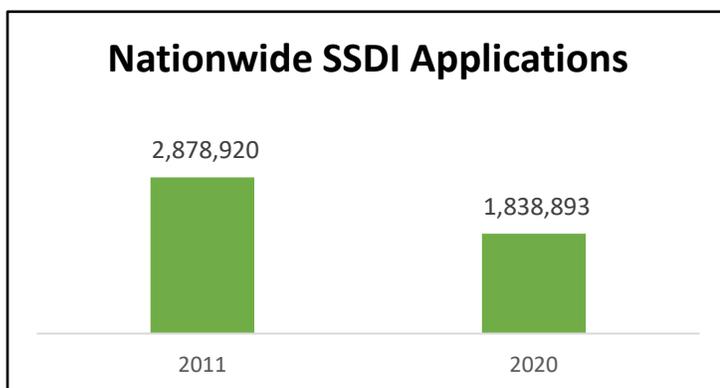
<sup>2</sup> There are 91 DBSs; however, the per DBS averages are based on 84.5 full time equivalent positions.

2020 Top 10 Disability Benefit Program Call Topics	Number of Calls	Percent of Total Calls
Benefit Check Up <sup>3</sup>	480	1.3%
Subsidized Housing	417	1.1%
COVID-19, Not Otherwise Specified <sup>4</sup>	346	0.9%

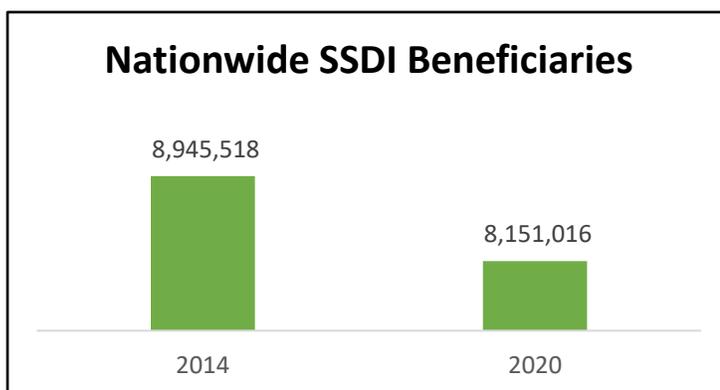
### Disability benefit specialist services are in high demand.

Starting as a pilot program in 2007, the DBS program was fully implemented and available statewide by the end of 2013. The number of cases opened within a year peaked in 2014. Although the number of cases opened per year has decreased over subsequent years, that decline should be viewed in comparison with the historic drop in the number of federal disability benefit applications filed nationally.

Nationally, the number of people who applied for Social Security Disability Insurance (SSDI) benefits has decreased by 36.1% over the past 10 years: from a high of 2,878,920 applications in 2011 to a low of 1,838,893 in 2020. Similarly, the number of people receiving SSDI benefits, which reached a 10-year peak in 2014 at 8,954,518, has steadily declined to a low of 8,151,016 in 2020.<sup>5</sup>



In contrast, as compared to 2019, the DBS program experienced a significant rise in case counts. The number of cases opened grew from 16,486 to 23,003 (36.6% increase) and the number of cases closed grew from 18,117 to 22,049 (21.7% increase).<sup>6</sup> While these dramatic increases are largely attributed to the new definition of “case,” the transition to the WellSky system may not be the only reason for the increase.



