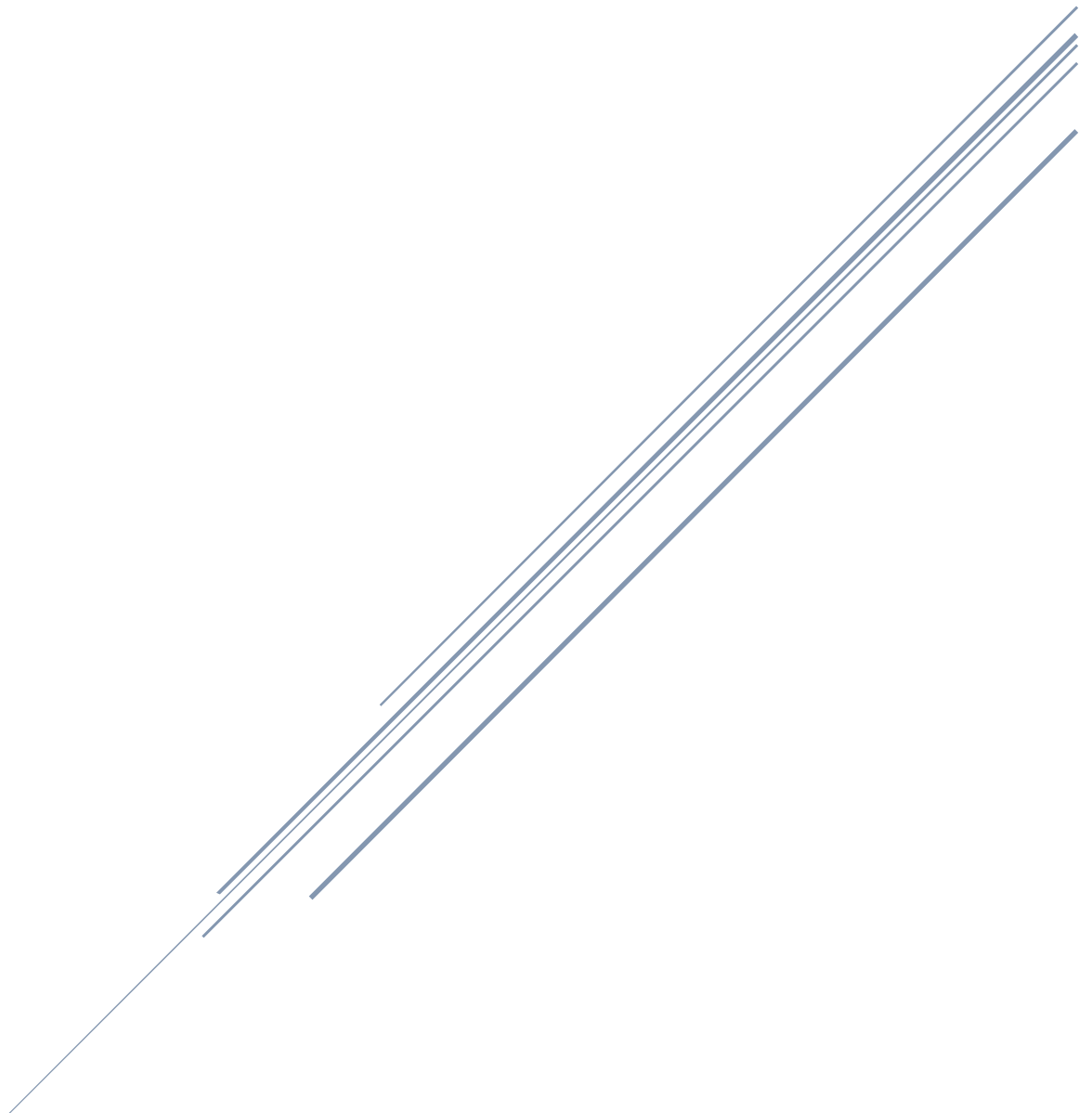


2022 Summary Data

Disability and Elder Benefit Specialist Programs



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Division of Public Health
P-00332-22 (06/2023)

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Executive Summary

This program summary provides an overview of the outcomes of the disability and elder benefit specialist programs in 2022. The report has five sections:

- **Benefit Specialist Programs:** This section provides an overview of the disability and elder benefit specialist programs and highlights programmatic changes and challenges encountered in 2022.

The Bureau of Aging and Disability Resources (BADR) and benefit specialists worked in collaboration with the Division of Medicaid Services to identify and fix unintentional benefit terminations for certain Medicaid members. Benefit specialists were instrumental in communicating the solution.

Clients continue to encounter processing delays at partner agencies, for example, the Social Security Administration (SSA) and the Centers for Medicare and Medicaid Services (CMS). As a result, benefit specialists are experiencing a shift in their workload as they try new strategies to best advocate for their clients.

- **Tackling a Wide Range of Complex Benefit Issues:** Benefit specialists recorded over **120,000 calls** in 2022. An analysis of the call records and topics is included in this section.
- **Making Positive Impacts:** Benefit specialists helped **46,252 clients** access **\$224 million** worth of services in 2022. This section includes an analysis of the monetary impact of the benefit specialist programs. It also includes analysis of client demographics.
- **Training and Technical Support:** Benefit specialists receive extensive training and opportunities for skill building. This section highlights the training and technical support benefit specialists received.
- **Providing Critical Advocacy Services:** Benefit specialists are advocates. They apply expert knowledge and skills to help clients achieve their benefit goals. This section provides examples of the importance of benefit specialist work.

[Appendix A](#) provides detailed data about the DBS program, and [Appendix B](#) provides detailed data about the EBS program.

Benefit Specialist Programs

When an older adult cannot afford their medications or an adult with a chronic illness can no longer maintain employment, they may not know that help is available. They may not understand how to apply for benefits or what their rights are if their application is denied.

For situations like these, the disability and elder benefit specialist programs are here to help. The benefit specialist programs support older adults and adults with disabilities who encounter "direct challenges to their independence, choice, and financial security."¹ Regardless of income, education, or any other factors, benefit specialists provide quality services that increase health literacy and advance quality of life for Wisconsin residents.

Benefit specialists provide free, expert, confidential, and unbiased benefits counseling services. Access to benefit specialist services is ensured through [Wis. Stat. § 46.81](#) and [Wis. Admin. Code § DHS 10.23](#).

Disability benefit specialists (DBSs) serve people with disabilities who are 17 years and 6 months to 59 years old. Elder benefit specialists (EBSs) serve older adults starting at age 60. These professionals help their clients access Social Security, Medicaid, Medicare, and other public and private benefits. Benefit specialists empower their clients to obtain health insurance, food, shelter, medical care, and other critical life needs.

Benefit specialists assist their clients in many ways, including:

- **Explaining** the eligibility criteria for public and private 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 benefits.
- **Assisting** individuals who encounter difficulties accessing or retaining their benefits eligibility during the post-award period.
- **Referring** clients who need legal representation to the private bar or other available legal resources when the client's issue is beyond the scope of the program.

Every client's case is unique. Working with a benefit specialist does not guarantee a favorable result for any client regarding a given benefit matter. Clients who work with a benefit specialist gain more than just knowledge of benefit programs; they gain access to a network of knowledgeable, experienced advocates who have a proven track record of providing effective service across Wisconsin.

¹ Administration for Community Living, [Legal Services for Older Americans Program](#), retrieved March 6, 2023.

Benefit specialists honor choice and self-determination

Benefit specialists are located throughout Wisconsin at:

- Aging and disability resource centers (ADRCs).
- County and Tribal aging units (AUs).
- Other partner agencies.

Benefit specialists provide person-centered services. They accommodate client preference to ease access to services by offering options to meet with clients in person in the office, in a community location, or remotely through the phone or virtual platforms.

Benefit specialists honor client choice by offering culturally relevant services to Tribal Nation members and members of the Deaf, Deaf-Blind, and hard-of-hearing communities. Tribes and the Great Lakes Inter-Tribal Council (GLITC) employ benefit specialists to serve Tribal Nation members. The [Department of Health Services' Office for the Deaf and Hard of Hearing](#) (ODHH) employs a benefit specialist to serve people who use American Sign Language (ASL).

Visit the [Wisconsin Department of Health Services' Find a Benefit Specialist webpage](#) to find a benefit specialist in your area.

New initiatives implemented in 2022

In January 2022, the **Wisconsin State Health Insurance Assistance Program (SHIP)** launched a **new counselor certification process**. SHIP counselors provide one-on-one counseling to Medicare beneficiaries. Certification increases counselors' confidence in providing SHIP services and awareness of SHIP services in the community. There are two certification levels: basic and advanced. All elder benefit specialists and most disability benefit specialists are SHIP counselors and became certified at the advanced level.

In June 2022, BADR provided **training** to benefit specialists and SHIP counselors about a **new policy allowing insurance companies to automatically enroll individuals in a Dual Eligible Special Needs Medicare Advantage plan** called "default enrollment." This practice is limited to elderly, blind, and disabled individuals who are eligible for both Medicare and Medicaid ("dual eligible") and are enrolled in an insurance company's Medicaid health maintenance organization (HMO) when their Medicare eligibility begins. This practice was implemented statewide in the fall of 2022. DHS created and published resources about dual eligible special needs plans and default enrollment for clients and benefit specialists on the new [Medicare Plans for People with Medicaid](#) webpage.

COVID-19 public health emergency challenges continued

Throughout 2022, benefit specialists adjusted to providing services in the "new normal" as the COVID-19 public health emergency continued. This included **incorporating some practices that were implemented in response to the pandemic as**

standard procedure. For example, a procedure to obtain electronic signatures on the Disability Benefit Specialist Client Services Agreement was developed in response to the pandemic when in-person visits were not possible. This procedure has been refined and will continue to be an option post-pandemic.

When the COVID-19 pandemic began in 2020, Congress passed legislation that allowed states to continue Medicaid health care benefits through the entirety of the public health emergency, regardless of current eligibility. Additionally, temporary policy changes were made to ensure Wisconsin residents could maintain healthcare during the pandemic.

Preparing for the possibility that the public health emergency could end in 2022, the Wisconsin Department of Health Services (DHS) formed a task force with community partners and stakeholders to develop communications and other strategies that would best support Wisconsin residents through the transition to pre-pandemic practices. Benefit specialist program attorneys and BADR staff have contributed to advance the task force's goals.

In June 2022, benefit specialists and BADR were instrumental in identifying and, in collaboration with the Division of Medicaid Services, **fixing an issue that arose when a group of Medicaid members were unintentionally terminated from the Qualified Medicare Beneficiary (QMB) program.** The QMB program pays the Medicare Part B premium for members who have income less than 100% of the federal poverty level. With the abrupt termination of QMB benefits, members were notified that they would have two months of Medicare premiums (about \$300) deducted from their next month's Social Security payment. Thanks to the quick action of all involved, eligibility was restored, and benefits were made whole.

