

Decision Maker's Reasoning Template User Guide

The Decision Maker's Reasoning (DMR) Template is used by Case Managers (CM) to create reasons to support their decision. This enables a CM to craft personalised reasons for their decision using selection options and free text. This then forms part of the case record and the notification to the claimant. The output is entirely your responsibility and you can remove or add to any aspects you don't want to include in your reasons.

To maximise the benefits from the DMR Template, you should no longer need to complete a clerical scrutiny sheet. Therefore, the best way to use the template is to have it open whilst going through the evidence and made your notes in the Template.

When entering dates, just enter the six digit date which will then convert this to DD/MM/YYYY format e.g. if you put in "140315" it will then show "14/03/2015"

Please see the key areas below and click on the heading for more information.

Decision Record

For New Claims, Reassessment Claims, Award Reviews and Unplanned Interventions, you should record descriptors for each activity and if you disagree with the claimant, you must explain why you disagree.

For reconsiderations, there's no need to include the claimant's or CM's descriptor choices where you're not changing the decision. If you're changing the decision, you should include all descriptors which change or score points.

Lead Text

An opening paragraph will be added to the reasons automatically dependent on the circumstances of the decision. You will need to select one of the following:

- SRTI
- PA4
- PA3

Enhanced D/L

Where you are clear you're going to award daily living at the enhanced rate you can do so using a simple tick box to generate the following:

"The evidence indicates your conditions cause you substantial difficulties with Daily Living activities."

CM Choice

You should enter your descriptor choice in the column "CM choice". You can provide a CM Choice for each descriptor and identify whether or not these match the

claimant choice. These default to “A” [no needs] so must be amended as appropriate.

The output generated places areas of agreement first beginning with where the claimant can manage followed by areas of disagreement. Where specific descriptor aspects selected match, the text will be collated.

For reconsiderations, you should select all points scoring descriptors for any decision you change; even where the rate of award remains.

Disagree

For cases with a PA4 or PA3 [not PA3 – no PIP2], you should identify where the claimant’s evidence is different to your CM choice by ticking the “disagree” box for all activities where the descriptor you select doesn’t match the level the claimant’s own evidence [in the PIP2, at the face to face or elsewhere] puts them at.

Where you select options other than “A”, you may be asked to specify which aspect within the descriptor applies e.g. if they can manage but only using an aid.

Where you select “B” or higher and the claimant identified they had no difficulties, you will need to edit the output. For example:

“You said you have **no** difficulties with taking nutrition and managing toilet needs or incontinence. I have decided you need an aid to eat and drink and manage your toilet needs or incontinence.”

Clinical Information and Functional Ability

For the areas of disagreement, you should explain your choice by referencing the claimant’s functional ability and the evidence you find supports this. You should also reference the clinical information which supports your judgement. This is the key area for you to personalise the reasons to fit the claimant’s circumstances.

CM Notes

You can choose to include notes in the Template rather than use a paper scrutiny sheet. To aid entry of information into PIPCS and ensure key steps aren’t missed, a notes section is included for the CM to record key data.

Awards

Where an award is made, the CM must include the “Date of assessment” and “Review Period”. This will generate a review date and end of award date.

Period of Award

For all limited period awards, you should explain your reasons for limiting the period of an award by choosing one of the two options.

Review Period

The reasons for the review period selected will be generated automatically.

Reassessment

For all reassessment cases, you should include standard text for reassessment cases to explain the run on period by selecting the tick box on the final page.

QP/PT

You can explain the effect of a QP/PT decision.

SRTI

Standard text will be generated for any award under the TI rules.

Enhanced Awards

Standard text will be generated for any enhanced award for one or both components. For daily living, you can generate this by ticking the box on P1 or selecting the appropriate descriptors generating points.

Things that cannot be taken into account

You can identify aspects a claimant has identified they have a problem with which aren't covered by the daily living or mobility activities.