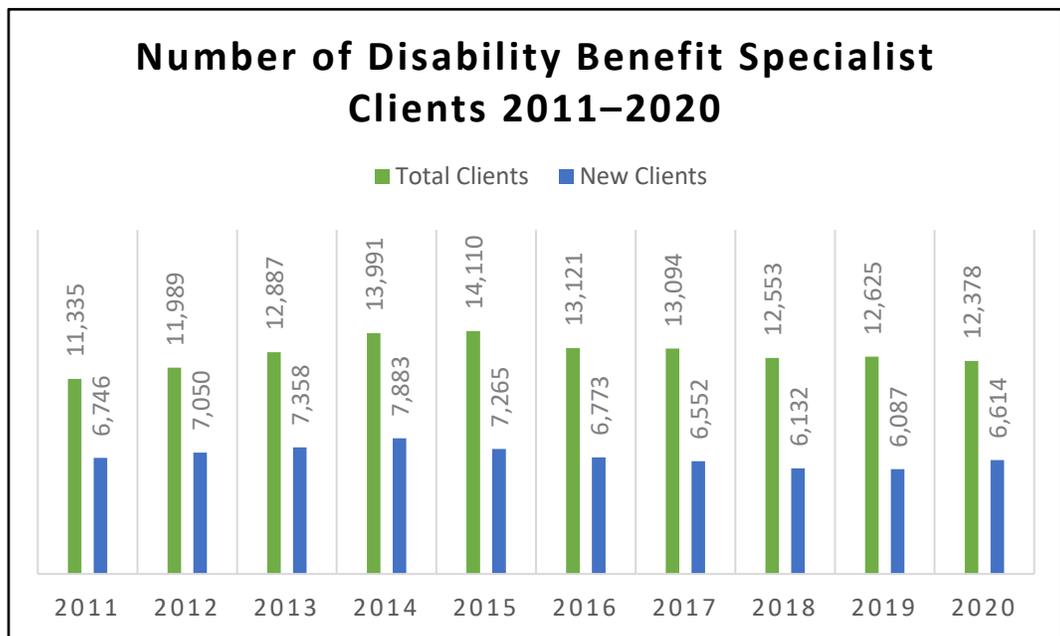
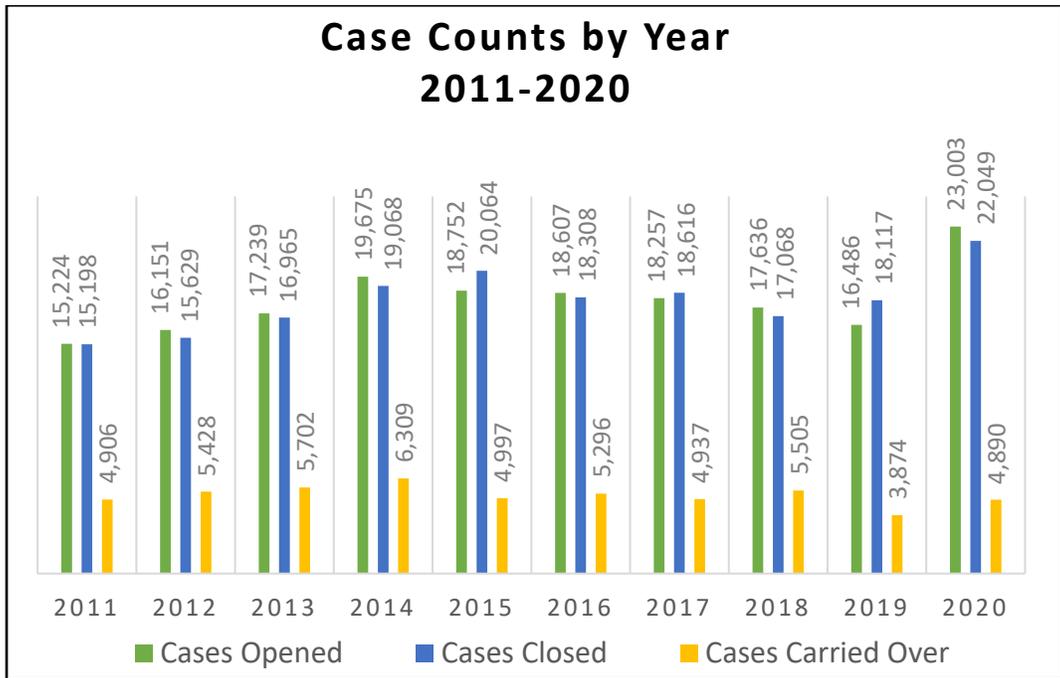
<sup>3</sup> A comprehensive eligibility screening for all available public financial assistance programs.