In December 2022, Congress passed the Consolidated Appropriations Act, separating continuous Medicaid eligibility from the public health emergency. The legislation directed states to end public health emergency policies on March 31, 2023. **The planning efforts of the task force and other workgroups will be invaluable as the work of "unwinding" temporary pandemic policies progresses through 2023.**

Processing delays continued at partner agencies

Benefit specialists and their clients continued to **experience significant processing delays at partner agencies**, most significantly within the Social Security Administration (SSA) and Centers for Medicare and Medicaid Services (CMS).

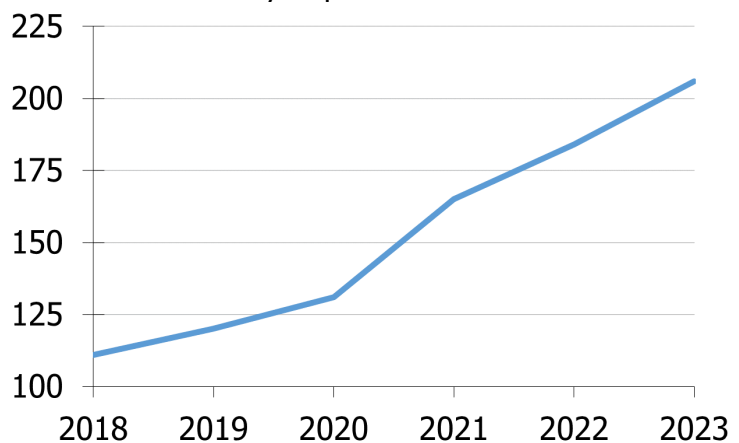
Disability decisions delayed

Per national SSA data, the average number of days to process a disability claim **rose from 111 days** in federal fiscal year (FFY) 2018 **to 184 days** in FFY 2022. Recent data indicate the processing time continues to rise. The average processing time from

October through December 2022 was 206 days.² Disability benefit specialists report that many clients in Wisconsin have waited over a year for their initial decision.

In response, disability benefit specialists have shifted their focus by helping clients strengthen their application with additional advocacy during the initial application, rather than waiting until the first level of appeal, reconsideration. This is more time-consuming. Benefit specialists, with technical support from their program attorney, must use care to select those cases that are most likely to benefit from the additional advocacy. The effects of this shift in advocacy work will not be fully realized until 2023.

Time from Disability Application to Decision is Increasing at a Rapid Rate
number of days lapsed

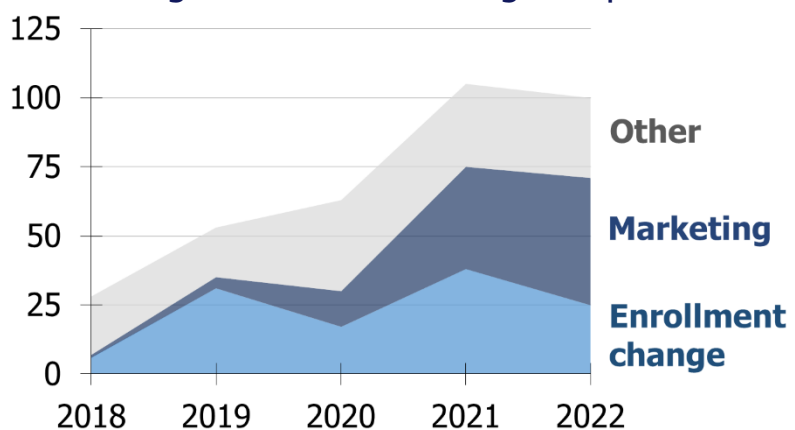


Medicare marketing complaints taking longer to resolve

Benefit specialists report that it is taking longer to resolve Medicare marketing complaints. Aggressive Medicare Advantage agent behavior and misleading advertising has escalated in the past two years. The total number of

Medicare plan complaints filed by Medicare SHIP counselors more than quadrupled from 21 complaints in 2018 to 100 complaints in 2022. **Marketing-related complaints now represent a third of all complaints filed.** Likewise, the number of client counseling sessions in which

Rising Medicare Marketing Complaints



Medicare Advantage marketing and sales complaints were discussed has increased almost 300% from 2018 to 2022. By comparison, the number of sessions discussing

² Data was accessed from the [SSA Open Data website](https://www.ssa.gov/open-foia-report/data/oaig/201301-202203) on February 15, 2023. It is per federal fiscal year. The average processing time considers only initial disability claims requiring a medical determination and is calculated by dividing the total number of processing days by the total number of claims

sales and marketing complaints about Medigap and Part D have remained constant. This concerning trend is burdensome for both clients and staff members.

At the same time, it's taking longer to resolve complaints. Some complaints need to be reopened multiple times for the issue to be addressed, often spanning months. To improve the efficacy of the CMS Complaint Tracking Module tool and resolve issues more efficiently, the EBS program manager facilitated a roundtable discussion with Medicare Advantage plan representatives emphasizing how working with benefit specialists can help avoid complaints.

Tackling a Wide Range of Complex Benefit Issues

Benefit specialists record contacts with their clients in call records. The contact may be in person, over the phone, or through a virtual platform. In 2022, benefit specialists logged a total of **120,069 call records** with at least one associated topic.

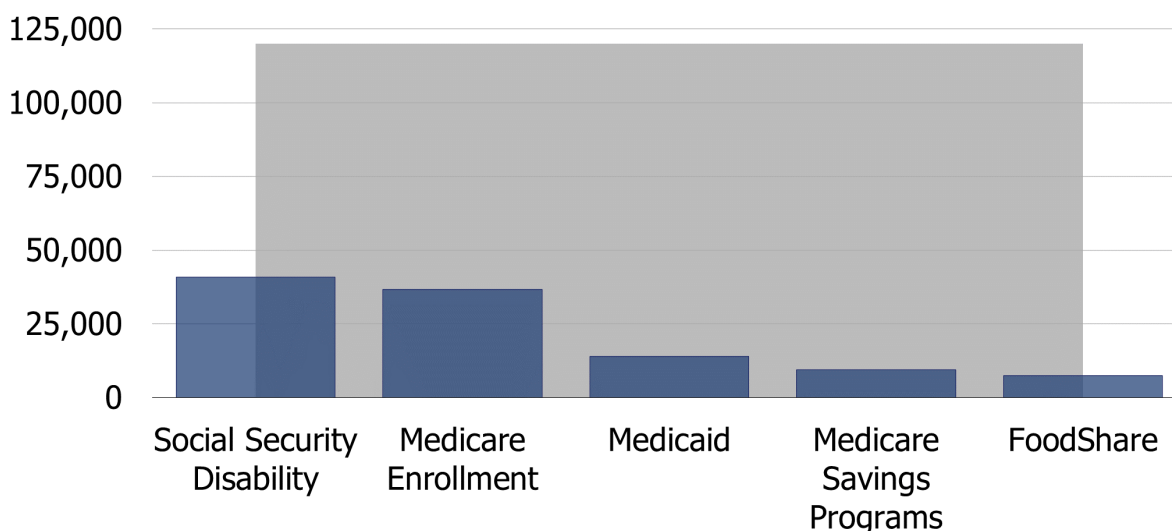
A **call record** is created when the benefit specialist has a meaningful interaction with a client. The **call topic** describes the nature of the benefit program or issue for which the client is requesting help.

In 2022, 40,977 calls involved Social Security disability issues; 36,802 involved Medicare enrollment; 14,083 involved Medicaid for the Elderly, Blind, or Disabled; 9,482 involved Medicare Savings Programs;³ and 7,531 involved FoodShare.⁴

Top 5 Topics Compared to Total Calls

Call topics

Total calls



³ The Qualified Medicare Beneficiaries (QMB), Specified Low-income Medicare Beneficiaries (SLMB), and Specified Low-income Medicare Beneficiaries Plus (SLMB+) programs comprise the Medicare Savings Programs call topic.

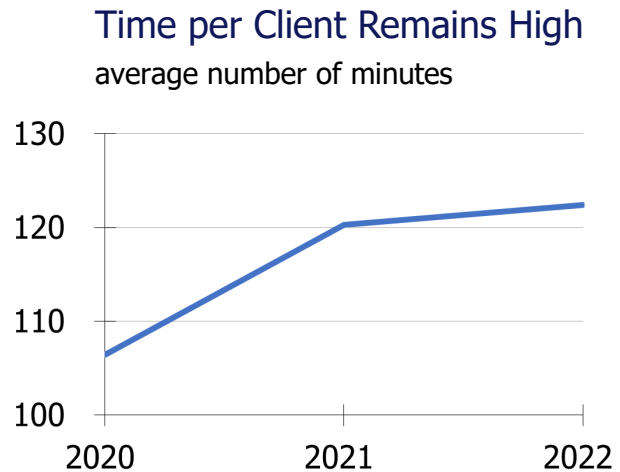
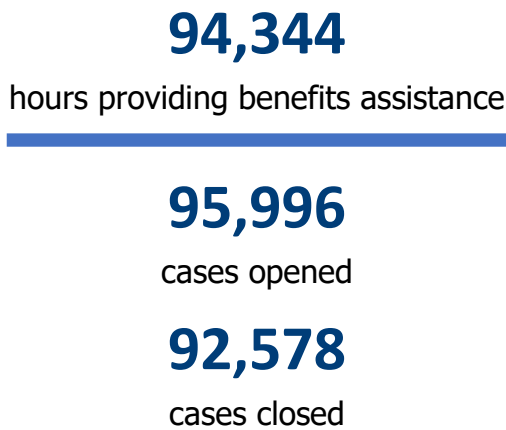
⁴ FoodShare is Wisconsin's Supplemental Nutrition Assistance Program (SNAP).

Although most call topics fall within health care programs (Medicare and Medicaid) or income programs (Social Security disability or retirement benefits), benefit specialists must maintain a high level of in-depth programmatic knowledge of a wide array of benefits and services. More detailed data about the programs is available in the appendices. [Appendix A](#) provides detailed data about the DBS program, and [Appendix B](#) provides detailed data about the EBS program.

Sometimes a benefit specialist will have a brief conversation with a client during which they provide general information or a referral to another service provider. These contacts are considered “general information or referral” contacts. In 2022, benefit specialists recorded **5,780 hours** spent providing **general information or referral services**.