Variable needs

Where a claimant's needs vary, you can explain how their decision is based on what help a claimant normally needs

Interventions

You can explain what action you've taken to process the intervention including:

- identifying the reason for the intervention including "grounds"
- considering new evidence
- why the date of changing the award was chosen
- backdating

Reconsiderations

You should explain what action you've taken to process the reconsideration including:

- identifying areas of dispute
- considering new evidence

Reconsiderations Disputed

Where a claimant identifies specific points at issue you will record these in the "Disputed" column.

Reconsiderations New Evidence

You should include information about new evidence received as part of the reconsideration.

Decision changed

For a reconsideration, you can identify you've changed the decision and this will pick up the points scored to show the new rate awarded.

Where this is a disallowance, you can select an option for "no longer entitled".

Adding free text

You can add your own free text to the Reasons by simply typing in the output on the final screen. You should do this to make sure the Reasons provide the required information and reflect what you want to say.

How to edit the document

Where you leave the template and create the MS Word output before identifying something you wish to change, you can still go back and edit the document. You should do this within the template by selecting "Edit RFD".

Copying into PIPCS

Important: when copying and pasting, please paste using the 4th button on the tool bar in PIPCS into the reasons box.

Top Tips

Some helpful hints on how to make the most of the DMR.

Decision Record

Date of Claim:
Date of assessment:

Legacy Checked:
CIS address checked:

Activity Number	Activity	CM Choice
1	Preparing food	
2	Taking nutrition	
3	Managing therapy or monitoring a health condition	
4	Washing and bathing	
5	Managing toilet needs or incontinence	
6	Dressing and undressing	
7	Communicating verbally	
8	Reading and understanding signs, symbols and words	
9	Engaging with other people face to face	
10	Making budgeting decisions	
11	Planning and following journeys	
12	Moving around	

Award duration:

Review date:
Award date:

FME provided

Conditions

Lead Text

Standard lead text for a normal rules new claim is:

“I made my decision using information about your illnesses and disabilities including details of any treatment, medication, test results and symptoms. I consider this information is the most suitable available and enough to decide how much help you need.”

For SRTI, the text is:

“I have reviewed all the evidence in relation to your case and am satisfied you are entitled to daily living component at the enhanced rate.”

For a reconsideration, the lead text varies dependent upon whether the request was by phone or in writing and whether the request is by the claimant or the SofS. For example:

“During your explanation call on [date of request] you asked us to look at the decision made on [decision date], again.”

For PA4, the text is:

“I made my decision using information about your illnesses and disabilities including details of any treatment, medication, test results and symptoms. I consider this information is the most suitable available and enough to decide how much help you need.”

For PA3, the text is:

“I made my decision using information about your illnesses and disabilities including details of any treatment, medication, test results and symptoms. I consider this information is the most suitable available and enough to decide the help you need without you attending a consultation.

For an intervention, the text varies dependent upon whether the intervention is requested by the claimant or SofS or if it's a deterioration or improvement. For example:

“In your reported change in circumstances on 12 April 2014, you said your condition had deteriorated.”

Enhanced D/L

Where you are clear you're going to award daily living at the enhanced rate you can do so using a simple tick box which then generates the following:

“The evidence indicates your conditions cause you substantial difficulties with Daily Living activities.”

The preference is for the more specific output to be generated from selecting the descriptors which score points; this makes it clearer to the claimant why they're awarded. The enhanced D/L option is for circumstances where several activities score points which would then generate a large amount of text.

NB. As mobility only has two options, this doesn't have a similar shortcut.

CM Choice

You can provide a CM Choice for each descriptor and identify whether or not these match the claimant choice. These default to "A" [no needs] so must be amended, as appropriate. Where you select options other than "A", you may be asked to specify which aspect within the descriptor applies e.g. if they can manage but only using an aid.

