

# Persons with Persistent and Multiple Barriers (PPMB) to Employment

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The BC Coalition of People with Disabilities has prepared this Help Sheet to help you understand what the Persons with Persistent and Multiple Barriers to employment (PPMB) benefit is and how you apply for it. The PPMB benefit is for people who are unable to work because they have severe and multiple barriers to employment. This means that your medical condition must be severe enough that it prevents you from seeking, accepting, or continuing employment now or in the foreseeable future.

We have included a letter that you can give to your doctor that will help him or her fill out the Medical Report that is part of the application process. We have also included a sample Medical Report.

## What you will get with PPMB

- You will receive up to \$658 a month if you are a single person without dependants
- You will not be expected to look for work
- You will be able to keep up to \$500 a month in earned income
- You will be eligible for certain health supplements

## To qualify for PPMB

- You must have been on income assistance for 12 out of the 15 months immediately before you apply.
- Your doctor must provide details about how your medical condition prevents you from seeking, accepting or continuing employment.
- Your doctor must say that you have a medical condition that has lasted for one year and is likely to continue or reoccur frequently for at least two more years.

Please note that addictions of any kind **do not** count as a medical condition under the PPMB eligibility criteria.

## How to apply for PPMB

### 1. Appointment

Make an appointment at the Ministry of Employment and Income Assistance (MEIA) to see a worker. Tell him or her that you want to apply for PPMB.

### 2. Employability Interview

The Employment and Assistance Worker (EAW) will ask you questions about your background that are part of a Client Employability Profile. These questions which are about your work history, level of education and English language skills, help the Ministry determine your barriers to employment. Points are scored on an Employment Screen based on your answers. If you score 15 points or more, then your medical restrictions to work do not have to be as great as if you score less than 15. The vast majority of people who apply for PPMB do not score 15 points largely because of the way the screen is designed. The EAW will also ask you what steps you have taken to overcome your barriers to employment.

### 3. Medical Report

The EAW will also give you a Medical Report to take to your doctor. When you go to see your doctor, give him or her a copy of the letter included with this Help Sheet.

When the doctor completes the form, he or she must explain why your medical condition stops you from working. It is also important that your doctor state that your condition has lasted for at least 1 year and will continue for 2 years and provides information about treatments you have tried. It is helpful if your doctor also includes tests and reports that show how severe your condition is.

If your doctor does not know you very well, it is very important that you explain your limitations so that he or she understands how they impact your ability to work. Tell the doctor about your employment history and describe the problems that you have had getting or keeping work. Explain how retraining would not help you to overcome your limitations.

Once your doctor has completed the Medical Report, take it back to your MEIA office. You can ask the staff to make a copy of the completed Report for your records.

## How long PPMB lasts

If you are granted PPMB, the Ministry will ask you to re-apply in 2 years. If it is not clear how long your condition will last, you may be asked to reapply after only 1 year.

You will not be automatically granted PPMB when you reapply. The MEIA can discontinue your PPMB benefits if they think you have become capable of work or training. Your doctor must provide details on the Medical Report as to how you are still restricted in performing work activities.

## **If you are denied PPMB**

If you are denied PPMB benefits you can appeal the decision. The first stage of appeal is called the Reconsideration.

As soon as you find out that you have been denied, contact your office and ask for a Request for Reconsideration Form and the case file information. You must return this to the Ministry within 20 business days from the date you receive your denial letter.

The BC Coalition of People with Disabilities has prepared material on how to appeal. Please visit our website at <http://www.bccpd.bc.ca> or call our office for information.

It is sometimes quicker and easier to reapply for PPMB than to appeal. If you want to do a new application, contact MEIA and speak to a worker. Also, you may be eligible and want to apply for the Persons with Disabilities (PWD) benefit.

## Letter to doctors

### *Dear Doctor:*

In order for your patient to qualify for the Persons with Persistent and Multiple Barriers to Employment (PPMB) benefit, their doctor must complete the PPMB Medical Report. The PPMB benefit provides approximately \$50 a month more than basic income assistance. PPMB recipients are also eligible for certain health supplements, and may earn up to \$500 a month without it decreasing their benefits. So, there are real advantages for your patient if they can qualify for PPMB. It should be noted that your patient will usually be asked to re-apply for PPMB every 2 years.

To qualify for PPMB, the applicant's doctor must show that the applicant's medical condition:

- stops them from looking for, accepting or continuing employment
- has lasted for at least 1 year, or has occurred frequently in the past year, and is likely to continue or reoccur for at least 2 more years.

Addictions of any kind do not count as an eligible medical condition under the PPMB rules.

We respectfully ask that you complete the Medical Report. To assist you and your patient, we have written a brief guide to some questions in the Report that we believe require particular attention.

### **1. Medical Condition**

Please list all medical conditions under a. and b. in the Medical Report. Part c. asks for a list of all treatments that have been tried and whether they have been effective. Under Part d., a medical condition must have lasted for at least 1 year for the applicant to qualify for PPMB.