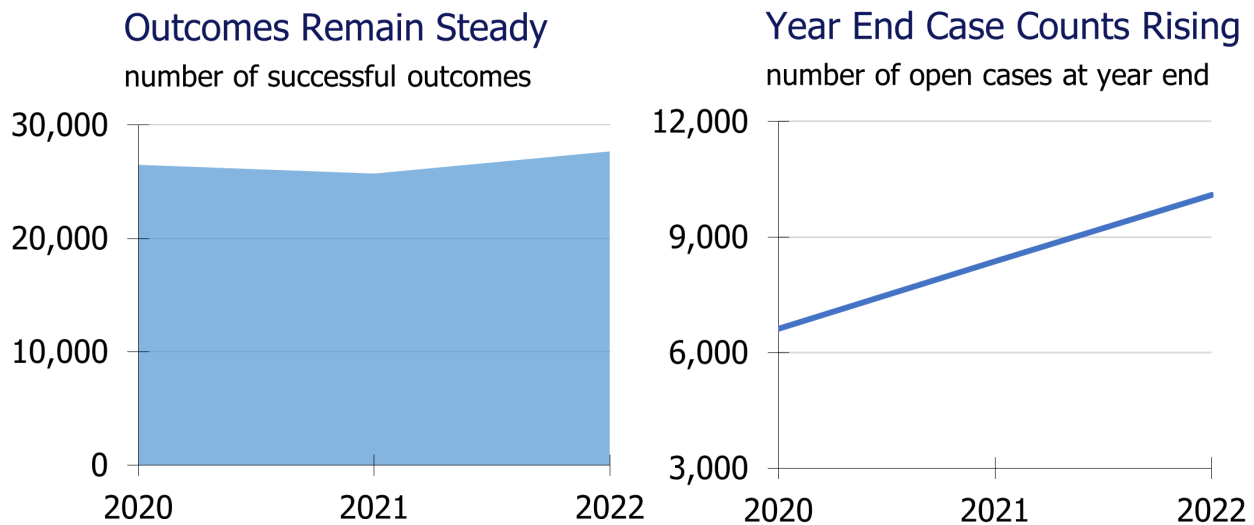
The majority of a benefit specialist’s workload is helping clients with in-depth benefits counseling based on clients’ specific circumstances. These contacts are considered **cases**. Frequently, benefit specialists help clients resolve multiple, interrelated topics. When this happens, each benefit issue is considered a case. For example, a benefit specialist could help a single client resolve issues related to eligibility for Social Security, Medicare, and Medicaid. Their work addressing each of these three topics constitutes three cases.

In 2022, benefit specialists assisted **46,252 clients** with **95,996 cases**. This represented a **6.5% increase** from the previous year, when 90,158 were opened. The average amount of **time spent per client increased slightly** (2%) from 120 minutes in 2021 to **122 minutes in 2022**.



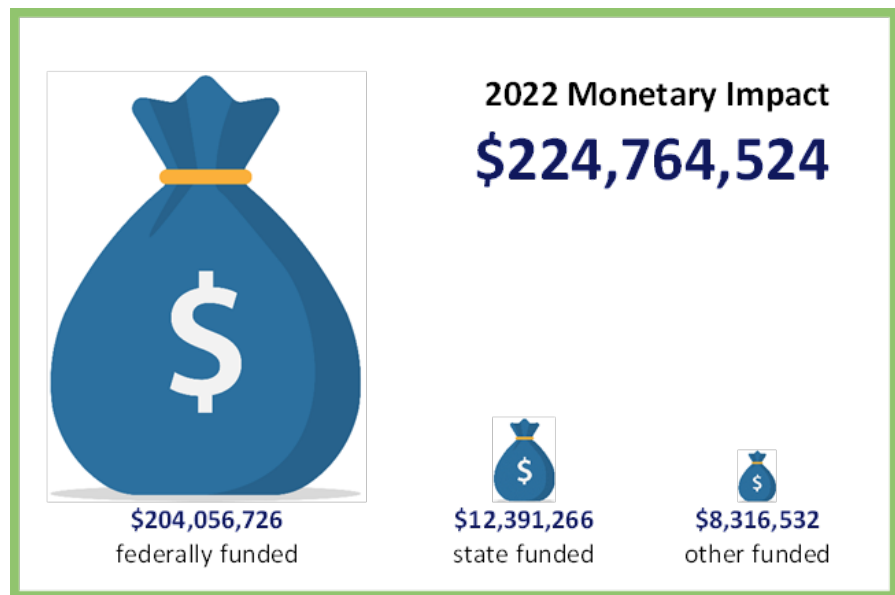
For every case that is closed, benefit specialists must record an associated **outcome**. In 2022, over 60% of cases (59,314) were closed after providing advice in a single call or with brief follow-up. Of the remaining cases, 30% resulted in a successful outcome, including over 5,000 cases for which benefits were approved at application or renewal.

The total number of cases remaining open at the end of the year increased again in 2022. **10,030 cases remained open at the end of the year, a 20% increase** from the 8,367 cases that remained open at the end of 2021



Making Positive Impacts

Through their advocacy efforts, benefit specialists help clients get or keep benefits and save or recover money in monetary disputes. **Monetary impact** is a statistic used to capture the positive impact of benefit specialists' services. Monetary impact is just one way to measure how benefit specialists help their clients. Regardless of case outcome, clients gain peace of mind and reduced stress knowing they have a skilled advocate to help them.



Through the advocacy work performed by benefit specialists, clients accessed over **\$224 million** worth of services in 2022, helping stabilize household budgets and lessen reliance on local crisis and emergency services.

The average monetary impact per closed case was **\$2,428**. The average monetary impact per benefit specialist was **\$1,250,081**.⁵

Monetary impact is categorized by the funding source: federal, state, or other (for example, private or municipal). Historically, federal dollars through Social Security programs, Medicare, and Medicaid represent the largest amount of monetary impact. In 2022, federally funded programs accounted for **90.8%** of monetary impact dollars.

Commitment to health equity

DHS envisions everyone living their best life. As part of that vision, DHS is committed to addressing health disparities by promoting a culture of inclusion and fostering an environment in which all Wisconsinites thrive. This vision includes residents of all racial and ethnic identities; ages; nationalities; social and economic status; sexual orientations; gender identities and expressions; geographic locations; religious, political, and ideological perspectives; and physical and mental abilities.

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 benefit specialist services, not only to inform policy decisions, but also to inform state and local outreach efforts.

The data tracking system collects data for these demographic characteristics:

- Financial status
- Gender identity
- Geographic location
- Living arrangement
- Race and ethnicity

Clients are asked if they want to self-disclose demographic information, including gender and racial identity. Clients have the right to decline answering the questions.

Financial status

Most clients served by disability benefit specialists had an annual income less than 100% of the federal poverty level (\$13,590) for a single person in 2022. Most clients served by elder benefit specialists were above the 100% federal poverty level.

68% of DBS clients had incomes at or below 100% of the federal poverty level.

21% of EBS clients had incomes at or below 100% of the federal poverty level.

⁵ Per benefit specialist calculations are based on 179.8 full-time equivalent positions, not the total number of benefit specialists.

Gender identity

Prior to October 2021, benefit specialists were limited to recording clients' gender as "male," "female," or "unknown." The client-tracking database was updated to add these options:

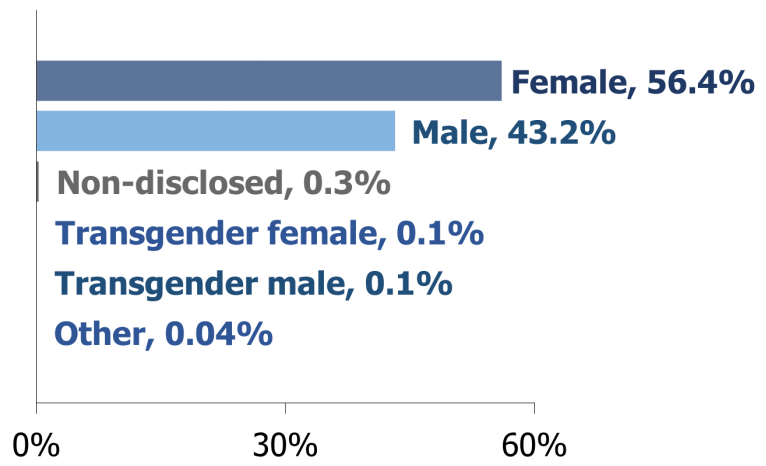
- Transgender male
- Transgender female
- Other
- Non-disclosed

In 2022, more clients identified as female (25,136) than male (19,237), or any other gender.

No clients identified as non-binary. There were 115 clients who chose not to disclose their gender. There were 17 clients who identified as "other," 28 who identified as transgender female, and 28 who identified as transgender male.

Distribution by Gender Identity

percentage of clients with known gender identity

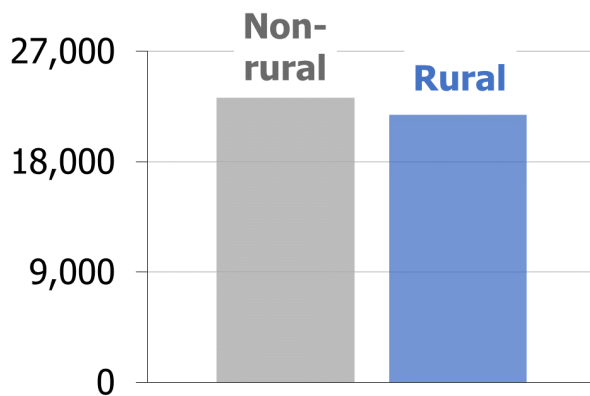


Geographic location and living arrangement

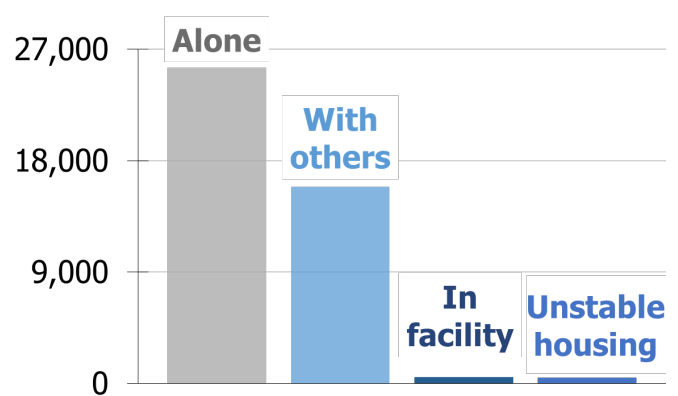
Benefit specialist services are available statewide. A little over half of clients, 23,213, live in non-rural communities, compared to 21,822 who live in rural communities.

In 2022, most clients, 25,498, lived with others. Another 15,891 clients lived alone. A total of 543 clients reported unstable housing (which includes experiencing homelessness), and 493 clients reported living in a facility (for example, a skilled nursing facility or assisted living).

