

Additional Support .

07 Assessment Provider / 01 Assessment Provider **Overview for CMs**

12. If a claimant doesn't return the PIP2 within a calendar month or an agreed extended period, the claim details in PIPCS are not referred to the AP (unless Additional Support indicated) and their claim to PIP ends. The claim is disallowed as a 'negative determination' and the claimant is notified – See: ADM - Assessment for PIP - Chapter P2 re negative determination' guidance and refer to the Social Security (Personal Independence Payment) Regulations 2013.

Additional support

13. A claim will not be disallowed under a 'negative determination' where:

the PIP2 is not returned within the calendar month (or agreed extension) and

PIP2 shows that when the claim was made the claimant indicated additional support is needed to make their claim.

14. The claimant is identified as having additional support needs if when the claim is taken and recorded in PIPCS, they advise the telephony agent they have one of the following health conditions:

severe depression, for which they have been hospitalised, psychosis, schizophrenia, severe ADHD, or

down's syndrome, Fragile X syndrome, severe autism, severe developmental delay, or any form of dementia (for example Alzheimer's, Lewy body dementia, or vascular dementia, severe brain injury resulting in cognitive decline)

Note: Vulnerable claimants are defined as someone who has difficulty in dealing with procedural demands at the time when they need to access a service. This includes life events and personal circumstances such as a previous suicide attempt, domestic violence or abuse or bereavement. It should be noted that in the context of PIP the definition of Vulnerability differs from that of Additional Support, which relates to a defined range of health conditions.

15. If a claimant hasn't been identified as requiring additional support when they claimed PIP, it may be indicated later by the:

HP during the assessment, if the claimant has one of the conditions referred to above and in consequence the HP considers they need additional support

claimant (or representative) when they phone the office
receipt of further evidence

16. Where additional support needs are indicated and the claimant does not return the PIP2 the case will be automatically referred, that is tasked to the AP for assessment without a claimant questionnaire.

17. Additional support details can be viewed by the AP in:

the context panel of the home page of the claimant's application case in PIPCS

PIPAT in the Assessment File Details, indicated by a 'Yes' or 'No' in the 'Additional Support indicated' field

Other information on the claimant's health condition and medical details can be viewed in the Medical details evidence screens.

Note: SRTI claims are not asked about additional support, so if the HP decides an SRTI claim does not meet the terminally ill criteria they will return it to DWP to issue a PIP2 claimant questionnaire. The case must be marked as 'Additional support indicated' in the medical details evidence in PIPCS when the case is returned to DWP before issuing the PIP2, See: SRTI CM guidance for details.

Case referred to the AP

40. An automatic task to the AP is triggered in PIPCS by task type 'AP assessment required' when:

a PIP2 is received and scanned into DRS within a calendar month (or agreed extended period), or

PIPCS indicates the claimant needs additional support and the PIP2 isn't returned after the calendar month (or agreed extended period)

41. The task is sent to the AP directly into their own IT system.

Note: If a PIP2 is received after the calendar month or agreed extended period the task type triggered is 'Inbound correspondence' and it's sent to a complex decision queue.

42. Once the task for a new assessment is created there is a 30 working day deadline for the AP to clear it. The task closes automatically when the AP submits the assessment questionnaire for the claimant in PIPCS or viathrough PIPAT. Claims made under the SRTI provisions (with or without a DS1500) have a two working day deadline when tasked to the AP. For SRTI claims the PIP user or CM creates the PIPCS assessment case and manually tasks the case to the AP See: SRTI - Case Manager.

The assessment case in PIPCS

43. An assessment case is automatically created in PIPCS at the same time the task to the AP for a new assessment is triggered in PIPCS either automatically or manual task. The assessment case is within the decision assist section of PIPCS which contains the assessment questionnaire, the determination and reasons sections. The AP will either access this in PIPCS directly or through PIPAT.

44. The manual creation of an assessment case is required only where a case needs to be manually tasked to the AP.

45. If an assessment case does need to be created this must be done before the manual task is created. See: 'PIP2 late return' guidance in New Claims guidance in PIPCS for details.

46. When created either automatically or manually, the assessment case status in PIPCS is 'Report Outstanding' this changes to 'In Progress' when the HP has answered the PIPCS questionnaire and submitted it in PIPCS directly or viathrough PIPAT. Otherwise it remains as "Report Outstanding" until all related AP activity is complete.

47. The PIP BC can only see that the report is outstanding in PIPCS, they cannot see what stage in the assessment consultation process the case is at on new referrals.