The output generated places areas of agreement first beginning with where the claimant can manage followed by areas of disagreement. Where specific descriptor aspects selected match, the text will be collated e.g. "I have decided you need an aid to eat and drink and manage your toilet needs or incontinence".

These will then generate a paragraph covering the selections made. For example: "You said you can manage preparing food, managing therapy or monitoring a health condition, washing and bathing, dressing and undressing, communicating verbally, reading and understanding signs, symbols and words, engaging with other people face to face and making budgeting decisions. I agree you can manage these activities unaided. You said you have difficulties with taking nutrition and managing toilet needs or incontinence. I have decided you need an aid to eat and drink and manage your toilet needs or incontinence."

Disagree

For cases with a PA4 or PA3 [not PA3 – no PIP2], you should identify areas of agreement by ticking the "disagree" box for all activities where the descriptor you select doesn't match the level indicated by the claimant's own evidence [in the PIP2, at the face to face or elsewhere].

Where you select a level other than "A" with the "disagree" option, a further option becomes available for most scenarios where you can identify a sub-option which then collates all descriptors where the same sub-option is selected. For example, if you select "B", "disagree" and "aid" for "preparing food" and "taking nutrition", this will generate:

"You said you have difficulties with preparing food and taking nutrition. I have decided you need an aid to prepare or cook a simple meal and eat and drink."

The sub-options for disagree are:

- Aids
- Appliance
- Assistance
- Prompting

- Supervision

Clinical Information and Functional Ability

You can choose to include functional ability information to support your decision. This will immediately follow your descriptor choices. The output varies dependent upon the choices made. For example:

- You have normal balance, gait and limb function.
- You have reduced dexterity and grip.
- You have problems with anxiety and confusion.
- You have severe problems with fatigue.
- You did not report significant functional problems with preparing food, washing and bathing and dressing and undressing in your questionnaire or at the consultation, and there was no evidence to suggest otherwise.
- The evidence shows you have no functional restrictions preventing you from planning and following journeys and moving around safely, repeatedly, reliably, to an acceptable standard and within a reasonable time period unaided, most of the time.

You can choose any combination from this series of options. So you can select “normal” and pick some drop downs then select “problems with” and select different drop downs; these will then be picked up into a single paragraph.

You can then choose to include clinical information to support you decision. This will immediately follow the information you enter about functional ability. These will then generate justification paragraphs which you can link to the selections made.

Example 1:

“You have reduced hip flexion and problems with limb function. You use your walking stick to get on and off the toilet, you can walk around your local supermarket but need frequent breaks and use a trolley to aid your mobility

This is consistent with your medical history and your description of a typical day where you said you use your walking stick to get on and off the toilet, you can walk around your local supermarket but need frequent breaks and use a trolley to aid your mobility.”

Example 2:

“You have reduced hip flexion and problems with limb function.

This is consistent with your medical history and your description of a typical day where you said you use your walking stick to get on and off the toilet, you can walk around your local supermarket but need frequent breaks and use a trolley to aid your mobility.”

Where you select any of the following they will be collated to reduce the amount of output text:

- the findings of your neurological examination
- the findings of your mental state examination
- the findings of your musculoskeletal examination
- the findings of your hearing test
- the findings of your visual test
- the findings of your peak flow test

Where all are selected, this would generate:

“the findings of your neurological, mental state and musculoskeletal examinations and hearing, visual and peak flow tests.”

CM Notes

You can choose to record information in the notes section to reference when completing their decision on PIPCS. These are the types of notes you currently include on your clerical template, are not mandatory and don't go into the reasons.

Awards

The entries in CM Choice have the related points score associated with them which are then automatically collated to determine whether an award is made and at what level for each component.

Where an award is made, you must include the “Date of assessment” and “Review period”. The “Review period” is the period of the award up to the date the award review is planned for which will normally be the date recommended by the AP.

You can enter “Indef” or a number of years/ months, as appropriate. The “Review period” generates the “Award end date” which will be indefinite or one year beyond the “Review date”.

