

Persons with Persistent Multiple Barriers

General Principle

Social assistance and additional benefits are provided to those clients who are unable to achieve financial independence because they have specific medical conditions that are barriers to employment.

Social assistance and additional benefits issued to a Person with Persistent Multiple Barriers (PPMB) is based on the client's ongoing financial eligibility and the existence of specific medical conditions.

There is no obligation for clients to look for work or engage in employment related activities while they are in the PPMB category.

The PPMB category of social assistance is not a pension. Payment of social assistance and additional benefits is based on the client's ongoing financial eligibility.

Policy

A person must be in receipt of social assistance, social assistance for Persons with Disabilities or hardship assistance from DIAND, BC Region or income assistance, disability assistance or hardship assistance from the BC Ministry of Employment and Income Assistance (MEIA) for at least 12 of the past 15 months before they can be assessed for the PPMB category.

All on-reserve social assistance clients who are designated Disability Benefits Level I (DBL I) will be assigned the PPMB category as of April 1, 2004, until their DBL I review date, provided all other eligibility criteria are met.

Individuals moving on-reserve who were receiving PPMB assistance from the BC MEIA the month prior to applying for social assistance will be assigned the PPMB category, provided all other eligibility criteria are met.

PPMB will be reassessed at least once every two years.

To qualify for the PPMB category, a client must have a medical condition, other than an addiction, which meets the following two criteria:

1. The medical condition is confirmed by a physician (who is authorized under an enactment to practice the profession of a medical practitioner in BC), and that in the opinion of the physician, the condition:
 - has continued for at least one year and is likely to continue for at least two more years, or
 - has occurred frequently in the past year and is likely to continue for at least two more years, and
2. In the opinion of the Band Social Development Worker (BSDW), the confirmed medical condition seriously restricts the client's ability to search for, accept or continue employment.

All adults in the family unit must qualify for the PPMB category in order to be eligible for the following:

- Higher social assistance rate;
- Enhanced medical coverage for eligible non-status clients;
- Basic dental care coverage of \$500 within a specific period of two consecutive calendar year; and
- Earnings exemption of \$500/per month/per family unit, provided the family has been on assistance for three consecutive months. PPMB are still encouraged to participate in employment whenever possible.

Note: Enhanced medical benefits are only available to non-status social assistance recipients who meet the BC Medical Services Plan requirements for coverage. If applicable, see Chapter 10, Health Benefits.

Procedures

Application

1. Determine that the person has received social or income assistance for at least 12 of the last 15 months from INAC, BC Region or BC MEIA, and continues to be eligible for social assistance.

2. Determine whether the client wishes to apply for the PPMB category or the Persons with Disabilities (PWD) designation. It may be useful to review with the client the definitions and criteria for PPMB and PWD to determine which program is the most appropriate.
3. If the client appears to be a candidate for PPMB based on an assessment of the information above, provide the client with the *Medical Report* (SA 116) form for PPMB for completion by a physician. The form requires information on the diagnosis and duration of the client's medical condition and any employment restrictions that are specified by the physician.
4. Once the client has returned the completed *Medical Report* (SA 116) form, process the \$25 payment to the physician for completion of the report.
5. Review the returned *Medical Report* to determine if the physician has confirmed:
 - the client has a medical condition (excluding addiction); and
 - the condition has lasted for at least one year and is likely to last for at least another two years, OR the condition is episodic, has occurred frequently in the past year and is likely to occur frequently in the next two years.
6. In reviewing the medical information, the following should be considered:
 - the impact of the client's medical condition on his/her ability to achieve independence through employment. This will vary based on the severity of the medical condition, frequency of occurrences (if episodic), and extent of employment restrictions; and
 - the existence of employment restrictions, of itself, may not seriously restrict the client from searching for, accepting or continuing employment if suitable referrals, placements, training or employment supports can be provided within the community.
7. Determine the client's eligibility for PPMB, based on the documentation and file review.
8. Place the *Medical Report* (SA 116) in the client's file after the assessment.

9. Complete the *PPMB Checklist & Decision* (SA 117) form and advise the client of the decision (approve or denial).
 - if approved, advise the client of the PPMB category expiry date. The expiry date is usually the end of the expected duration of the medical condition as stated by the Physician in the *Medical Report*. However, this cannot exceed two years.
 - if denied, explain the reason(s) for the denial to the client and advise the client of their right to appeal the BSDW's decision.
 - provide a copy of the *PPMB Checklist & Decision* (SA 117) form to the client.
10. Keep the original *PPMB Checklist & Decision* (SA 117) form in the client's file to indicate the client qualifies or does not qualify for the PPMB category.

Applicants who were receiving PPMB income assistance from BC MEIA

Applicants who were receiving PPMB income assistance from the BC MEIA the month prior to applying for INAC's social assistance may be assigned the PPMB category. They are required to provide the Band Social Development Worker (BSDW) with a written confirmation of their PPMB category and the expiry date, from MEIA.

Reviews

1. Reviews for the PPMB category must be conducted at least once every two years or on the expiry date, whichever is sooner.
2. Set up a Bring Forward (BF) system to track the expiry dates of PPMB clients on the caseload.
3. Send a notification letter to clients two months before the expiry date to inform them that their eligibility for PPMB benefits may be discontinued in two months and advise them to contact the BSDW to set up a review appointment.
4. Send a second notification letter one month before the expiry date if the client has not responded to the first letter.
5. If a review is not completed within the two-month period because the client fails to attend a review, additional assistance and benefits associated with the PPMB category will be discontinued

effective the month following the expiry date, based on failure to provide information to support continuing eligibility for PPMB.

6. Reviews are conducted based on the client's individual situation.
7. If the BSDW determines the client no longer meets the criteria for PPMB, the client must be notified (in writing) that they are no longer eligible for the PPMB category, but they will continue to receive the higher social assistance rate and additional benefits for PPMB for three cheque periods (90 days), provided they meet all eligibility criteria for social assistance, before they are reduced to the basic social assistance rates.

Returning to Social Assistance

For former income or social assistance clients who reapply for social assistance within 12 months after the file closing date and who were in the PPMB category before the file was closed, can be reassessed for PPMB upon reapplication without the requirement of another 12 months of assistance.

Reassessment for the PPMB category should be done as part of the reapplication process.

Documentation

The following documents and forms must appear in the client's file:

- Application for Social Assistance (901-27);
- Budget and Decision Sheet (901-25);
- Medical Report (SA 116);
- Persons with Persistent Multiple Barriers (PPMB) Checklist & Decision Form (SA 117);
- Copies of any correspondence, reports or documents, (e.g. BC MEIA confirmation of PPMB, that directly relate to the application for PPMB benefits);
- Social Assistance Monthly Renewal Declaration (901-28); and
- All other documentation as required in Chapter 3, Application and Assessment, and Chapter 4, Eligibility.

Continuing Eligibility

In order to continue to receive social assistance, applicants and recipients must continue to meet all eligibility requirements for social assistance.

Persons in continuous receipt of PPMB benefits shall have their financial eligibility reviewed annually, or upon any change in circumstances.

Such reviews follow the same procedures and requirements outlined in Chapter 3, Application and Assessment, and Chapter 4, Eligibility.