### **2. Prognosis**

The duration requirement for PPMB is that a medical condition must be expected to continue for “more than 2 years.”

### **3. Restrictions**

It is important that you provide details about how each of your patient's medical conditions restricts them from an employment perspective. It is helpful if you state that your patient is unable to do any kind of work as a direct result of these health restrictions. Please evaluate the applicant's ability to work from a “real world” perspective. A 60-year-old man, for example, who has a limited education and is no longer able to work as a labourer is extremely unlikely to be able to pursue a job as an office worker.

### **4. Additional Information**

Please include any reports or consultations that shed light on the severity of your patient's impairment.

Thank you for taking the time to complete this Medical Report.

*Sincerely*



Ministry of  
Employment and  
Income Assistance

**MEDICAL REPORT -  
PERSONS WITH PERSISTENT  
MULTIPLE BARRIERS**

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. For any questions concerning the collection, use or disclosure of this information, please contact your local Employment and Assistance Centre.

**A - PERSONAL IDENTIFICATION**

Last Name	First Name	Middle Name
GA		
File Number	Personal Health Number	

SAMPLE

**B - AUTHORITY TO RELEASE INFORMATION (Completed by Client)**

I consent to the medical practitioner indicated below disclosing medical information about me, as requested in this form, to the Ministry of Employment and Income Assistance for the purposes of assisting the Ministry to assess employability and to determine if I qualify as a person who has persistent multiple barriers to employment.

Signature of Client	Date Signed (YYYY MMM DD)	Signature of Witness
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**C - MEDICAL ASSESSMENT - To be completed by a Medical Practitioner (Please Print)**

All questions must be answered completely in order for the Ministry of Employment and Income Assistance to determine how a recipient's medical conditions may affect their employability. Incomplete information will result in the recipient not being adjudicated for the appropriate client category. The contents of this report are confidential, but are subject to the following conditions:

- the report will be shared with the Applicant;
- the report will be shared with the Employment and Assistance Appeal Tribunal if an appeal is initiated; and
- the report may be reviewed by a ministry medical consultant.

**1. Medical Condition:** ICD9 or DSM Code \_\_\_\_\_ Date of Onset (YYYY MMM DD) \_\_\_\_\_

a. Primary medical condition: \_\_\_\_\_

b. Secondary medical condition(s): \_\_\_\_\_

c. Please describe any treatment/remedial approaches that have been tried to date or are expected in the future. To what degree have the treatment/remedial approaches improved or are expected to improve the above condition(s). \_\_\_\_\_

Treatment (i.e., therapies, medication, surgeries, etc.)	Outcome (i.e. stabilized conditions, no change, patient did not follow treatment, expecting surgery in 12 months)

d. How long has this condition(s) existed? \_\_\_\_\_ Years \_\_\_\_\_ Months

**2. Prognosis:**

a. Expected duration of medical condition(s):  expected number of weeks: \_\_\_\_\_ or months: \_\_\_\_\_ or check appropriate range below:  
 1-3 mos.  3-6 mos.  6-9 mos.  9-12 mos.  12-18 mos.  18-24 mos.  
 more than 2 years, additional comments: \_\_\_\_\_

b. Medical condition(s) is episodic in nature  Yes  No

i) How frequently have the episodes occurred? \_\_\_\_\_

ii) How frequently are they likely to recur? \_\_\_\_\_

**3. Restrictions:**

Please describe the nature of any restrictions specific to the above medical condition(s). (for example, restricted motion in arms or legs) (attach additional pages if required)



Ministry of  
Employment and  
Income Assistance

**MEDICAL REPORT -  
PERSONS WITH PERSISTENT  
MULTIPLE BARRIERS**

<p><b>4. Additional information:</b> Please enclose copies of documentation that supports the severity and restrictions of the medical condition (e.g., laboratory reports, psychological reports, etc.)</p>	
<p><b>5. Certification</b></p> <p>I, _____ am a physician registered with the College of Physicians and Surgeons of British Columbia and licensed to practice clinical medicine in BC.</p> <p><input type="checkbox"/> I am a general practitioner</p> <p><input type="checkbox"/> I am a specialist in _____</p> <p>This report contains my findings and considered opinion at this time. I have been the patient's medical practitioner for:</p> <p><input type="checkbox"/> 6 months or less      <input type="checkbox"/> Over 6 months</p> <p>If under 6 months <input type="checkbox"/> I have examined previous medical records  <input type="checkbox"/> I have not examined previous medical records</p>	<p>Address including postal code (stamp or print)</p> <p style="font-size: 48px; text-align: center;">SAMPLE</p>
Signature of Medical Practitioner	Date (YYYY MMM DD)
Medical Practitioner Number	Telephone



Prepared by Advocacy Access, a program of BC Coalition of People with Disabilities  
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