Distribution by Rural Status



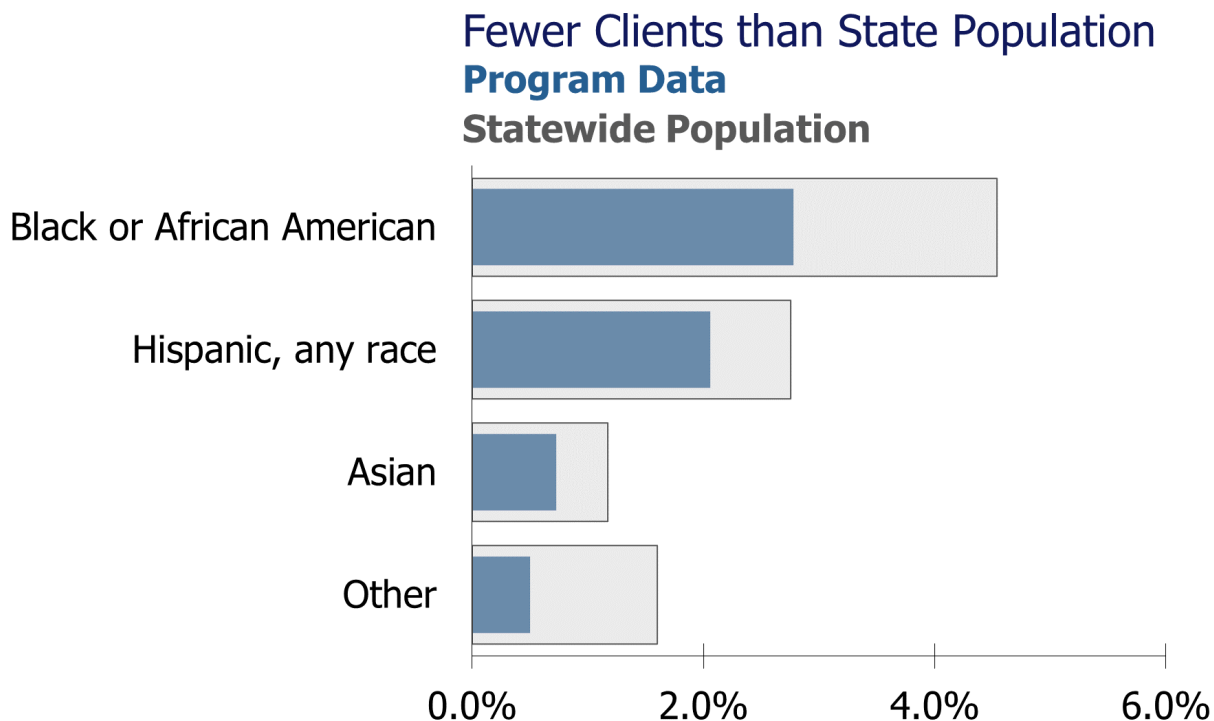
Distribution by Living Arrangement



Race and ethnicity

When comparing benefit specialist program data to statewide population data from the U.S. Census Bureau,⁶ a potential disparity emerges. The charts below compare race and ethnicity data from the benefit programs to statewide data.

This chart depicts benefit specialist program data (in blue) overlaying statewide population data (in gray). Fewer clients identify as Black or African American, white (Hispanic), Asian, or Other than would be expected in comparison to statewide population data.



2.8% of clients identify as Black or African American (4.5% statewide).

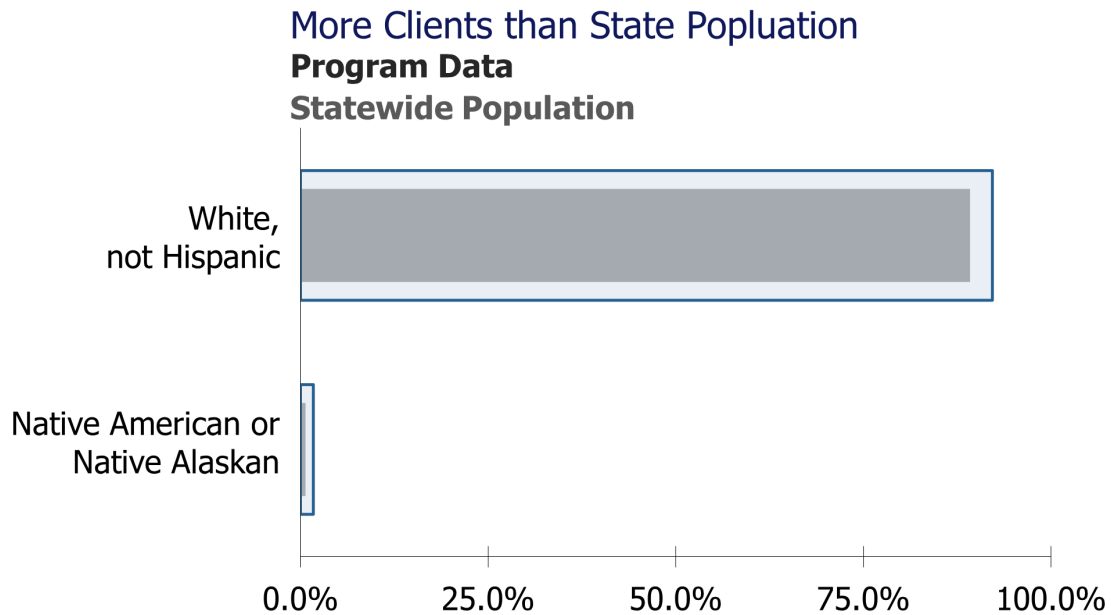
2.1% of clients identify as Hispanic (of any race; 2.8% statewide).

0.7% of clients identify as Asian (1.2% statewide).

0.5% of clients identify as Other (1.6% statewide).

⁶ US Census, 2017–21 ACS, PUMS File Analysis. Data is estimated and is provided for general planning purposes. Statewide population data includes adults aged 18–59 reporting disability and adults aged 60 and older (regardless of disability status). Only clients with an identified race or ethnicity were included in program counts. The data tracking system allows entry of only one racial identifier. Hispanic ethnicity can be combined with any racial identifier but is not delineated in statistical reports. Other includes individuals reporting Native Hawaiian and Other Pacific Islander alone, some other race alone, or two or more races. In the chart, Native American and Native Alaskan are combined, although titled Native American.

The second chart depicts statewide population data (in gray) overlaying benefit specialist program data (in blue). More clients identify as white (not Hispanic) and Native American or Native Alaskan than would be expected in comparison to statewide population data.



1.7% of clients identify as Native American or Native Alaskan (0.7% statewide).
92.2% of clients identify as white (not Hispanic, 89.3% statewide).

Training and Technical Support

Benefit specialists receive extensive training and opportunities for skill building. All newly hired benefit specialists are required to complete initial training. The initial training includes a combination of online training and live trainings. In the online courses new benefit specialists learn the fundamentals of state and federal benefits programs (for example, eligibility criteria, financial determination, and 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 to job shadow with an experienced benefit specialist.

All benefit specialists are required to attend regularly scheduled ongoing training. The ongoing training sessions are designed to maintain the benefit specialists' knowledge of eligibility rules for public and private benefits and help them hone their advocacy skills.

A network of agencies provides benefit specialists with training and expert technical assistance.

Disability Rights Wisconsin (DRW) 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 DHS. Examples of training topics offered in 2022 include:

- Working with clients who are blind and blind culture.
- Case noting tips and tricks.
- Advocating for clients at initial application.
- Health equity in action.

Greater Wisconsin Agency on Aging Resources (GWAAR) provides ongoing training, technical assistance, and case oversight to EBSs in 64 of Wisconsin's 72 counties. In addition to providing initial training to all the state's new EBSs, GWAAR provided five training days in 2022. Topics included:

- Case law updates.
- Strategies for healing during pandemic periods.
- Mental health and older adults.
- New strategies for cultivating partnerships.

Legal Action of Wisconsin (SeniorLAW) provides ongoing training, technical assistance, and case oversight to Milwaukee County and the six surrounding counties. SeniorLAW provided trainings on topics such as FoodShare and COVID-19 public health emergency financial aid in 2022.

Judicare Legal Aid provides program attorney services to benefit specialists who are employed by the Great Lakes Inter-Tribal Council and to all Tribal EBSs. Program support includes training on benefit issues unique to Tribal members, technical assistance, and case oversight. Judicare provided five trainings in 2022. Topics included:

- "Unwinding" Medicaid continuous enrollment.
- Confidentiality.
- Tax resources.
- New Medicare special enrollment periods.
- Insulin copayment caps.

Providing Critical Advocacy Services

A core component of the benefit specialist programs is client advocacy. Navigating the appeal of a disability determination, Medicare coverage denial, or an overpayment can be stressful. Rules can be confusing and allow limited time for 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

benefit specialists is often critical to a client's ability to maintain housing, health care, and other life necessities. Some benefit specialist program highlights from 2022 are described below.

A client was awarded \$35,000 in disability benefits. SSA determined the client met the disability rules on a date in 2022. However, after taking a closer look at the client's case, the benefit specialist found that with some supporting documentation, SSA could use the client's medical record to establish an earlier onset date. The benefit specialist helped the client submit additional evidence to support the earlier onset. After reconsideration, SSA approved the client's claim with an earlier onset and awarded the client \$35,000 in back pay.

A client received help covering \$40,000 in medical bills. Despite being eligible for Medicaid and receiving a Medicaid-covered service, the client received medical bills totaling \$40,000. The client asked for help from the benefit specialist, who helped identify multiple billing errors. The benefit specialist and program attorney collaboratively advocated for the client, leading the provider to submit a proper bill and obtain the Medicaid payment. The provider agreed that they couldn't bill the client for the remaining balance. The client finally received a bill showing a \$0 balance.

A client got Medicare coverage after correcting an error at SSA. Decades ago, SSA entered an incorrect date of birth while updating the client's record. Medicare received the incorrect date from SSA when Medicare began at age 65, causing claims to be denied. The client was successful in contacting 1-800-Medicare to have the date of birth corrected for each medical claim so that they could be processed and paid. Unfortunately, the client was not able to resolve the root problem by correcting the error with SSA. When the benefit specialist could not resolve the issue with the local SSA field office staff, they followed the case escalation guidelines to contact the field office manager, who finally resolved the issue.

A client received immediate help paying for skilled nursing care. The client's spouse had advanced dementia, and they could no longer provide in-home care. The couple sold their home to their grandson. He paid the outstanding balance on the mortgage, which was a little less than the property's assessed value. The client applied for Medicaid to pay for their spouse's skilled nursing care. The Medicaid agency decided that the client sold their home for less than fair market value (a "divestment" in the Medicaid program) and so denied coverage. The benefit specialist helped request a fair hearing to dispute the divestment penalty, arguing that the sale was not done to qualify for Medicaid. The administrative law judge agreed, and the Medicaid agency's determination was reversed. Thanks to the benefit specialist's work, the spouse's skilled nursing care was paid by Medicaid.

A client received coverage of a bill exceeding \$99,000. The client was vacationing when they had a medical emergency that required specialized surgical care. The client was flown from a small local hospital to a larger facility. Medicare denied coverage for the air ambulance because they had not been taken to the nearest alternative hospital. The benefit specialist got letters from each of two closer hospitals stating that they would not have been able to provide the level of care the patient needed. The appeal was successful, and the claim was approved.