NB. For SRTI, there will be no “Review date” and the “Award end date” will be set to three years.

Period of Award

You can explain your reasons for limiting the period of an award by selecting one of two options:

- I have limited the period of your award as your needs may change.
- I have limited the period of your award as your right to stay in Great Britain is limited.

These will only be available for limited period, non-TI awards.

Review Period

The reasons for the review period selected will be generated automatically. For an indefinite award or an award of at least 11 years this will be: “All awards must be reviewed, as your condition is unlikely to change I have selected the maximum possible review period.”

For a limited period award of less than 11 years, this will be: “All awards must be reviewed, although the help you need may change, I have decided not to review your award before [Review date].”

The date will be picked up from the date generated by entering the review period.

This is a key piece of information not fully covered in the system notifications so should be included in the reasons so the claimant knows we’ve not specifically targeted them for planned award review action. This doesn’t stop us choosing to review the case before this date but this would only be where we receive new information or the law changes. The system notification does cover reporting changes of circumstances:

“If anything changes that could affect the amount of Personal Independence Payment you get, you must tell us straightaway. See the section “What happens if your condition or circumstances change” below for more information about this.”

Reassessment

For every reassessment case, you should select the “Reassessment” button and the following standard text will be included for every case to explain the run on period:

“Personal Independence Payment Regulations state I cannot award Personal Independence Payment from an earlier date or change your DLA entitlement. DLA must be paid for 4 weeks after a Personal Independence Payment decision is made. Any Personal Independence Payment award starts after the 4 weeks. This applies to all cases, whatever the decision. As Personal Independence Payment awards cannot be backdated, I cannot consider extra payments if more money is awarded under Personal Independence Payment or reduced payments if less is awarded.”

QP/PT

You will be able to explain the effect of a QP/PT decision to expand on the information already included in a notification. The “Date of Claim” is needed for PT disallowances and will automate the date when the PT period is due to end.

The options for QP/PT are:

1. **QP first award** – You will select daily living, mobility or both and enter the date the current level of needs started. This will then generate the following text including the second date: “Your difficulties with [daily living][and][mobility], started on [date] so I cannot award you until [date +3 months].”
2. **QP first award increasing needs** – You will select daily living, mobility or both and enter the date the current level of needs started. This will then generate the

following text including the second date: “Your difficulties with [daily living][and][mobility] before [date] were only enough to award you from [date] so I cannot start your award until [date +3 months].”

3. **QP increased award** – You will select daily living, mobility or both and enter the date the current level of needs started. This will then generate the following text including the second date: “Your difficulties with [daily living][and][mobility] before [date] these were only enough for an enhanced award from [date] so I cannot increase your award until [date +3 months].”
4. **QP/PT disallowance** – You will select daily living, mobility or both and enter the date the level of needs which was enough for an award started. This will then generate the following text including the second date: “Your difficulties with [daily living][and][mobility] started on [date] and are likely to reduce so you will not satisfy the disability conditions on [date + 12 months].”
5. **PT disallowance** – You will select daily living, mobility or both; the date will be the date of claim previously entered. This will then generate the following text: “Your difficulties with [daily living][and][mobility] are likely to reduce so you will not satisfy the disability conditions on [date].”

SRTI

Where SRTI is selected, this will:

- Automatically generate an enhanced award for daily living three years from the assessment date.
- Add the following text to the output: “I have reviewed all the evidence in relation to your case and am satisfied you are entitled to daily living component at the enhanced rate.”
- Remove options for adding daily living activities
- Remove options for adding a period of award reason
- Remove options for adding “clinical” or “functional” information for daily living

Mobility options remain available for rate, activities, “clinical” and “functional” information.

Enhanced Awards

Standard text will be generated for any enhanced award for one or both components. This will include a reference to any activity leading to the award.

