

**MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)  
BASIC GROUP GRACE PERIOD REQUEST FORM**

Please complete, sign and date this form and return it with the required documentation (see below) to the Department of Social Services at the above address by \_\_\_\_\_.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CLIENT ID NUMBER (CIN): \_\_\_\_\_

I AM REQUESTING A GRACE PERIOD FOR CONTINUED PARTICIPATION IN THE MBI-WPD PROGRAM FOR THE FOLLOWING REASON: (Choose Medical Condition or Job Loss and check the appropriate boxes.)

CHANGE IN MEDICAL CONDITION:

Documentation Attached  
(Physician's statement needed)

JOB LOSS

Documentation Attached (layoff notice, statement from Department of Labor, VESID, etc. needed)

This is a temporary layoff  
My anticipated return date is \_\_\_\_\_

I am actively seeking new employment

Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Day Worked: \_\_\_\_\_

I certify, under penalty of perjury, that the information I have provided on this request form is true and complete to the best of my knowledge.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

To be completed by the Local District Social Services Office

LDSS Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

REQUEST APPROVED Date: \_\_\_\_\_

Grace Period: \_\_\_\_\_ to \_\_\_\_\_

REQUEST DENIED Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

If your request for a grace period is denied, no change is being made to your Medicaid coverage with this letter. You will receive a separate notice in the mail regarding your Medicaid coverage. The notice will include information on how to request an agency conference and/or a fair hearing.

\_\_\_\_\_  
Signature of LDSS Contact

\_\_\_\_\_  
Date

## MBI-WPD GRACE PERIOD INFORMATION

### What Are Grace Periods?

A grace period is a time period during which an MBI-WPD program participant is not working but remains eligible for the program. Two types of grace periods may be granted:

- **Medical Reasons:** a grace period of up to six months will be allowed, if the MBI-WPD participant is unable to continue working for medical reasons. Medical documentation will be required. When an MBI-WPD participant requests this type of grace period, medical documentation must be sent to the local Department of Social Services office.
- **Grace Period for Job Loss:** a grace period of up to six months will be allowed if through no fault of the participant, job loss is suffered, i.e., due to layoff, etc. Documentation is required. There is an expectation that the participant will return to employment (for example, if it is a temporary layoff) or that the participant is actively seeking new employment.

Note: MBI-WPD participants reporting job loss due to non-medical reasons can contact the LDSS for a referral to One-Stop Centers, Vocational and Educational Services for Individuals with Disabilities (VESID) and Work Incentives, Planning and Assistance (WIPA) services as applicable, so that assistance with employment may be sought prior to loss of eligibility in the program.

### How Do I Go About Getting a Grace Period?

A MBI-WPD participant must complete the grace period request on the opposite side of this form. The completed form, along with the required documentation must be submitted to your local Department of Social Services (LDSS) office.

### How Often Can I Have a Grace Period?

Participants may be granted multiple grace periods during a 12-month period. However, in no event may the sum of the grace periods exceed six months in the 12-month period.

### What Kind of Documentation Do I Need?

When applying for a Change in Medical Condition Grace Period, a physician's statement is required which contains the current health problem, treatment and the anticipated amount of time you will be out of work.

When applying for a Job Loss Grace Period, documentation is also required. Acceptable forms of documentation include layoff notice, statement from Department of Labor, VESID, etc.

### How Will I Know if My Grace Period is Approved?

Your LDSS office will send you a letter informing you of your approval and the period of time authorized.

### What Happens When I Return to Work?

You should immediately notify your LDSS office of your return to work. Unless you inform the LDSS office of your return to work, your grace period continues throughout the approved period. This is important because the sum of the grace periods cannot exceed six months in a 12-month period.

### Will My Grace Period Affect My Premium Payments?

Premium payments are required for any recipient with net income (earned and unearned) that is at least 150% of the Federal Poverty Level (FPL) but at or below 250%FPL. You must notify your LDSS office immediately of any change in income. The LDSS office will use this information to determine if a premium is still required.

**Note:** A premium payment will not be required at this time. Currently there is a moratorium on premium collection. When the premium requirement becomes effective you will be notified by mail.