6 Help Sheet BC DISABILITY BENEFITS

Persons with Persistent and Multiple Barriers (PPMB) to Employment

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

The Persons with Persistent and Multiple Barriers to employment (PPMB) benefit has replaced Disability Benefits Level One (DBI). The PPMB benefit is for people who are unable to work because they have severe 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.

The BC Coalition of People with Disabilities has prepared this help sheet or guide to help you understand what the PPMB is and how you apply for it. 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 $608 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 $300 a month in earned income
- You will be eligible for extended medical benefits

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 say that 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.

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Letter to doctors

Dear Physician:

Your patient is applying for the Person with Persistent and Multiple Barriers to employment (PPMB) benefit. This benefit provides single people with no dependents $608 a month. It replaces Disability Benefits Level I.

To qualify for PPMB, an applicant is required to have their physician complete a PPMB medical report (Section C). We respectfully ask that you consider the following when filling out the report:

Section C Question C.1 (Medical Condition) (a)(b)(d) These questions ask you to list all of your patient's medical condition(s). To qualify for PPMB, your patient's medical condition has to have existed for at least one year.
(c) In this question, you are asked to state whether the condition is mild, moderate, or severe. If you believe your patient's condition presents a severe barrier to employment, we ask that you indicate that in your answer.

Question C.2 (Prognosis) (a)(b) These questions ask you to state the expected duration of your patient's medical condition. To qualify for PPMB, your patient's condition must be expected to last for at least 2 years. If the condition is episodic, then the symptoms must occur frequently.

Employability questions (c)(d)(e)
The definition for PPMB says that an applicant's medical condition must seriously impede or preclude their ability to search for, accept or continue to work. In plain language, this means if you believe your patient's condition makes them unemployable you should state this in your response to these 3 questions.

When answering these questions please remember to put your patient within a real world context. For example, is it realistic to expect your patient to retrain for office work if they have been a labourer for their entire working life?

Whether someone can work a few hours a week is not the issue here. Rather what needs to be considered when you complete the medical report is whether your patient would be able to maintain regular employment on a continuing basis.

Thank you for your cooperation.

Ask about other Help Sheets in this series

The information in this Help Sheet is based on the legislation that was current at the time of writing. The legislation and policy may be subject to change. Please check the date on this Help Sheet.

BRITISH COLUMBIA

Ministry of Human Resources

MEDICAL REPORT
(FOR PERSONS WHO HAVE PERSISTENT MULTIPLE BARRIERS TO EMPLOYMENT)

SAMPLE

The information requested on this form is collected under the authority of the *Employment and Assistance Act* and will be used solely to determine whether the client qualifies as a person who has persistent multiple barriers to employment. Disclosure of this information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions concerning the collection, use and disclosure of this information should be directed to your local Employment and Assistance Centre.

A - PERSONAL IDENTIFICATION

Last Name	First Name	Middle Name

File Number	Personal Health Number
GA	

B - AUTHORITY TO RELEASE INFORMATION (Completed by Client)

I authorize the medical practitioner indicated below to complete this assessment and to disclose medical information concerning myself to the Ministry of Human Resources.

Signature of Client	Date Signed (YYYY MMM DD)	Signature of Witness

C - MEDICAL ASSESSMENT - To be completed by a Medical Practitioner (Please Print)

1. Medical Condition: Date of Onset (YYYY MMM DD)
   a. Primary medical condition: ____________ ____________
   b. Secondary medical condition : ____________ ____________
   c. Severity of medical condition : ☐ Mild ☐ Moderate ☐ Severe
   d. Has this condition existed for at least 1 year ☐ Yes ☐ No

2. Prognosis:
   a. Expected duration of medical condition: ☐ less than 2 years ☐ more than 2 years ☐ additional comments: ____________
   b. Medical condition is episodic in nature ☐ Yes ☐ No
      i) How frequently have the episodes occurred? ____________
      ii) How frequently are they likely to recur? ____________
   c. Please describe the nature and reasons for any restrictions in employment, specific to the above medical conditions.
   d. Please describe any steps that can be taken to overcome/reduce restrictions to employment (e.g. change from physical labour to desk work).
   e. Please describe any workplace supports recommended to assist in employment (e.g. flexible work hours).

3. Certification of Examining Medical Practitioner

I, ____________ (print name)

am a licensed medical practitioner specializing in

____________ G.P. or specialty

I have examined the patient and this report contains my findings and considered opinion at this time. I have been the patient's medical practitioner for:

☐ 6 months or less ☐ over 6 months

If under 6 months ☐ I have examined previous medical records

☐ I have not examined previous medical records

Address including postal code (stamp or print)

Signature of Medical Practitioner	Date (YYYY MMM DD)
Billing Number	**Telephone**