The output for enhanced Daily Living non-SRTI is:

“The evidence indicates your medical conditions cause you substantial difficulties with [preparing food] [taking nutrition] [managing therapy or monitoring a health condition] [washing and bathing] [managing toilet needs or incontinence] [dressing and undressing] [communicating verbally] [reading and understanding signs, symbols and words] [engaging with other people face to face] [and] [making budgeting decisions].”

The output for enhanced Mobility is:

“The evidence indicates your medical conditions cause you substantial difficulties with [planning and following journeys][and][moving around].”

Things that cannot be taken into account

You can identify aspects a claimant has identified they have a problem with which aren't covered by the daily living or mobility activities. This will generate standard lead in text followed by whichever items are specifically selected from a list.

Summary text as standard followed by any options selected from the pick list:

“I cannot consider any help you need not covered by the activities for daily living and mobility[,][including][items selected from the pick list].”

Full pick list:

- ability to work
- availability of public transport
- being driven in a car
- being near to a toilet
- care of family members
- carrying shopping
- child care
- collecting prescriptions
- cooking for other people
- cooking problems not due to illness or disability
- dangers that are very unlikely to happen
- food shopping
- gardening
- lack of income
- speaking a foreign language
- special diets
- stairs
- the blue badge scheme
- the Motability scheme
- use of taxis or public transport
- walking on slopes or uneven surfaces
- weather conditions.

Following advice from DMA Leeds, do not add the option “domestic tasks” as this isn't in line with case law.

Variable needs

Where you select the variable needs option, this will generate the following text:

“As your needs vary, my decision is based on the help you need most of the time.”

Interventions

You can explain what action you've taken to process the intervention. This includes if a "Claimant reported a change in circumstances"; you must add the "Date change

reported" and select whether the "Change was a deterioration" or "Change was an improvement". You can, alternatively, use the SofS option.

You can add if the "Award is extended"

You can add if "More evidence was provided" and then must choose one or more options:

- "the medical evidence you provided"
- "the information you provided"
- "the further consultation with the medical assessor"

You can identify if they've changed the decision: select "I have changed"; or not, select "Unable to change"

Where you select "I have changed", you must add grounds. Options:

- For new consultation, select: "on the grounds of medical evidence received"
- For change of circumstances, select: "because your circumstances have changed"
- For error in law, select: "because the previous decision was based on an error in law"
- For mistake as to a material fact, select: "because the previous decision was based on mistake"
- For ignorance as to a material fact, select: "because the previous decision was based on incomplete information"

You can identify "When the new decision is valid from". You can choose from the following options:

- "Increase from date of application"
- "A date with a QP"
- "Reduction from date of change"
- "Disallowance from date of decision"
- "Reduction from date of decision"
- "Decision date"

Where necessary, you can identify where entitlement can't be backdated and choose from the following options:

- Within 13 months
- Outside 13 months

Reconsiderations

For reconsiderations, you should select options to reflect the case circumstances. Where a claimant doesn't identify specific parts of the decision they want reconsidered, this will generate the following paragraph:

“You did not tell us which parts you wanted reconsidered so I have reconsidered all aspects of the original decision.”

Where either the daily living or mobility part of the decision isn't changing, you can skip the related “Claimed Need” and “CM Choice” for the whole of the related part. If you are changing any descriptors for either part, however, you still need to cover all descriptors. For example, if you're leaving daily living unchanged, you don't need to cover any of the 10 activities but if you're changing one or more descriptors you need to cover all 10.

Reconsiderations Disputed

Where a claimant identifies specific points at issue you need to record these in the “Disputed” column, this will generate two paragraphs, the first covers what isn't at issue and the second the areas being disputed. For example:

“You asked us to look at the activities of preparing food and planning and following journeys.

Although you have not disputed the other activities, I have reviewed the evidence and find the descriptors chosen are correct.”