A client experiencing homelessness got benefits thanks to the benefit specialist's help completing a phone call. The client needed to complete a phone interview to get income benefits from SSA. Unfortunately, the client had no phone and was unable to get to the ADRC for an appointment. The benefit specialist found where the client was staying and helped the client call SSA for the interview. The client now has a source of income and health insurance.

A client got help fixing a \$29,000 Unemployment Insurance overpayment error. The client was on Unemployment Insurance since the beginning of the pandemic but had a disability application pending. After they were awarded disability benefits, they stopped their unemployment payments. However, the Department of Workforce Development incorrectly assessed an overpayment—counting the backpay as duplicate payments. The benefit specialist helped the client gather the documents needed to appeal. After a months-long appeals process, the judge ultimately issued a favorable decision and waived the overpayment in full.

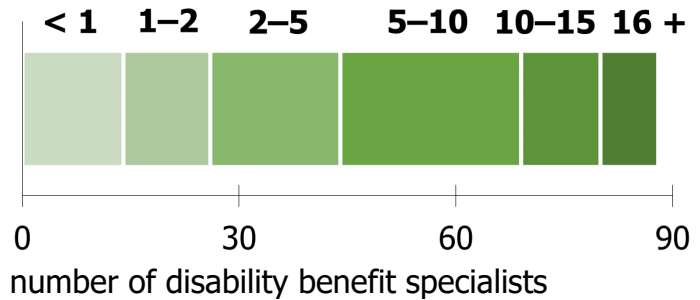
Find More Information

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

Appendix A: Disability Benefit Specialist Program Data

Average years of service

Because of the complexity of the benefit specialist role, turnover is an ongoing concern. In the first year as a DBS, a great amount of time is dedicated to learning eligibility rules and processes for obtaining disability benefits. It can take two years or more for a DBS to gain the experience, skills, and knowledge to perform higher level advocacy, for example, writing letters to advocate for their clients. It can take even longer to build sufficient confidence to represent clients at formal hearings.

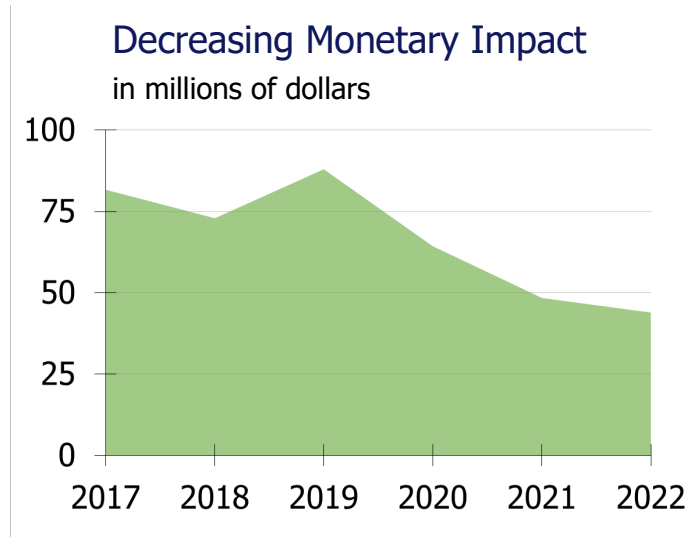


The average length of service for a disability benefit specialist is about 6 years.⁷ Just over half of current DBSs have been in their role for less than five years. Less than 30% of current DBSs have been in their role between five to 10 years. The remaining 20% of DBSs have been in their role 10 or more years.

Monetary impact trends

Annual monetary impact totals in the DBS program decreased drastically from 2020 to 2021 and again in 2022. The average annual monetary impact for the three years preceding the COVID pandemic was \$80,796,228 (calendar years 2017 through 2019).

The three-year average for calendar years 2020 through 2022 is \$52,126,240, a 35% decrease.



It is not clear what has caused this decrease. In 2020, DHS implemented a new client-tracking system for the DBS program. The transition to the new system, combined with lower caseloads due to pandemic-related office closures and social restrictions, may have caused the significant decrease from 2020 to 2021. However, the downward trend continued in 2022.

⁷ Determined by positions filled as of March 7, 2023.

Most common call topics

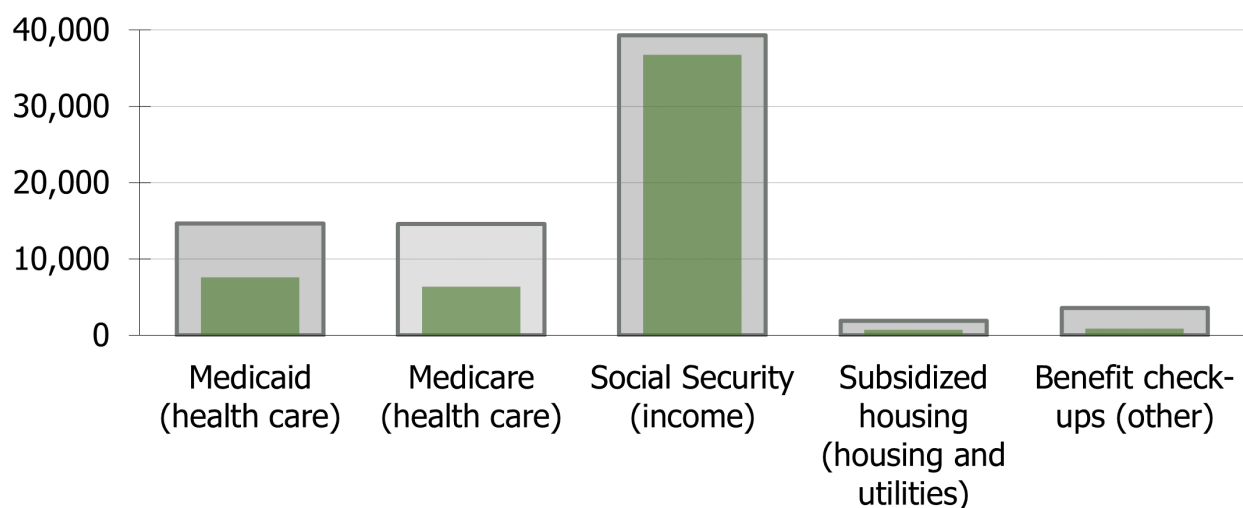
There were 48,692 total calls recorded by disability benefit specialists in 2022. Disability benefit specialists recorded 41,061 hours spent on these calls. That is an average of 574 calls and 464 hours per DBS.⁸ Call records document conversations with clients, and each call record must include at least one topic. Often conversations with clients involve two or more topics, causing the total number of call topics to be greater than the total number of call records.

This chart illustrates the total number of calls for the most common topics by category. In 2022, over 95% of the total calls related to health care (14,596) were related to Medicaid (7,579) or Medicare (6,363). The majority of conversations about income issues (39,303) included a discussion about Social Security programs (36,707 calls). The most common housing and utility topic was subsidized housing (715 calls of 1,903 in total). For topics categorized as "other," 867 of the 3,568 total calls included a benefit check-up.

Most Common Call Topics by Category

Number of calls for topic

Total calls per category



⁸ Averages per benefit specialist are calculated using the full-time equivalency (FTE). In 2022, there were 90 DBSs with an FTE of 84.8.

Demand for services remains steady

Overall, the demand for disability benefit specialist services has remained steady over the past three years (2020 through 2022). In 2022, DBSs served **12,656 clients**; **opened 22,091 cases**; and **closed 19,915 cases**.

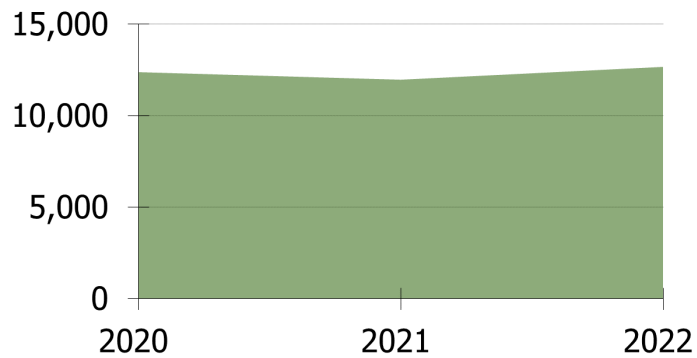
At the end of 2022, **6,371 cases remained open as unresolved** (represented by the dark green shape in the “Case Counts Remaining Steady” area graph to the right). This is up from 5,700 at the end of 2021.

In fact, the number of remaining cases carried over into the new year has **increased by more than 30%** from the 4,890 cases remaining open at the end of 2020. The primary reason for this significant increase is processing delays at the Social Security Administration.

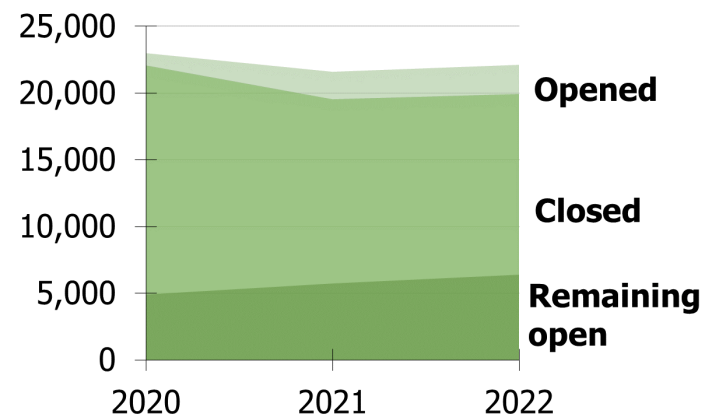
In 2022, **Social Security disability** related issues continued to be the **most common** reason for seeking DBS assistance (8,069 cases). In descending order, the remaining cases were related to “other” topics (4,336 cases), Medicaid issues (3,892), and Medicare issues (3,618).⁹

DBSs spend the largest amount of their time resolving issues related to Social Security disability programs. In 2022, **76% of DBSs’ time was spent on Social Security disability issues**; 10% was spent on Medicare, 8% on Medicaid, and 7% was spent on other topics.

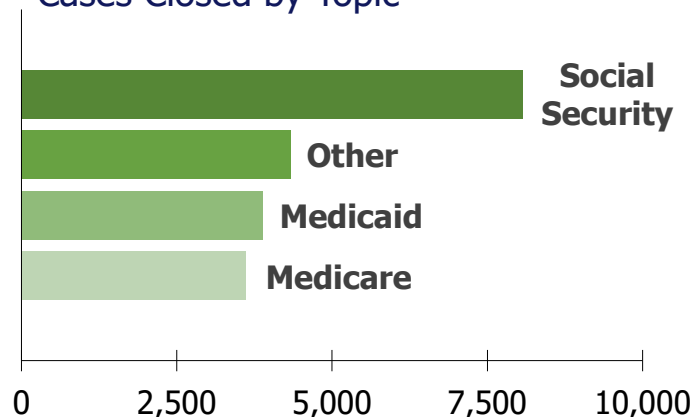
Total Clients Served
unduplicated client count



Case Counts Remaining Steady



Cases Closed by Topic



⁹ The total represents cases closed in 2022; it does not include cases remaining at the end of the year.