Changes of circumstances reported to the AP

48. The AP must advise DWP of any changes in circumstances notified to them by the claimant while the assessment case is with them. The AP creates a notification in their own IT and sends this to PIPCS which generates a task automatically to a delivery team work queue for action. APs are not able to make updates to PIPCS for example because of a change of address. The new information should be included in the

comments box when the AP creates the notification cases referred back to the AP

49. A case may also be referred to the AP via the PIPCS auto task process which includes for example a request for clarification, advice or further evidence using the Request AP advice function in PIPCS. When the task is generated in PIPCS, PIPCS updates the determination status to 'AP advice requested' whilst the assessment status updates from 'In Progress' to 'Report Outstanding'. This process and the process for returning for Rework, is covered in - See: Referring claim to QAM AP, and also See: Modifying, cancelling and reworking a determination

AP accesses case details and tasks

50. The AP accesses the case details from their own IT system (which is generated by the tasks sent through the interface with PIPCS) to look at the action needed. PIPCS data for the case is sent over to PIPAT and a PIP Assessment file is automatically created in PIPAT. Referred tasks are manually accessed by the AP or HP from PIPCS whether or not the AP uses PIPAT. Once opened relevant details of the case are entered into the AP's own IT records.

51. The AP allocates the case to the appropriate HP. The HP can access the evidence held in DRS viathrough PIPCS or PIPAT using the claimant's NINO or CRN.

52. When the case is found in PIPCS it opens the Participant page (person type) from the data recorded in quick search. The AP and HP see the same PIPCS screens as the CM but if there is a benefit delivery case for a claimant (this only applies where there is previous claim and award of PIP) they can't access this as it contains information on payment and award details. If PIPAT is used the relevant information from PIPCS is sent to PIPAT and viewed through PIPAT.

53. The HP accesses all appropriate evidence for a case that has been scanned into the DRS. Mail is coded or indexed according to the type of mail it is, the AP can access mail through DRS provided it is appropriately coded. Mail containing financial details will be coded accordingly and not accessible to the AP or HP.

54. The HP can search, retrieve and view medical and other relevant evidence and the scanned PIP2 stored. DRS also holds previous fully completed assessment reports for PIP.

55. When the HP has opened the case via through quick search in PIPCS or accessed the case in PIPAT as appropriate they can check what medical evidence should be available to view in DRS for the case. The details in the PIPCS 'Medical evidence details' screen show what evidence is held. The HP accesses the evidence by selecting the Contacts tab and the Attachments link on the left of the person home page.

56. Each time the attachments tab is clicked, the data is loaded and viewable. The HP is not able to update any of the documents. This means that if for example, the HP identifies anything harmful in a report they cannot mark the detail in the report but will record the details in Harmful information note - PA7. The HP cannot view all evidence in DRS, for example they cannot view documents identified as containing financial data.

The initial review

59. When cases are referred to the AP they have an initial review by a HP to determine the appropriate way to proceed. The HP considers the evidence to decide if:

further evidence (FE) is needed or

the PIP assessment including descriptor selection can be concluded on the basis of the paper based review only or

the case requires a face to face consultation

Note: There is provision for consultations by phone if needed.

60. If the HP decides FE is needed, this is requested by the AP. When the FE is received the HP considers all the evidence again to decide how best to assess the case, that is by face to face consultation or paper based assessment. In addition to completing an assessment report form either paper or consultation (clerical forms PA3 or PA4) the HP (or AP using HP's report if PIPCS

used) will also complete the PIPCS assessment questionnaire viathrough PIPAT or if PIPAT isn't used through direct access to PIPCS.

Note: There may exceptionally be SRTI claims where it hasn't been possible for the HP to obtain evidence. If so, the HP may contact the claimant (or third party) by phone before providing their advice for the CM.

61. In most non SRTI cases, a face to face consultation will be required. Where exceptionally the HP doesn't consider a face to face consultation is needed, the HP completes a paper based review (Assessment report form paper review - PA3) based on all the evidence held. A paper based assessment should only be completed where the HP is satisfied there is sufficient conclusive supporting evidence for all aspects of the case.

62. Where a paper review report is completed the evidence usually includes a PIP2 claimant questionnaire. A claimant who is identified as needing Additional Support and doesn't provide a PIP2 will usually have a face to face consultation for the initial claim.

See: The Consultation and Assessment for more details.

See: The System Assessment Questionnaire and to Special Rules guidance in PIPUG for more details about SRTI cases.