For a SofS Reconsideration, there's no need to select areas at issue. A standard paragraph will be generated:

“I decided to look at your Personal Independence Payment again to make sure you are getting the right money.”

Reconsiderations New Evidence

You should include information about new evidence received as part of the reconsideration. Where further evidence is received, this will generate a paragraph covering what was received. For example:

“We have received a report from your occupational therapist and a report from your ophthalmologist.”

Where a claimant didn't say they would send in further evidence and none is received, this will generate a standard paragraph:

“You did not send further supporting evidence.”

Where a claimant stated they would send in further evidence but this wasn't available to the CM at the point they make the decision, this will generate a standard paragraph:

“You said you would send medical evidence to support your request. As nothing has been received within the timescales, I have looked again at your claim using all the evidence we hold.”

Decision changed

For a reconsideration, you can identify you've changed the decision and this will pick up the points scored to show the new rate awarded. For example:

"This means you are now entitled to the standard rate of the daily living component and not entitled to the mobility component."

Where this is a disallowance, you can select an option for "no longer entitled". This will generate the following:

"You are no longer entitled any rate of the daily living and mobility components."

Adding free text

If you need to add free text to the Reasons, you can type directly into the output on the final screen. You should do this to make sure the Reasons provide the required information and reflect what you want to say. Similarly, you can cut and paste within this screen and move text around, if necessary. You can use one of your standard auto-text options if you've added this into the template. Any free text will then be checked for spelling, grammar and special characters.

How to edit the document

When you are in the MS Word document itself, look across the tool bar on the top and go to the very last tab "Add Ins".

When you click on this tab, you get options on the left side to "Edit RFD", "New RFD" and "Word count".

Simply click on "Edit RFD" and the template dialogue box re-opens with the selections you made still selected and the text you wrote still in place.

Copying into PIPCS

On completion, if the final character count is less than 2000, this can be retained as one set of text. The user should select "copy" to then copy and paste the text into PIPCS "daily living reasons" manually within the decision notification [see Technical Issues below]. You can then select the "no reasons required" for "mobility reasons". If the character count is over 2000, split the text into two parts.

Important: when copying and pasting, please paste using the 4th button on the tool bar in PIPCS into the reasons box. It is important you do not use function keys to copy and paste for example do not use control (Ctrl) C and Ctrl V, it will not paste correctly. Do not use bold, italic or underline formatting as this will corrupt the text in the notification; just use plain text.

Top Tips

To help you see other evidence/documents you have open with the template e.g. a PA4, keep the DMR Template open on completion and use the "Add-Ins" toolbar,

select the “New RFD” option. You should now see both the document and template open at once.

Leave the DMR open when you’ve completed a case and select the “New RFD” option to reduce loading times.

Add auto-text for any standard text you use which isn’t already available in the DMR.

To enter your own auto-text:

1. select the “auto-text” button in the PIP DMR Template
2. type or copy and paste text in the new field [text can be pasted by copying the text from source and pasting into the field using “ctrl” + “v”]
3. the auto-text will then show in the list
4. you can then enter the auto-text in the free text box by selecting the text you want and pressing the Auto-Text option
5. any auto-text will be available for future use but can be deleted if no longer required
6. any auto-text used frequently can be moved up in the list to save scrolling
7. you only need to add auto-text once
8. the auto-text will form part of the output but will need to be moved to the appropriate part of the decision reasons.

For all cases where your choice of descriptor is different to the one indicated by the claimant for any activity of Daily Living or Mobility, you must explain why you disagree with the claimant. This is whether you decide they need more help or less help.

The tool stops you from using special characters such as & or ! by generating an error message. However, during spell check, you may be offered a replacement with special characters in e.g. don’t or won’t. You must not accept such changes as these would not be picked up creating an RFD with these characters and causing a skipped transaction. You should always add any additional text in the last screen of the DMR Template as this ensures potential errors are identified.

Spell check will be triggered automatically on completion.