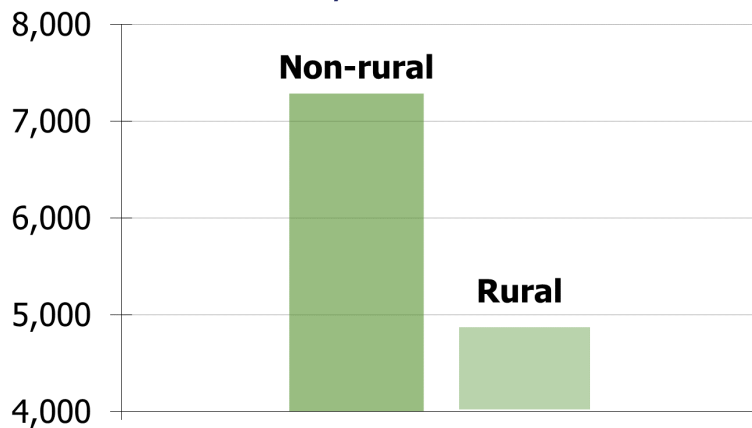
DBS program client demographics

DBS program clients are more likely to:

- Live in an urban community.
- Live with others.
- Identify as female.
- Identify as white (not Hispanic).
- Be over age 50.

The following charts depict the distribution of clients across these demographic characteristics.

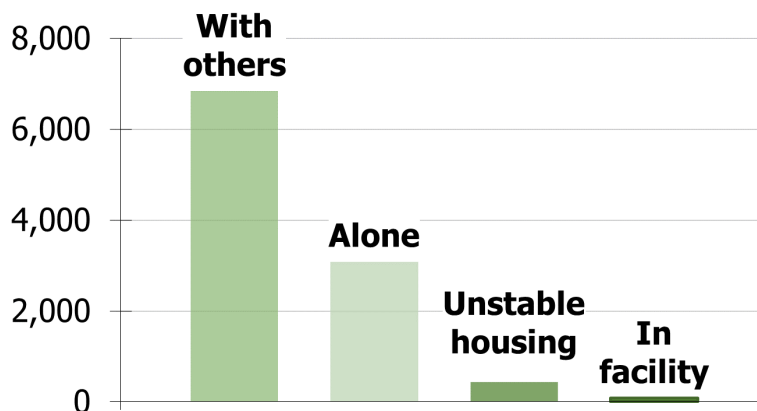
Distribution by Rural Status



Non-rural: 7,289 clients

Rural: 4,893 clients

Distribution by Living Arrangement



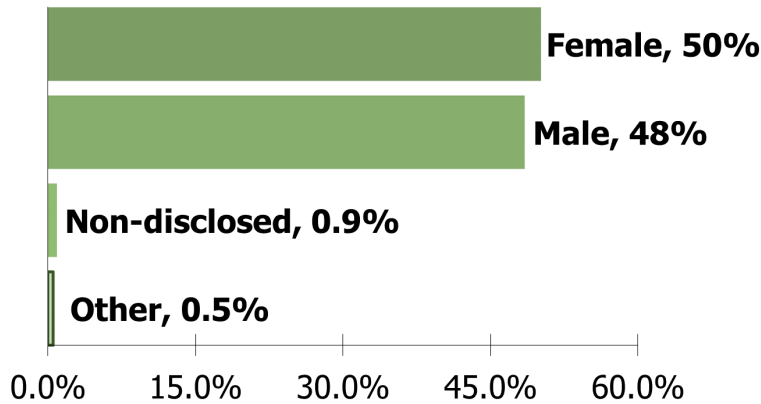
Lived with others:
6,839 clients

Lived alone: 3,085 clients

Experienced unstable housing or homelessness:
440 clients experienced

Resided in facility:
76 clients

Distribution by Gender Identity



Female: 5,963 clients

Male: 5,761 clients

Did not disclose:
107 clients

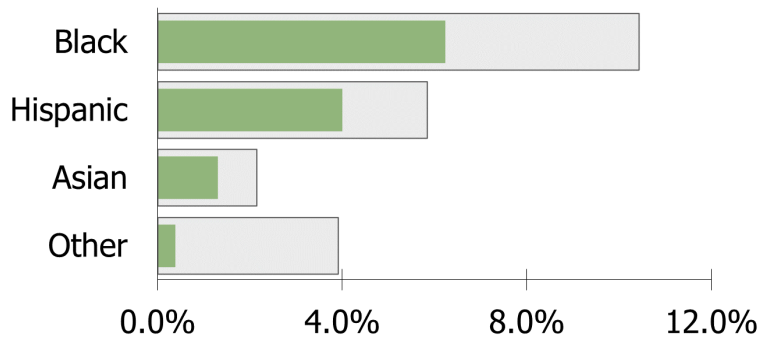
Transgender female:
23 clients

Transgender male:
23 clients

Other: 15 clients

Fewer Clients than State Population

DBS Program
Statewide Population



Black or African American:

6.2% versus 10.4%

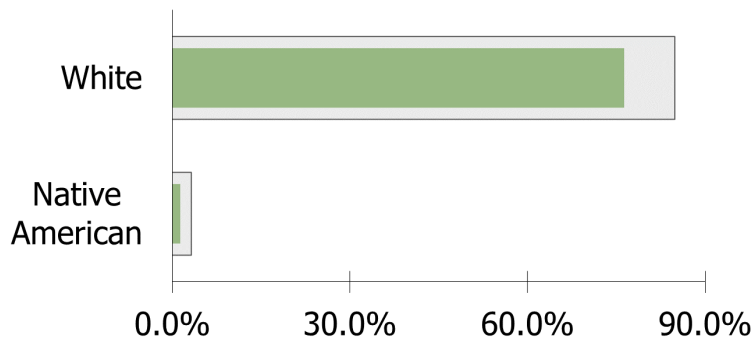
Hispanic (any race): 4.0% versus 5.8%

Asian: 1.3% versus 2.1%

Other: 0.4% versus 3.9%

More Clients than State Population

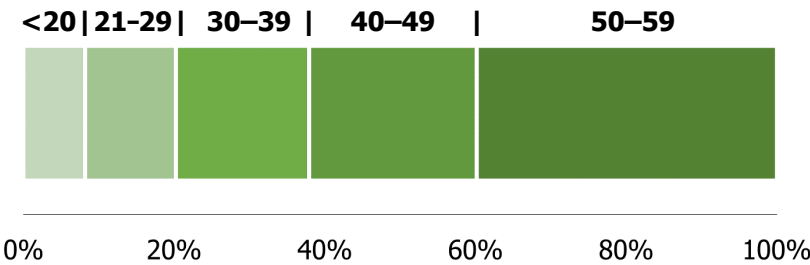
DBS Program
Statewide Population



White, not Hispanic:
84.8% versus 76.3%

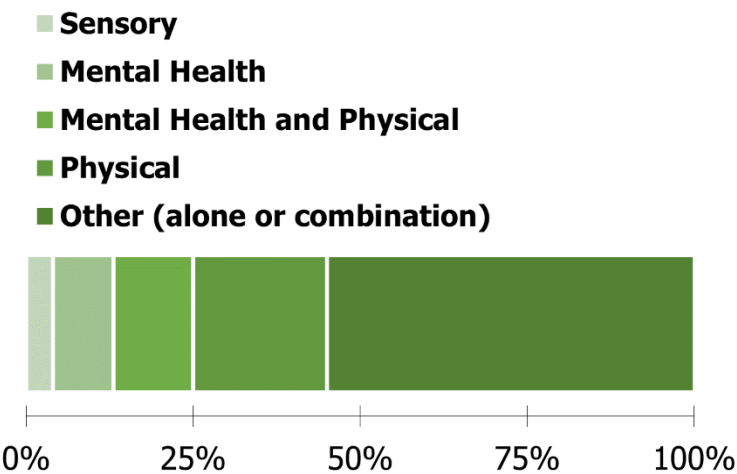
Native American or Native Alaskan:
3.2% versus 1.3%

Client Distribution by Age



18–20 years: 1,086
21–29 years: 1,593
30–39 years: 2,337
40–49 years: 2,937
50–59 years: 5,263

Distribution by Disability Type



Sensory (visual and/or hearing): 727 clients
Mental health disorder only: 1,419 clients
Mental health disorder and physical impairment: 1,987 clients
Physical impairment only: 3,223 clients
Other:¹⁰ 8,982 clients

DBSs are proven to be successful advocates

Providing effective advocacy and achieving favorable outcomes for clients requires skill, extensive program knowledge, and considerable amounts of time.

DBSs are skilled communicators. They are trained to carefully question clients to help their clients tell their stories. They help clients translate the effects of their medical conditions on their day-to-day lives into the language disability examiners use to evaluate disability claims.

DBSs use extensive program knowledge, refer to multiple resources, and spend considerable amounts of time reviewing the client’s medical record and supporting facts. DBSs critically evaluate and analyze facts to develop compelling arguments that explain why and how client claims align with the Social Security Administration’s rules.

DBSs work collaboratively with their program attorneys to ensure that technical and legal arguments supporting their clients’ claims are sound. Together, DBSs and

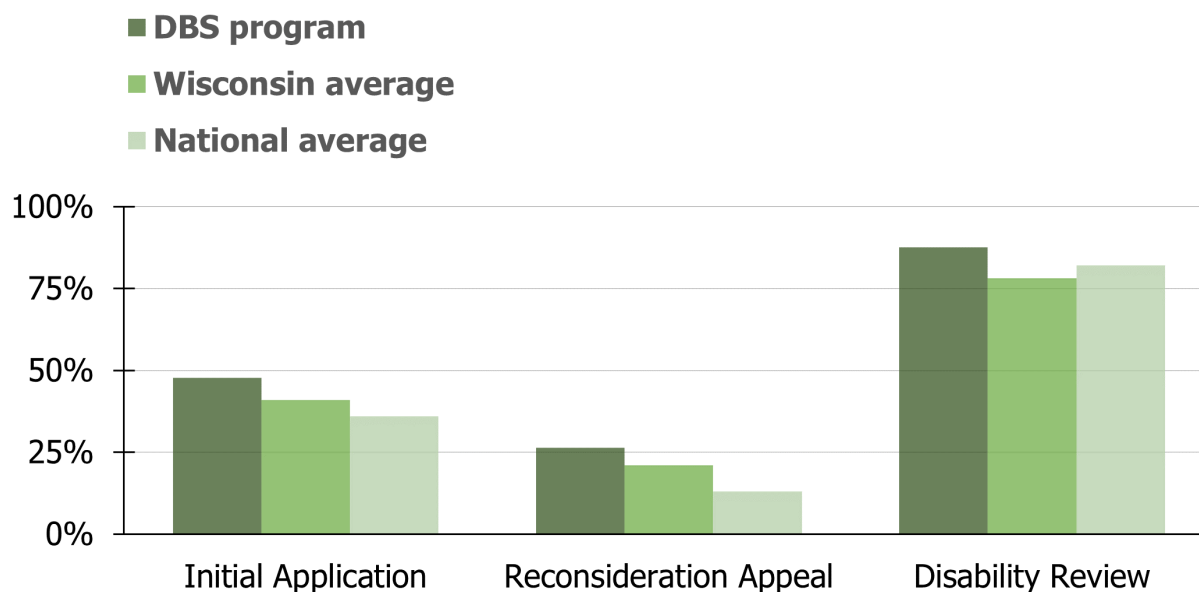
¹⁰ Other includes individuals with intellectual or developmental disability (133 clients), other combinations of disability types, and other disability types not captured in data tracking system

program attorneys develop plans to strengthen claims to best support favorable decisions.