Supporting evidence: this is mandatory information for the AP to complete in the assessment questionnaire. The AP cannot move from the page (for example select Next) unless at least one option has been selected using the actions button and the drop down list

The AP selects the relevant evidence types from the drop down options list which includes both medical and non medical evidence for example:

- a. 'General Practitioner – Telephone advice'
- b. 'How your disability affects you form'

Additional supporting evidence, this is a mandatory question for the AP who selects either Yes or No from the drop down options of the actions button

If 'Yes' is selected then another page opens for the supporting evidence options to be selected by the AP. The page includes the question 'additional supporting evidences' again as there is no limit to the number of supporting evidence that can be included. This can be evidence from the claimant, the AP or the CM

If 'No' is selected the additional pages for supporting evidence are not available and the AP should continue to complete the next relevant or next mandatory question on this page

Page 7 – Recommendations

Additional Support

This is the first question on the page and is mandatory for the AP. The AP selects Yes or No as appropriate for the case

The answer recorded by the AP here populates the 'Additional support determined' field in the Medical Details Evidence page in PIPCS however this only happens after the CM:

- a. completes and submits their questionnaire for the case in PIPCS and
- b. completes the determination for the case

The context panel of the PIPCS Application or Integrated case home page will show 'Additional Support Indicated' and if determined as 'Yes', will change to show 'Additional Support Determined'

If the AP or CM selects No to the question about additional support in this page but the marker was previously set to Yes, the marker will remain at Yes. If a claimant has stated at initial claim they may need additional support, the case will remain marked as needing additional support

If the claimant did not indicate that they need additional support and the HP agrees that they do not need additional support the AP will select 'No'

The AP should select 'Yes' if the claimant did not indicate that they needed additional support when making their claim but the HP decides during the

assessment the claimant has severe depression, for which they have been hospitalised, psychosis, schizophrenia, severe ADHD, or

Down's syndrome, Fragile X syndrome, severe autism, severe developmental delay, or any form of dementia (for example, Alzheimer's, Lewy body dementia, or vascular dementia, severe brain injury resulting in cognitive decline) and may need additional support in future

How to issue a PIP1 Paper Form

31.

Step	Action
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Note: Check with the claimant what address they want the paper claim sending to, if this is different from the address on CAMLite create a To Do Task with the new address details on it and note a paper claim form has been requested

1 when in the 'Claimant Record' in PIPCS select 'Contact' tab

2 select 'Communications' from left side navigation panel

3 select the 'New' icon to create a new communication record

4 a 'Record New Communication' window will appear

You must complete all mandatory fields.

- 5 for Date of Contact this will default to today's date
- 6 for 'Contact With' select 'Claimant' or 'Recognised Representative', as appropriate
- 7 for Inbound/Outbound field select 'Outbound'
- 8 for Channel select 'Correspondence'
- 9 for Contact Reason select 'New Claim'
- 10 for Security Questions select 'Not applicable'
- 11 for Contact Sub-Reason select 'PIP New claim'
- 12 for notification type select 'PIP.1007'
- 13 Please note within the comms screen notes field:
PIP1 paper form issued
Claimant / caller advised to return within one month.
CAMLite case resolution 'Pre-Submission'
- 14 select 'Save'

The communication record will be automatically updated to show you have issued the PIP.1007. The letter will be automatically generated and issued by PIPCS.

32. PIP 1007 Paper Claim pack will now be issued through the Communication Record screen.

33. The agent will use skills and questions to consider if the claimant would benefit from a visit to help them complete the form.

34. Do you need any help completing the form?

Have you got a friend or member of family that could help?

Do you require large print?

35. The agent will create a 'to do' CAMLite task see:
How to create a task and include any information in the notes field.

Example:

Paper claim issued

Visit required for additional support

If alternative format is required

Then see: Wrap up SmartScript

Spare paragraphs 36-43

Non-standard alternative communication formats

139. Non-standard alternative communication format can be supplied by the DWP as a reasonable adjustment, this includes:

Large print over 16pt font

White paper instead of standard recycled paper

Coloured paper

Sign language interpreter for example, BSL interpreter (British Sign Language), Sign Supported English

Face to face (DWP Visiting Officer would visit the claimant to complete the PIP2 or PIP1 and PIP2)

Email as a reasonable adjustment because of disability

Machine readable CD

Accessible pdf.

Note: This list isn't exhaustive as the particular needs of the disabled claimant or PAB might not be covered in the list, especially if they have multiple disabilities.

