

**MBI-WPD  
Grace Period Approval  
Basic Coverage Group - Job Loss**

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Dear Consumer:

This letter confirms the approval of your request for a grace period in the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) due to your job loss.

This grace period is effective \_\_\_\_\_ through \_\_\_\_\_. Your participation in the MBI-WPD program means that your Medicaid coverage will continue unchanged during this grace period.

Once you have a new job, you must notify us immediately and submit documentation of employment, for example, a copy of your first pay stub. At that time, you will no longer be in a grace period as you will, once again, be considered an actively employed participant in the MBI-WPD program.

You are allowed up to six months grace period in a twelve-month period. If you have not used the full six months by the end of the effective date stated above and you require an extension of this grace period, you must request the extension in writing. You must document your efforts to actively seek employment during the time of the current grace period. Documentation of employment-seeking means you must keep a job interview record containing the following:

1. The date of each job interview that you have attended.
2. The name and title of the individual who conducted the interview and the address and phone number of the business or agency where the interview took place.
3. The outcome of each interview (offered a job, or not offered a job).
4. If you declined a job offer, the reason you declined.
5. If a VESID counselor is assisting you in your job-seeking efforts, written verification from the VESID counselor will be accepted as supportive documentation, as long as it contains the information in your job interview record.

Please send in your job interview record by \_\_\_\_\_

We wish you luck in your efforts to obtain employment.

Sincerely,