Experienced DBSs complete a minimum 36 hours of training every year to maintain their program knowledge and advocacy skills. The commitment to ongoing training has proven to be effective. Although working with a DBS does not guarantee a client’s application or appeal will be successful, the statistics clearly illustrate that clients who work with a **DBS are more likely to receive a favorable decision regarding their claim.**

The chart below **compares approval rates for Social Security disability** cases at initial application, reconsideration appeal (the first level of appeal) and continuing disability review (medical review to establish person’s disability continues to limit the person’s ability to sustain work). An approval occurs when a person is granted Social Security benefits.^{11,12,13,14}

DBS Averages Outpace State and National Averages



Initial applications	Reconsideration appeals	Disability reviews
DBS program: 47.7%	DBS program: 26.3%	DBS program: 87.5%
State average: 40.9%	State average: 21.0%	State average: 78.2%
National average: 36.0%	National average: 13.0%	National average: 82.0%

¹¹ Case counts include SSDI only, SSI only, and combined SSDI and SSI claims.

¹² [SSA State Agency Monthly Workload Data report](#), retrieved on February 15, 2023.

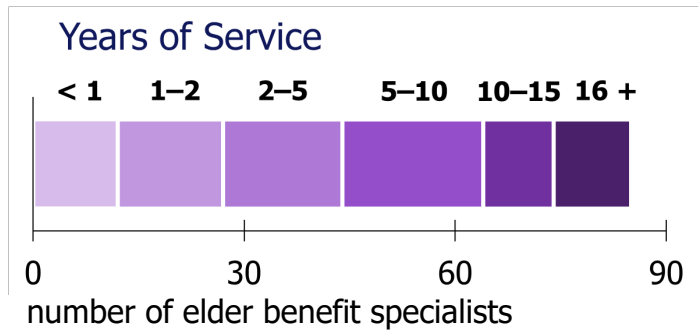
¹³ [Citizens Disability State-by-State report](#), retrieved on February 15, 2023.

¹⁴ [SSA Open Data website](#), retrieved on February 15, 2023.

Appendix B: Elder Benefit Specialist Program Data

Average years of service

The average length of service per elder benefit specialist is nearly seven years.¹⁵ Approximately one-third of elder benefit specialists have been in their role less than two years. Nearly half of all elder benefit specialists have been in their role for at least five years.

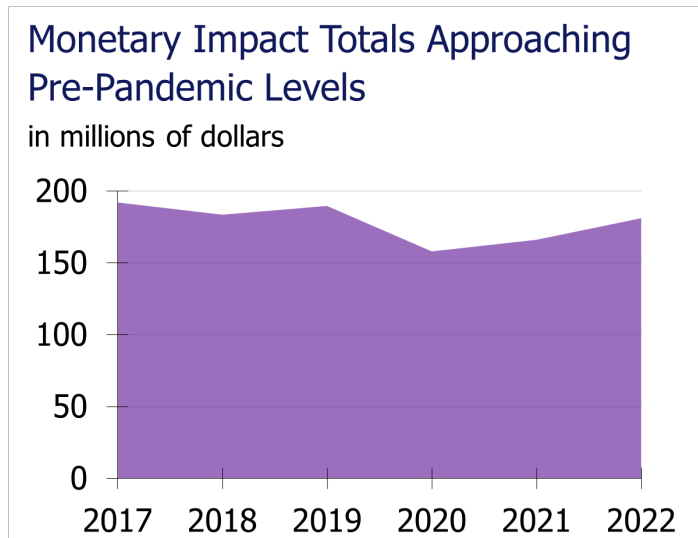


Monetary impact trends

Annual monetary impact totals in the EBS program decreased in 2020, when the COVID-19 public health emergency began. Annual monetary impact totals have increased steadily each year and almost reached pre-pandemic levels in 2022.

The average annual monetary impact for the three years preceding the COVID pandemic was \$188,295,866 (calendar years 2017 through 2019).

The three-year average for calendar years 2020 through 2022 is \$168,322,277, an 11% decrease.



This slight decrease is likely because elder benefit specialists have seen fewer clients on average during the pandemic. However, each counseling appointment is taking more time. The total time spent providing services remains steady.

Most common call topics

There were 71,377 total calls recorded by elder benefit specialists in 2022. Elder benefit specialists recorded 55,788 hours spent on these calls. That is an average of 751 calls and 587 hours per EBS.¹⁶ Call records document conversations with clients, and each call record must include at least one topic. Often conversations with clients involve two

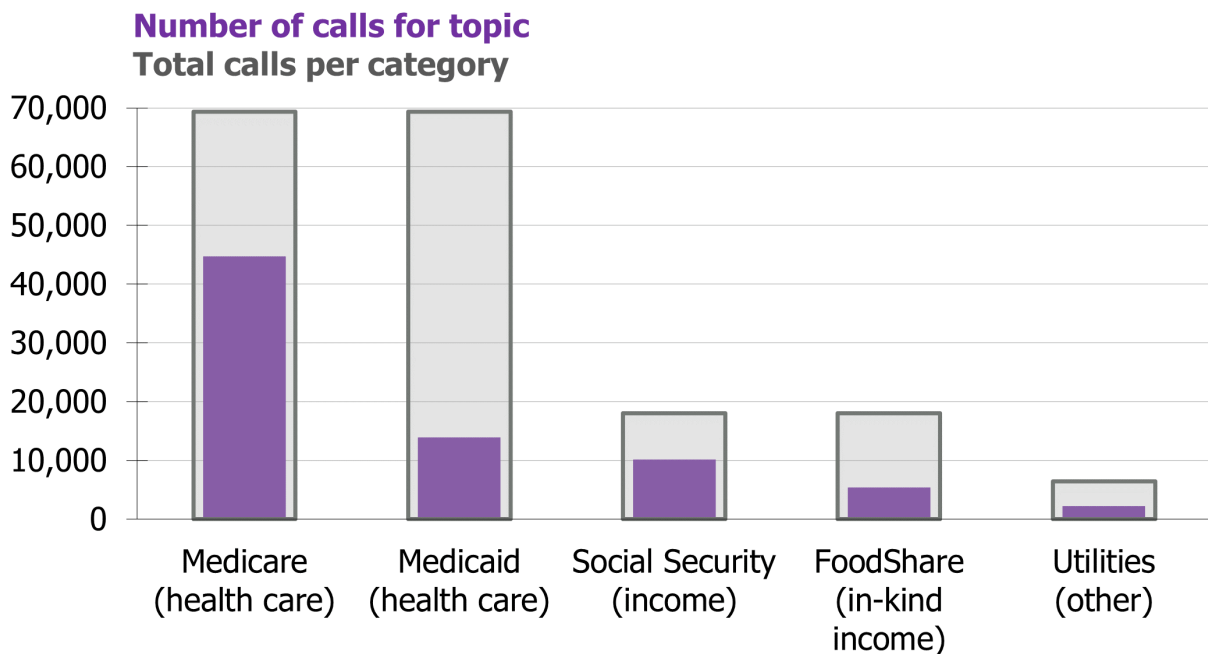
¹⁵ Determined by positions filled as of March 7, 2023.

¹⁶ Averages per benefit specialist are calculated using the full-time equivalency (FTE). In 2022, there were 95 EBSs with an FTE of 95.

or more topics, causing the total number of call topics to be greater than the total number of call records.

This chart illustrates the total number of calls for the most common topics by category. In 2022, over 85% of the total calls related to health care (69,318) were related to Medicare (44,727) or Medicaid (13,905). Over half (56%) of conversations about income issues (18,069) included a discussion about Social Security programs (10,127 calls). The next most common call topic was FoodShare, an in-kind benefit for groceries (5,427 calls out of 18,069). A third of remaining calls discussed utility assistance (2,282 out of the 6,448 total calls, 35%).

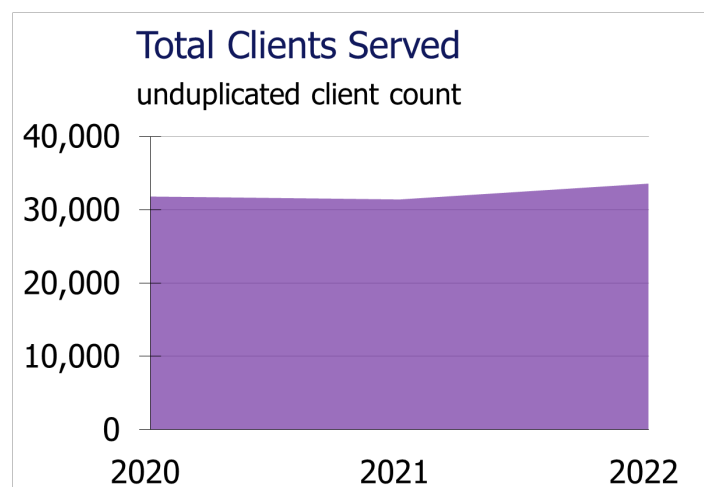
Most Common Call Topics by Category



Demand for services remains steady

Overall, the demand for elder benefit specialist services has remained steady over the past three years (2020 through 2023). In 2022, EBSs served **33,527 clients, opened 74,378 cases, and closed 72,658 cases.**

That compares to 68,573 clients served, 68,573 cases opened, and 67,066 cases closed in 2021. In 2020, EBSs served 72,559 clients, opened 72,214 cases, and closed 72,214 cases.



At the end of 2022, **3,718 cases remained open as unresolved** (represented by the lightest purple shape at the bottom of the area graph to the right). This is up from 2,667 at the end of 2021.

In fact, the number of remaining cases carried over into the new year has **more than doubled** from the 1,725 cases remaining open at the end of 2020. A likely cause of this significant increase is processing delays at the Social Security Administration, as well as a general increase in case complexity during the public health emergency.