140. Ask the claimant or PAB if they need the letters we send in another format, such as large print, braille or audio cd? If they ask for braille or large print 16pt font, select the option they have requested

141. If the claimant or PAB asks for a non-standard alternative format, a format we haven't listed above or Audio CD you must:

Step	Action
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1	select 'Audio CD'
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2	complete the data gather and submit the claim
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- 3 record in the Notes (under the Contact tab) the alternative format the claimant has requested
- 4 select 'Contact' tab
- 5 select 'Notes' on left hand side links
- 6 select 'New' on right hand side
- 7 in the subject field enter 'Alt Format'
- 8 in the body of the notes record the alternative format the claimant/PAB has requested, for example:

'Audio CD' required

'Audio CD NOT required Large print font size 22pt'

'Audio CD NOT required. Notifications on green paper'

Note: You must record this as a new note and NOT on the same note as the Additional Support informal representative.

How we pay you

'Help text' available giving further information on payments.

262. Read the statement on the screen as follows:

"We ask for your account details before we decide on a claim so we can pay you straight away if you qualify for benefit. This doesn't guarantee you'll get Personal Independence Payment".

263. “Can you give us your account details now? By account we mean bank, building society, credit union, or Post Office card account.” Claimant responds;

Yes

No

Simple Payment

264. Claimants response is ‘no’ or “Simple Payment“, agent to read message displayed. ‘We’ll contact you about this’. Select continue and this will take you to ‘additional support’. Agent inputs in PIPCS notes “Clt requested Simple Payment“.

Additional support

276. The additional support section does not display if:

the claim is being made under SRTI

the claim is being made by a PAB / third party

Do not use the data gather script see: Additional Support Script

277. There are three specific questions. The second and third questions only appear in certain circumstances. If

the answer to the first question is 'No' or 'Don't know', the second question appears. If the answer to the second question is 'Don't know', the third question will appear NOTE: the third question has now been dropped from the data gather script. When you ask each question select from drop down options:

Yes

No

Don't know

278. If the answer is 'Yes', this will automatically flag 'Potential additional support required'. If the answer is 'No' or 'Don't know' select Help to display the text to give a list of explanations related to the question. NOTE: there has been a change to the script that does not show on the data gather script, 'It could mean anxiety or depression' has been replaced with 'It could mean severe depression' see: Additional Support Script

279. It is mandatory to answer the question if it is asked. Remember to adapt the conversation to the needs of the individual repeating any information where necessary see: Vulnerable claimants. Advise the claimant if they think they will need any help or support with completing the form to contact a local support organisation as soon as possible to arrange help.

280. Some claimants have disabilities / current circumstances that may need extra personal support or adjustments to enable them to access services.

The agent's experience of dealing with claimants will inform an opinion but they will ensure this is based on behavioural evidence, which shows the claimant is unlikely to be able to use self help services.

281. If the claimant has answered the additional support questions in such a way as to input a 'No' in the 'additional support identified' field, but the agent identifies that the claimant is displaying signs which suggests they should be treated as needing additional support, the agent should not alter the answers given by the claimant. The agent should raise a CAMLite 'To Do' task (see: How to create a task) for the back office to change the additional support identified field to 'Yes'. Reasons must be provided in the 'Notes' field to explain why they are asking for this to be changed.

282. If the claimant confirms they may need help filling in the PIP2 form agents can take the details of the 'informal contact' that will be helping them to complete the form. The agent will clerically write down the details then when the data gather has been submitted they will

access PIPCS Claimant Homepage, and add the informal contact details see: Step 6 and

see: Additional Support Script

Summary

284. A summary of all the information captured in the call will display. This does not need to be read back to the claimant. If you have been informed of any changes during the claim you can make any changes at this stage.

A statement of details will not be issued to the claimant.
Select 'Continue'

Note: If the warning "Later contact details held. Confirm contact details are correct with caller", is output on the summary page, it will not stop progression through the IEG and is solely intended to highlight to the user that the contact details held for the claimant may not be the most current

Remember: Actions or To Do Tasks following data gather

296. Remember to input any notes such as recording the Audio CD or non-standard alternative format if this has been requested and to complete additional CAMLite To Do tasks if appropriate:

If gender discrepancy see: Gender

Details of communicating in Welsh, if verbal English and written in Welsh see: Preferred method of contact

Details of mobility answers if 'don't know' and SRTI see: Going out and moving about

