



A Catalyst for Positive Change in Workers' Compensation and Disability Benefits Systems

PROPOSAL FOR HEALTH & WORK SERVICE

APPENDIX 2: GAPS THAT CREATE WORK DISABILITY (LUCKY AND UNLUCKY PEOPLE)

A series of upstream filters (life experiences, programs, services, benefits) prevents most people from ending up on Social Security's doorstep. However, there are significant service and funding gaps at each level through which some unlucky people fall, shown in the table below.

The individuals who end up applying for SSDI are unlucky individuals for a variety of reasons. Some were already vulnerable and less able to cope at the moment when their lives were destabilized by a health event, even commonplace ones that don't stop other people from staying employed in the long term. Others have slipped through gaps in upstream programs, either because services and supports were not available (because they worked for small employers) or have not been adequate. In addition, there is a "doughnut hole" in today's social support systems between the end of employment and the pick-up by public systems. It is not just an economic gap – it is a service gap during a critical interval during which the affected individuals must make potentially life-altering decisions about the best strategy for handling a significant life predicament. Due to the lack of expert guidance and helpful services (and the lack of payment for them), people fall forward onto public systems.

An effective work disability prevention approach will put safeguards in place at each level in order to get timely assistance to people with demonstrated work capacity who, without access to services and supports, and because of the disparity between the rapid pace at which life falls apart vs. the administrative pace of typical social system supports, will end up on a one-way track towards economic dependency.

Guide to Gaps Table

The table below which explains where the gaps are and who falls through them and when is organized as follows:

The left-most column describes an issue or program that acts, whether intentionally or not, as a filter that helps keep people employed and productive or as a risk factor or gap that pushes them in an unlucky direction – towards a life of dependency.

The columns for Lucky People and Unlucky People describe how that issue or program looks in their case. Unluckiness refers to the operation of that particular issue or program. Thus, a specific person can be lucky on one line (for example, have had a good childhood) and unlucky

on another (work for a company too small to be covered by the Family Medical Leave Act or the Americans with Disabilities Act).

The right hand column explains the circumstances or mechanism regarding that particular issue or program that pushes the unlucky people towards SSDI.

Lastly, the PHASE (black highlighted line) refers to the major milestones in the sequence of events that unfold in a working person's life that can end up with them on SSDI. Although in the first phase everyone is working, they differ in their previous life experiences and who they are as people. In the second phase, life is destabilized because they have developed a health condition and leave work either temporarily or indefinitely. In the third phase, they lose their jobs, and are either able to find another one or go onto public disability benefits either temporarily or permanently.

See Table on next page.

TABLE

Webility Proposal for Community-Focused Health & Work Service.

**HOW AND WHEN UNLUCKY PEOPLE FALL THROUGH UPSTREAM GAPS IN THE SOCIAL FABRIC
& BECOME DOWNSTREAM DISABILITY BENEFICIARIES**

| Issue | Lucky People | Unlucky People | Why / how unlucky people get pushed towards SSDI |
|---|--|---|---|
| PHASE: BASELINE – EVERYONE IS WORKING | | | |
| Who the Person Is as a Human Being: the Product of Nature and Nurture | “Normal” ACE (Adverse Childhood Experiences) score – 0 to 1 types of major adverse childhood experiences | High ACE score ≥ 4 – which means they had 4 or more different types of major adverse experiences before the age of 18. | <p>See www.acestudy.org and the website for the CDC ACE study: http://www.cdc.gov/violenceprevention/acestudy/index.html</p> <p>When misfortune arises, some people have less capability to deal with it effectively as a result of an unlucky childhood. They have weak or undeveloped coping skills, low resiliency, & life skills – in part because their own parents weren’t able to teach it to them and in part because of the opinions they have formed about how the world works.</p> <p>(Examples of different types of adverse childhood experiences: Parent mentally ill or suicidal; Child watched a man beat mother regularly; Family member in jail. Family member addicted or alcoholic. Single parent home; Personal experience with physical or emotional neglect or with physical, emotional or sexual abuse.</p> <p>Studies have confirmed that adults with ACE score ≥ 4 have more health diagnoses, more medically-unexplained symptoms, more healthcare costs, more absence, more job problems, and 20 year</p> |

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| | | | reduction in life expectancy compared to those with “normal” scores. The CDC did a study which showed that 10-14% of US population has ACE scores ≥ 4 .) |
| PHASE: DESTABILIZATION – CHANGE IN FUNCTIONAL STATUS DUE TO CHANGE IN HEALTH | | | |
| Health condition | Common or everyday health problems such as back pain, diabetes, arthritis, depression, anxiety, and common cancers. | <p>Devastating or rapidly progressive, degenerative, or terminal condition.</p> <p>Traumatic or surgical injuries affecting functional ability and requiring prolonged recovery.</p> | <p>Nearly all people have health problems of one kind or another. Most are lucky and only have to deal with the common or everyday ailments that are typical of aging human beings in the modern world. They are able to adjust and find ways to lead satisfying lives and adapt what they do for work so they can stay employed. If not, issues in other dimensions of life are probably at play.</p> <p>Some unlucky people have sudden and devastating losses of body parts or functions (amputation, spinal cord injury, blinding or deafening injuries schizophrenia). They will require prolonged rehabilitation periods and usually lose their jobs. After the rehabilitation period, they may feel well and have good ability to be re-employed, but only the lucky ones will – because their self-concept, self-confidence, and optimism has been nurtured and they have access to practical goods and services.</p> <p>Another group of unlucky people get severe chronic illnesses that make them feel sick, have rapid downhill courses or wide fluctuations in their functional status. They may also have extensive (time-consuming) involvement with the medical system.</p> <p>Yet another group of unlucky people have not been taught how to do their part to minimize the impact of a health condition on the</p> |