<sup>4</sup> Contacts specific to COVID-19 pandemic-related benefits (for example, COVID-19 relief stimulus checks, advanced child tax credits, and funeral payments for pandemic-related deaths).

<sup>5</sup> Resource: [Social Security Administration website: Disabled worker beneficiary statistics by calendar year, quarter and month](#). Accessed 6/29/2021 at 2:15 pm.

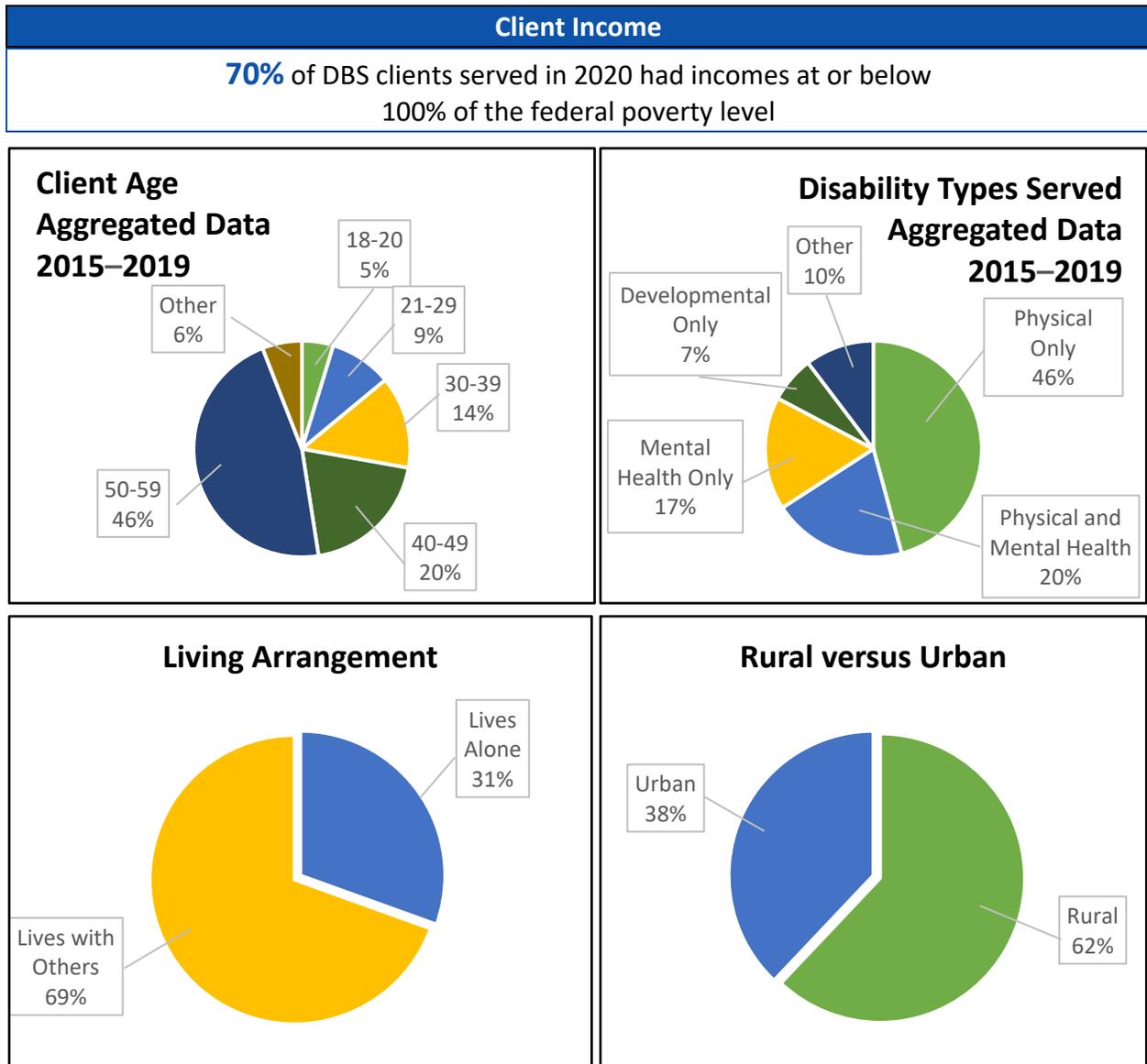
<sup>6</sup> 2011-2019 case counts are drawn from data migrated to WellSky from the DBS Access database.