Details of see: Re use of DLA medical evidence

Request to consider reinstatement of DLA if new claim is following termination of DLA see: Reinstatement of DLA

Details reassessment claimant and no bank details, permission to use information on DLACS see: How we pay you

Claimant displaying signs of needing 'additional support' but answered 'No' to the question see: Additional support

Informal Contact record these details on PIPCS see: Additional support step 6

Statement of Details requested following the submission of the PIP New claim, inform the claimant / caller that you will ask the Benefit Centre to send them a copy of the details

Additional Support

Background

**27 Telephony New Claims / 03 PIP New Claim
telephony data gather**

1. PIP claimants with a severe mental health or behavioural condition, learning difficulty, developmental disorder or memory problems, with no support network in place, may have difficulty engaging with the claims process. These claimants are described as having 'additional support (AS) needs'.

2. They may not understand or care about the consequences of not:

returning forms

responding to a reassessment invite or reminder

attending an assessment.

3. During the new claim initial information gather, we tell the claimant they'll be sent a PIP2 form, by post, to tell us how their condition affects them. They're told how important it is to give as much information as possible and send it back to us. They're told if they don't return the form in time their PIP claim may be disallowed.

4. They're asked if they usually need help or support filling in forms, and who would help them complete forms. For example, a family member, friend, neighbour, or local support organisation such as Citizens Advice Bureau.

5. If the claimant has help the person's name, address, phone number will be recorded in the contact notes.

6. The claimant would not have additional support needs if they had a PAB, such as:

an appointee,

a Power of Attorney

a Deputy

a Corporate Other Payee or Corporate Appointee

a Tutor (under Scottish law)

a Curator bonis or judicial factor (under Scottish law)

a Guardian (under Scottish law).

7. The claimant would not have additional support needs if they had help completing forms from someone, such as:

a representative

a family member

a carer

a community psychiatric nurse, or

an informal contact.

8. If the claimant has no support they're asked if they have conditions like:

Severe depression, for which they have been hospitalised, psychosis, schizophrenia, or severe ADHD

Down's syndrome, Fragile X syndrome, severe autism, severe developmental delay, or any form of dementia

Alzheimer's, Lewy body dementia, or vascular dementia, severe brain injury resulting in cognitive decline

9. If the claimant has one of these conditions and no support, they meet the DWP definition for additional support needs and the context panel in PIPCS Application home page displays 'Additional Support Indicated'. The Medical Details Evidence page displays 'Yes' in answer to the 'Indicated' question.

10. Claimants identified as 'AS' who don't

return the PIP2 won't be disallowed automatically, but will be referred to the AP for an assessment

respond to a reassessment invite will be contacted by a case worker or visiting officer to complete a PIP1

attend an assessment the claimant will be contacted to find out the reasons for not attending before a good reason decision is made.

See: Reassessment Case Worker - No response to the Reassessment invite or reminder received from the claimant

See: PIP New Claim FTA Process – Additional Support Marker

Assessment Provider (AP) and Additional Support

11. When the AP completes the Assessment Questionnaire, they answer a mandatory question linked to Additional Support 'The claimant has a mental, intellectual or cognitive impairment and may need additional support to comply with future claim processes'. The HP only answers the first part of the question.

12. The HP will answer 'Yes' to the question if they consider the claimant has a severe mental health or behavioural condition, learning difficulty, developmental disorder or memory problems in line with the DWP definition. The AP will no longer give advice on whether in their opinion the claimant may need additional support to comply with future claim processes.

13. The HP should provide reasons in the PA3 or PA4 report where the question is answered. The PIP Assessment Guide has been updated to reinforce the AP should only indicate if the claimant has a severe mental, intellectual or cognitive impairment in line with

the PIP definition when answering the question and providing reasons.

The CM and Additional Support

14. It's the CMs decision whether or not the claimant is identified as needing AS.

15. The claimant would not have additional support needs if they didn't meet the DWP definition for Additional Support for example, they have depression but it isn't severe or they've never been hospitalised for it. Or they have someone providing support.

16. When the CM is making their decision and completing the Assessment Questionnaire they must consider if the claimant has a support network in place or if they meet the DWP definition for additional support needs.

Additional Support is needed

17. Where the CM's answer is 'Yes' in the Assessment Questionnaire there's no further action to take as PIPCS automatically updates the Additional Support Determined in the Medical Details evidence screen which then updates the context panel in PIPCS Application home page.