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| | | | rest of their lives and are overly dependent on “experts” like doctors who have not been trained in the need to provide appropriate guidance. |
| Health care | <p>Employer-based coverage; qualify for good public coverage</p> <p>Access to good care.</p> <p>Best practices health care w/ attention to functional outcome</p> | <p>Uninsured or poor health plan design</p> <p>No or limited access to care.</p> <p>Poor care (inappropriate, ineffective, or inadequate).</p> | Unlucky people who have no or limited access to healthcare, or who receive poor care end up with sub-optimal medical and functional status -- and may actually have on-going remediable but as yet unaddressed impairment. |
| Workplace supports | <p>Small to large employer - Required to comply with FMLA, ADA, and/or workers’ comp</p> <p>Offers disability benefits and EAP programs</p> <p>Well-managed proactive programs</p> | <p>Very small employer - Not required to comply with FMLA, ADA, and/or workers’ comp</p> <p>No disability benefits, no EAP</p> <p>Poorly managed programs</p> | <p>The unlucky workers whose jobs are not protected by FMLA, ADA and workers’ compensation programs are more likely to lose their jobs after illness or injury begins interfering with work.</p> <p>Unlucky workers who do not have paid sick leave and short/long term disability programs will become severely financially stressed much more quickly and will turn to public programs sooner than those who do have private sector benefits.</p> <p>Unlucky workers without access to EAP (employee assistance programs) and well-informed benefits professionals are left alone to cope and may never get advice/guidance on resources that may help them.</p> |

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| Decision-makers at employer or vendors | <p>Employ work disability prevention (WDP) approach</p> <p>Willing to pay for functional rehab / RTW-related services</p> <p>Have RTW program</p> | <p>Unaware or skeptical of WDP</p> <p>Refuses payment for functional rehab / RTW-related services</p> <p>Have no RTW program</p> | <p>Uneven quality and variation among program features means that unlucky individuals do not get needed functional rehab services and employer's support with RTW process.</p> <p>Differences among employers in the design of their voluntary benefit programs, as well as differences in state-by-state provisions in workers' compensation law, and discretionary decisions about payment for services, on-the-job recovery, and reasonable accommodation by their employer and benefits administrators mean differences in service eligibility, delivery and payment for working people.</p> |
| PHASE: JOB LOSS | | | |
| Decision-makers in workers' compensation or disability benefits programs. | <p>Willing to pay for functional rehab / RTW-related services</p> <p>Have a good vocational rehabilitation program</p> | <p>LTD claimants are usually REQUIRED by carriers to apply (and are often provided with coaches who actively help them prepare applications that will help them get on SSDI)</p> <p>Refuses to authorize payment for vocational rehabilitation</p> | <p>These programs typically continue to provide benefits for a period of time after job loss.</p> <p>Unlucky workers are covered by employer-designed benefit programs, or state workers' compensation laws that</p> <ul style="list-style-type: none"> • have calendar-driven cut-offs for benefits and • do not employ vocational rehabilitation services, or • their administrators decide not to offer / refuse to pay for functional and vocational rehabilitation services. <p>Workers' compensation programs no longer include vocational rehabilitation services on a regular basis. This happened due to the widespread devaluation of this valuable service by its primary use</p> |

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| | | | <p>as a claim settlement and litigation tool by insurance companies and the legal profession, as well as widespread loss of confidence in the profession because practitioners were not held accountable for outcomes.</p> <p>Uneven quality and variation among program features means that unlucky individuals do not get needed functional rehab services and employer's support with RTW process.</p> |
| Initial safety net Programs: Medicaid, unemployment, TANF, etc. | Usually not needed because of programs above. | None of these programs reliably provides specific guidance or funds to pay for services to remove obstacles to / facilitate RTW. | |
| Ultimate safety net programs: Medicare, SSDI, federally-funded voc rehab svces | Usually not needed because of programs above. | <p>Fail to qualify for benefits because they:</p> <ul style="list-style-type: none"> • do not meet requirements for benefits because of system artifacts, e.g. particularly the use of “residual” rather than actual functional capacity RFC in determining eligibility. • are too dysfunctional to effectively apply for benefits • are unable to find work, | <p>All workless Medicare recipients are unlucky because there is no coordinated and strategic treatment planning service available to help people regain functional ability and prepare to RTW.</p> <p>All workless SSDI recipients are unlucky because there is no proactive campaign to educate beneficiaries about the toxic impact of worklessness and how to regain functional ability and develop their skills and abilities in order to RTW. Nor is there pro-active and user-friendly dissemination of information about the SSDI provisions that allow them to do so without jeopardizing their economic safety net.</p> <p>Almost all workless individuals are unlucky because they will never get any vocational rehabilitation services. Federal funding</p> |

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| | | <ul style="list-style-type: none"> • are too discouraged (or lazy) to look for it. <p>End up dependent for life even though they might have been able to work HAD THEY HAD access to EFFECTIVE services and supports.</p> <p>Less than 1% of SSDI recipients ever leave the program because they have successfully returned to work and don't need benefits anymore.</p> | <p>for vocational rehabilitation is unpredictable/unreliable and reserved only for the very most impaired individuals. Many state unemployment programs that are supposed to deal with less severe disabilities are also underfunded and ill-equipped to meet the need. Waiting lists are years long.</p> |