Despite a 2% drop in the total number of clients served between 2019 and 2020, the program experienced a modest 8.7% increase in the number of new clients served. This is an indication that people with disabilities in Wisconsin continue to find great value in the work performed by DBSs.



## Disability benefit specialists reach diverse populations.

DBSs serve people regardless of income or disability type. DBSs assist youth who are at least 17 years and 6 months old, who are transitioning to adult benefits, as well as adults, ages 18 through 59 years. (Elder benefit specialists provide similar services to adults ages 60 and older.) DBSs serve customers who have physical, intellectual, or developmental disabilities, and mental health and substance use disorders. DBS clients tend to be between the ages of 50 and 59 years, experiencing a physical disability, and living alone in a rural setting.



## The program has a commitment to health equity.

The Department of Health Services is committed to addressing health disparities in Wisconsin. A primary responsibility of the department is providing strategic and programmatic leadership and coordination by advancing policies that focus on promoting health equity. It is important to reflect on who is utilizing DBS services, not only to inform policy decisions, but also to inform state and local outreach efforts.

The rate of disability among working-age adults tends to be higher for Blacks, indigenous, and other people of color. Nationally, Native American individuals have the highest disability rate among working-age adults (16%), followed by people who are Black (11%), white (9%), Hispanic (7%), and Asian (4%), according to a 2018 Brookings Institute report.<sup>7</sup>

Using U.S. Census Bureau data,<sup>8</sup> the rate of disability among Wisconsin adults aged 18–59 years is higher for Black and Native American people. Of the Wisconsin adults reporting at least one disability, 10% are Black and 2% are Native American. By comparison, of Wisconsin’s overall adult population aged 18–59 years, only 7% are Black and only 1% are Native American.

Comparing census bureau data to DBS program data,<sup>9</sup> it appears certain populations may be underserved. The percentage of Black clients served by the program was 7% in 2020, while 10% of Wisconsin adults aged 18–59 years reporting disabilities are Black. Similarly, the percentage of Hispanic adults reporting disability is 6% while the percentage of Hispanic clients served by the program in 2020 was only 3%, and the percentage of Asian adults reporting disability is 2% while the percentage of Asian clients served by the program was 1%.

Race	Percentage of Wisconsin Population Aged 18–59	Percentage of Wisconsinites Reporting Disability Aged 18–59	Percentage of DBS Client Population in 2020
Black or African American, alone	7%	10%	7%
American Indian and Alaska Native, alone	1%	2%	5%
Asian, alone	3%	2%	1%
Other <sup>10</sup>	2%	2%	1%
Hispanic, any race	7%	6%	3%
White alone, non-Hispanic	81%	78%	83%

<sup>7</sup> Ross, M., Bateman, N. (2018, May 15). [The Avenue: Disability rates among working-age adults are shaped by race, place, and education](#). Accessed online on August 6, 2021 at 12:05 pm.

<sup>8</sup> US Census, 2015-19 ACS, PUMS File Analysis. Data is estimated and is provided for general planning purposes. Overall population count includes individuals in institutions while percentage reporting disability is limited to civilian, non-institutionalized individuals. Disability status was self-reported.

<sup>9</sup> Program data includes only clients for which race was identified. WellSky allows entry of only one racial identifier. Hispanic ethnicity can be combined with any racial identifier, but is not delineated in the WellSky statistical reports.