Additional Support isn't needed

18. In cases where the claimant identified themselves as needing Additional Support and the PIPCS home page displays 'Additional Support Indicated' the Medical Details Evidence page at Additional Support Determined will display 'Yes', no matter what the CM includes in decision assist.

19. The Additional Support Determined field in the Medical Details Evidence page is updated only after the CM has:

completed and clicked 'Next' to submit their questionnaire

recorded their Reasons for the decision in decision assist

selected 'Complete Determination' in Decision Assist

20. To correct these cases the CM must answer 'No' in the Assessment script and change both the 'Additional Support determined' and 'Additional Support identified' fields to 'No'. You must update the most recent medical details evidence and Apply the changes.

Note: Should the AS 'indicated' status of the claimant change from 'No' to 'Yes' at any point following the new claim you must update both the 'Additional Support determined' and 'Additional Support identified' fields to 'Yes'. You must update the most recent medical details evidence.

See: Completing the Determination in PIPCS

CM decides AS Marker needs amending but case doesn't need Assessment Questionnaire completing

21. In cases where the CM decides the Additional Support marker needs amending or setting and there's no Assessment Questionnaire to complete they must change the 'Yes' or 'No' in the Medical Evidence details as appropriate.

Note: Where the claim has been made under SRTI and the AP has determined they are not SRTI on return from the AP, the CM must ensure the Additional Support Determined is showing Yes in the Medical Evidence details screen. (Even if the claimant doesn't have a severe mental health or behavioural condition or learning difficulty, development disorder or memory problem.)

02 New Claims process

22. All CMs must continue to check on return of the AP Report or when considering a claim, whether an AS marker is needed. It continues to be the responsibility of the CM whether or not the claimant should be marked as needing additional support.

Note: If at new claim the claimant doesn't indicate AS and you or the AP determines the claimant isn't AS the

‘Additional Support determined’ field is left blank. If the AS ‘indicated’ status of the claimant changes from ‘No’ to ‘Yes’ at any point following the new claim for example Award Review and the ‘Additional Support determined’ is left blank, when the AR1 timer expires PIPCS updates the medical details with part 2 returned as ‘No’ and concludes the award review with ‘Disallowed’ and issues a disallowance notification which includes an incorrect end of award date, However the benefit case remains active and in payment.

To prevent AS claimants from being disallowed if they fail to return the AR1 you must update both the ‘Additional Support determined and ‘Additional Support’ identified fields to ‘Yes’ and apply the most recent medical details evidence to prevent AS claimants from being automatically disallowed and prevent any overpayments.

30 Reassessment / 05 Reassessment Case Manager Action

Exportability cases

56. DLA Exportability cases on the Personal Independence Payment (PIP) Reassessment journey are dealt with by the exportability team at Blackpool Benefit Centre (BBC) and cases remain with the exportability Owning Unit (OU).

57. These cases are automatically created under 'Exportability BC OU' if the DLA record had an MU of '59'.

PIP1 claim not made 28 days after issue of invite letter
(PIP1 not received task)

58. If the claimant hasn't made a claim for PIP 28 days after the invite letter was issued, Personal Independence Payment Computer System (PIPCS) will produce a 'PIP1' not received task.

Note: This task will route to a Case Worker (CW).

59. The Case Worker (CW) will take suspension action unless, for example, the claimant needs Additional Support (AS) or is vulnerable and a Visiting Officer (VO) is unable to complete a PIP 1, then the CW will task you to action.

Note: For further information - See: Case Worker (PIP invite issued, claim to PIP not made).

Personal Independence Payment Critical Process Points
– Must Do Actions

You must check the correct Date of Claim (DoC) has been used; the DoC can be impacted by date of first contact or issue of clerical PIP1 or claim in the alternative. You must follow Operational Instructions to determine the effective date for reassessment cases.

Consequences:

Checking that you have used the correct Date of Claim (DoC) is essential, not getting the DoC right can mean:

the decision will be incorrect, resulting in poor customer service requiring rework to correct

the wrong DoC will be used and issued with the legal notification, misinforming the claimant

the Benefit payments may be incorrect, causing possible under or overpayments

incorrect payments being issued and may can lead to financial hardship, including our most vulnerable customers

increased dispute requests, complaints and appeals

possible reputational damage to DWP

costly and resource intensive rework to correct the claim

60. Date of Claim (Case Manager)

61. You must check the correct Date of Claim (DoC) has been used; the DoC can be impacted by date of first contact or issue of clerical PIP1 or claim in the alternative.