In 2022, Medicare-related issues continued to be the most common reason for seeking EBS assistance (39,883 cases). In descending order, the remaining cases were related to “other” topics (17,302 cases); Medicaid cases (8,686); and Social Security cases (6,787).¹⁷

EBSs spent most of their time resolving issues related to Medicare. In 2022, **55% of EBSs’ time was spent on Medicare issues** (30,535 hours), 13% of time was spent on Social Security issues, 12% on Medicaid topics, and 20% on other topics.

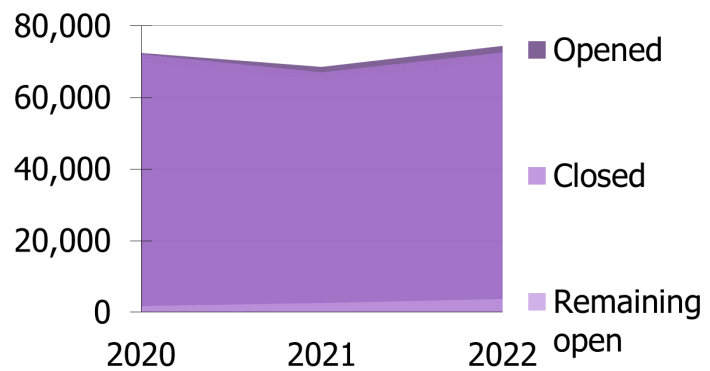
EBS program client demographics

EBS program clients are more likely to:

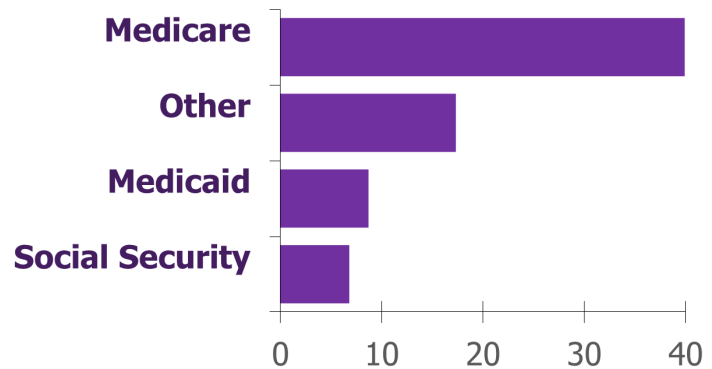
- Live in a rural community.
- Live with others.
- Identify as female.
- Identify as white (not Hispanic).
- Be under age 69.

The following charts depict the distribution of clients across these demographic characteristics.

EBS Program Case Counts

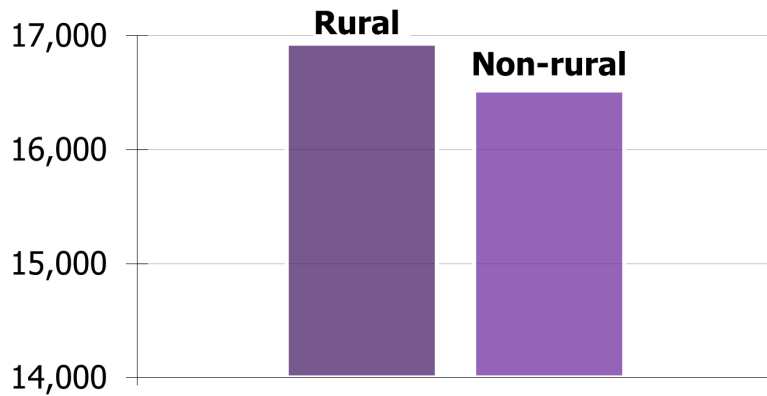


Cases Closed by Topic in thousands



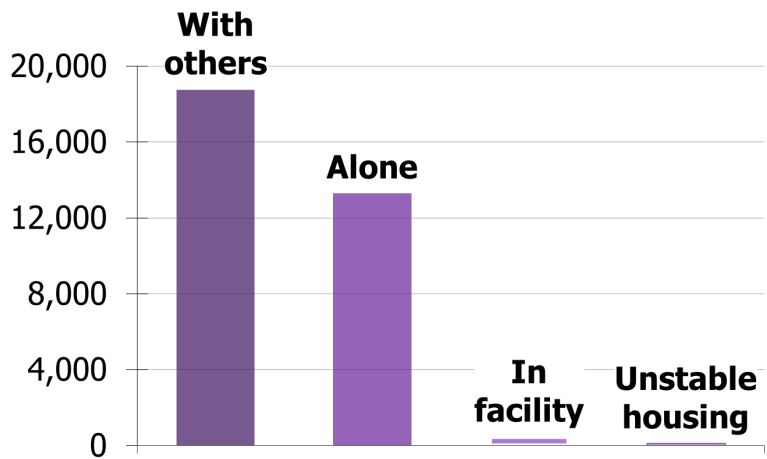
¹⁷ The total represents cases closed in 2022. It does not include cases remaining at the end of the year.

Distribution by Rural Status



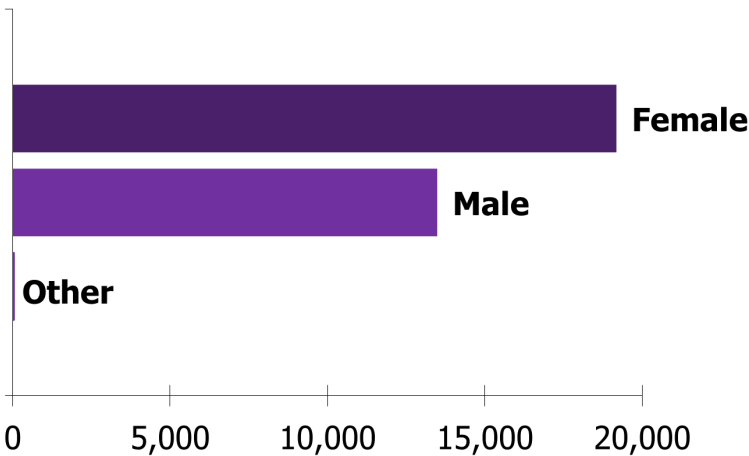
Rural: 16,929 clients
Non-rural: 16,520 clients

Distribution by Living Arrangement



Lived with others:
18,764 clients
Lived alone: 13,297 clients
Resided in a facility:
457 clients
**Had unstable housing or
experienced homelessness:**
103 clients

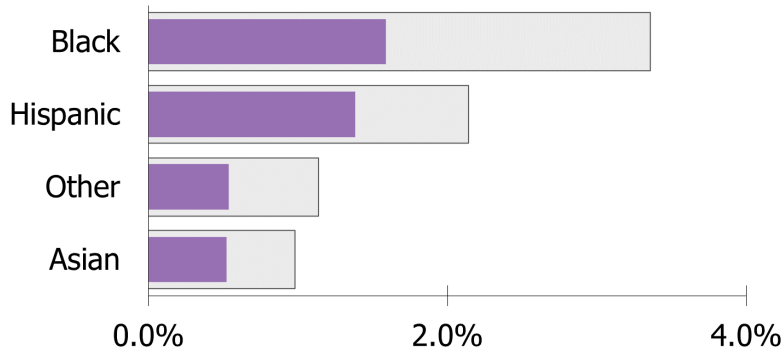
Distribution by Gender Identity



Female: 19,541 clients
Male: 13,681 clients
Non-Binary: 2 clients
Did not disclose: 15 clients
Other: 16 clients
Transgender female:
5 clients
Transgender male:
5 clients

Fewer Clients than State Population

EBS Program
Statewide Population



Black or African American:
1.6% versus 3.4%

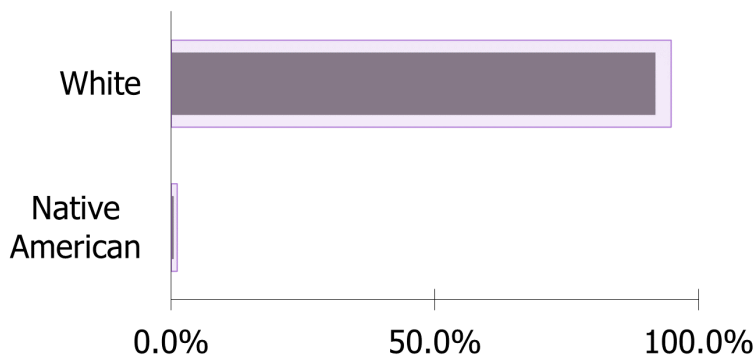
Hispanic (any race):
1.4% versus 2.1%

Other: 0.5% versus 1.1%

Asian: 0.5% versus 1.0%

More Clients than State Population

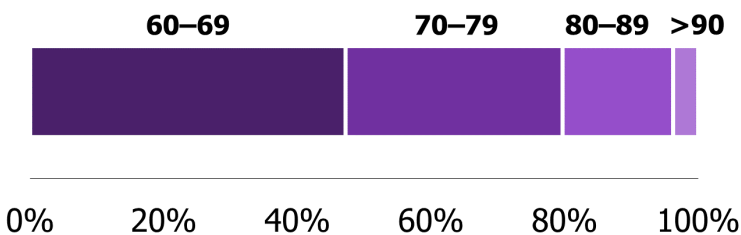
EBS Program
Statewide Population



White (not Hispanic):
94.8% versus 91.8%

**Native American or
Native Alaskan:**
1.2% versus 0.5%

Client Distribution by Age



60-69 years: 15,554 clients

70-79 years: 10,682 clients

80-89 years: 5,443 clients

90-99 years: 1,184 clients

100 years or more: 48 clients

EBSs are proven to be successful advocates

Providing effective advocacy and achieving favorable outcomes for clients requires skill, extensive program knowledge, and considerable amounts of time.

EBSs are skilled communicators. They are trained to understand deeply complex systems like Medicare, Social Security, and legal rights and translate jargon into plain language. EBSs receive upwards of 50 hours of continuing education each year to ensure they remain up to date on the vast array of programs with which they assist. EBSs are uniquely skilled at helping clients navigate the usually siloed landscape of public and private benefits to maximize their income, health, and agency.

EBSs work closely with their program attorneys to ensure that technical and legal arguments supporting their clients' claims are sound. Together, EBSs and program attorneys develop plans to strengthen claims to best support favorable decisions. EBSs refer clients in need of legal representation to an attorney, when appropriate.

EBSs advocate for individual clients as well as systemic change. Elder benefit specialists support individuals who are often experiencing financial hardship, significant stress, and feelings of overwhelm. EBSs often spend months assisting, advocating for, and representing each client with complicated issues. The true impact of their work on clients' lives cannot be quantified.

In addition to individual representation, elder benefit specialists identify and advocate for solutions to systemic issues. EBSs are well situated to evaluate how public benefit programs work together and suggest ways to improve processes and outcomes for clients. By sharing their first-hand experiences with program attorneys and DHS, EBSs provide crucial data that informs advocacy efforts for systemic change.