<sup>10</sup> Other includes individuals reporting Native Hawaiian and Other Pacific Islander alone, some other race alone, or two or more races.

## **Disability benefit specialists receive extensive training and technical assistance.**

DBSs receive extensive training and opportunities for skill building and have extensive access to expert technical assistance from the Wisconsin Disability Benefits Network, Disability Rights Wisconsin, and Wisconsin Judicare, Inc.

**Wisconsin Disability Benefits Network** coordinates initial training for newly hired DBSs, with subject matter expertise provided through a subcontract with Disability Rights Wisconsin. The initial training includes a combination of online training and live trainings. In the online courses new DBSs learn the fundamentals of state and federal benefits programs (for example, eligibility criteria, financial determination, application and appeal procedures). The live group training (in person or virtual) builds on the fundamental courses. These interactive classes offer new DBSs the opportunity to complete a series of hands-on exercises that simulate common issues experienced by clients. Finally, the initial training includes a chance for the new DBS to job shadow with an experienced DBS.

**Disability Rights Wisconsin** provides ongoing training, technical assistance, and case oversight to all DBSs. A staff of eight program attorneys, one training coordinator, and one managing attorney are employed under contract with the Department of Health Services. Examples of training topics offered in 2020 included:

- Continuing disability reviews and informal hearings.
- Medical equivalence in disability determinations.
- SSI financial eligibility.
- Researching benefit issues.
- Childhood trauma and pain disorders.
- Health insurance topics.
- Case strategy development.
- SSDI, SSI, and Medicaid overpayments.

**Wisconsin Judicare, Inc.** provides program attorney services to DBSs who are employed by the Great Lakes Inter-Tribal Council, including training on benefit issues unique to tribal members, technical assistance, and case oversight.

## **Disability benefit specialists provide critical advocacy services.**

A core component of the DBS program is client advocacy. Navigating the appeal of a disability determination, disability review, or an overpayment can be stressful. Rules can be confusing with a very limited time for taking action. Failure to take timely action can result in termination of benefits, leaving a client without an income source or health care benefits to manage chronic conditions. The advocacy provided by the DBSs is often critical to a client's ability to maintain housing, health care, and other necessities of life. Some highlights from 2020 include the following:

**Through the continuing disability review process**, the Social Security Administration (SSA) decided that a client was no longer disabled. The client filed a timely request for reconsideration, but failed to request that benefits be continued during the appeal. With the help of a DBS, the client requested good cause consideration for the untimely request to continue benefits, citing temporary policies put in place because of the COVID-19 pandemic as the reason why good cause should be granted. SSA found good cause and reinstated the client's disability benefits during the appeal.

**A client, who was experiencing severe memory issues** after sustaining a traumatic brain injury, requested help from the DBS at the reconsideration level of appeal for Social Security disability benefits. At the initial determination, the Disability Determination Bureau focused on a number of facts that seemed to indicate the client was able to sustain employment. With technical support from a program attorney at Disability Rights Wisconsin, the DBS helped the client fill out a more accurate adult function report. The DBS also gathered statements from family members and prior employers to support the client's statements and submitted a letter to the examiner advocating for a positive determination. Shortly thereafter, the client's disability claim was approved.

**A client lost Medicare Part B** as a result of failing to pay the monthly premiums. The client's SSDI payment was less than 100% of the federal poverty level, the income limit for the Medicare Savings Program named Qualified Medicare Beneficiary (QMB). A DBS helped the client apply for QMB; as a result, the client did not have to wait for the general enrollment period to re-enroll in Medicare, nor did the client have to pay a premium penalty for late enrollment.

### **More information about disability benefit specialist services is available.**

For more information about DBSs services, including local agency contact information, visit the [Wisconsin Department of Health Services Disability Benefit Specialist webpages](#) or contact the Bureau of Aging and Disability Resources at 608-266-2536.