62. You must follow Operational Instructions to determine the effective date for reassessment cases.

Checking Additional Support

66. Where the claimant has additional support needs, all possible options must be exhausted in an effort to get the claimant to complete a PIP1 claim including telephone contact and the visit from Department for Work and Pensions (DWP) visiting.

Additional Support required (Visiting Officer referral)

67. If you decide the claimant has additional support needs, make a 'PIP claim completion' referral to the DWP visiting services.

68. A Visiting Officer (VO) will visit the claimant to complete a PIP1, PIP2 and/or BF56.

Note: For further information – See: 'Requesting a visit to a PIP claimant by DWP Visiting'.

69. You must defer the task 'PIP1 not received' on Personal Independence Payment Computer System (PIPCS) for 28 days which is aligned with the expected turnaround time from DWP visiting services.

70. You mustn't suspend Disability Living Allowance (DLA) in these instances until the outcome of the visit (and possible BF56 action) is known.

Note: For further information – See: 'How to Defer an Existing Task'.

CM doesn't accept reasons for delay in claiming

74. If contact isn't made by the Case Worker (CW), or a PIP claim isn't made, the CW will clear the case control and forward the 'Follow up PIP claim invite' task to you.

75. If after considering the information available about the claimant you don't accept the reason for the delay, before you consider suspension of DLA, check that:

the claimant doesn't have additional support needs

a paper claim hasn't been received

Note: if appropriate, take suspension action.

PIP invite issued (claimant doesn't wish to claim PIP and notification by telephony or in writing, additional support required)

80. If you receive a task from the Case Worker (CW) to tell you that the claimant has contacted to inform us that they have:

changed their mind about not wanting to claim

have made a claim

have indicated they're intending to claim (for example, awaiting Citizens Advice assistance)

81. The CW can consider extending the task for 14 days; however a longer extension maybe required.

82. There isn't a minimum or maximum extension time and these should be given on the individual circumstances presented.

83. You must use your discretionary powers to decide if an extension can be given (para P5032 – P5040), and for how long, for example, if the claimant isn't able to get a CAB appointment for 3 weeks, you can consider extending the task for that period of time.

91. You must only suspend from the day after the paid up to date, if this is after the 28th day.

92. If the paid up to date is before the 28th day, you must suspend from the payday following the 28th day and issue the arrears due where appropriate.

93. This is to allow the claimant at least 28 days from the date of issue of the invite before suspension and to avoid creating an overpayment.

Note: For further information - See: Reinstatement of DLA.

94. If the claimant is vulnerable, the CW must refer for a visit. If the visit is unsuccessful, the CW will refer this to you.

95. You must consider the reasons for the claimant not claiming PIP, and if an extension is applied the reasons must be recorded in notes on the homepage.

96. This could include claimants who fit the Department for Work and Pensions (DWP) description of 'vulnerable' defined as someone who has difficulty in dealing with procedural demands at the time when they need to access a service and includes life events and personal

circumstances such as a previous suicide attempt, domestic violence or abuse, or bereavement,

97. In the context of PIP the definition of Vulnerability differs from that of 'Additional Support', which relates to a defined range of health conditions'.

Note: For further information – See: 'Vulnerable Claimants' in this guide and the 'Vulnerability Hub' on DWP Intranet.

Claimant fails to return PIP2 (PIP 2 not received)

132. When an application to Personal Independence Payment (PIP) is made, a PIP2 is issued to the claimant with a covering letter PIP.1003.

133. This tells the claimant to complete and return the PIP2 within a calendar month from the date of issue.

134. A reminder PIP.1006 is issued automatically by Personal Independence Payment Computer System (PIPCS) if the PIP2 was not returned after 19 days.

135. The claimant can request and get a 2 week extension provided they contact us before the date the PIP2 should be sent back.

136. The claimant can also ask for a further extension, however, the claimant has to provide a good reason and the extension is only given if you accept good reason.

Note: For further information - See: extension for return of PIP2.

137. If the PIP2 isn't returned within the agreed timescale, PIPCS will create a 'PIP2 Not Received' task for you to disallow the claim or where Additional Support (AS) is indicated, automatically triggers a task to the Assessment Provider (AP) for an assessment report.

Disallow PIP for failure to return PIP2

143. If you don't accept good reason for failure to return the PIP2, you must:

Step	Action
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1	Check the 'Person Homepage' and ensure the Special Interest (SI) marker with a value of submitted.
---	--

2	Select the 'Evidence' tab
---	---------------------------

3	Select 'Action'.
---	------------------

4	Select 'New Evidence'. The 'New Evidence' pop up screen appears
---	---

5	Select 'Add' on the Other Benefits. The new 'Other Benefits Evidence Details' screen appears.
---	---

6	Input the following details:
---	------------------------------

type – 'DLA'

rate – the rate of the DLA award

award date – the start date of the DLA award

payment start date – the payment start date

payday – the appropriate DLA payday, for example Wednesday

7 Select 'Save'.

8 Select 'Active' or 'In Edit' evidence from the left hand navigation panel as appropriate for the case. 'Active' or 'In Edit' evidence list page opens.

Note: The DLA 'Other Benefits' evidence should be left 'In edit'.

9 Select the toggle next to 'Medical Details' type to expand

10 Select 'Edit' or 'Continue editing' option from the action button on the right hand side of the expanded details

Note: PIPCS opens the 'Edit Medical Evidence Details' page, pre populated with the previously recorded details.

11 Select 'No' option from drop down to the question, 'PIP 2 not returned'

12 Record details of the reason in the 'Comments' box at the bottom of the page, for example, 'claimant failed to return PIP2. No additional support and good reason not accepted' or 'good reason not considered'

13 Select 'Save'

Note: PIPCS saves information and returns to the medical evidence details list page

14 Apply the medical evidence, select the 'Actions' button and click 'Apply'

Note: The DLA 'Other Benefits' evidence must be left 'In Edit'

PIP FTA Process – No Additional Support Marker

Case Worker Action

157. On receipt of the AP contact history task, the CW will check the returned contact history/ PIPCS Decision Assist, to understand the actions taken on the case prior to being returned by the AP as FTA. For example;

has the appointment letter been sent to the correct address,

was the appointment letter sent more than seven calendar days before the appointment,

the claimant was allowed to reschedule their appointment once if requested, this is in addition to an alternative appointment which may have been offered to some claimants under the "60 minute drive time" initiative.

that the failure to attend was as a result of the claimant or appointee/ representative not attending and not that the AP was unavailable etc.

158. If the contact history/ PIPCS Decision Assist doesn't show the actions the AP has taken, or the

actions taken are incomplete/ incorrect, then the case should be returned to the AP as per normal procedures.

Note: If the CW/ CM have concerns around AP compliance with procedures then this should be raised with the Local Operations Performance Manager/ QAM as per current process.

159. Where the AP has applied the process correctly and there has been no effort to comply on behalf of the claimant and the case does not have an Additional Support (AS) marker, the CW will disallow the case, update PIPCS accordingly and issue the notification - See: FTA/FTC

160. Where it is clear that the claimant has tried to comply with the request but was unable to attend, for example was in hospital, then the CW should resubmit the case to the AP.

161. Where you are uncertain please refer the case to your team leader for advice

162. If this is the third time the case has returned from the AP for FTA, then do not return the case to the AP but refer to CM

163. If the AP actions were correct and no reason has been provided the CW should then check to see if the claimant has an Additional Support Marker.

Spare Paragraphs 164 - 169

PIP FTA Process – Additional Support Marker

170. The context panel of the PIPCS case home page (application or integrated case as appropriate) will display 'Additional Support Indicated' if additional support had been identified or indicated when the claim was made. It will display 'Additional Support Determined' if appropriate where there has been a previous assessment and decision on the case.

171. Check medical evidence details in PIPCS for other information on the case, including the comments box on the page. If the claimant has previously failed to supply information, for example didn't return the PIP2 this displays in medical evidence details.

172. Where a claimant has been identified as potentially requiring additional support it may be difficult to establish reasons for FTA. There may be no PIP2 and they may not return form PIP6000. Enquiries will need to be made of any third party representative for the case before making a decision on good reason for FTA.

173. If the claimant is identified as requiring Additional Support (AS) then;

where it is clear that the claimant has tried to comply with the request but was unable to attend, for example was in hospital, then the CW should resubmit the case to the AP. (See guidance above)

where it is not clear, the CW should make 2 attempts to contact the claimant/ appointee by phone to obtain details as to why they did not attend.

once the CW has successfully gathered this information they should pass the case via the complex case work queue to the CM for consideration of good reason.

If the CW is unable to contact the claimant by phone they should;

issue a PIP.6000 to obtain reasons and defer the FTA task for a calendar month to await its return.

when the task matures or the PIP.6000 is received (whichever is sooner) the CM should consider the good reason provided or whether to disallow.

180. Ensure DLA other benefits evidence is present, it MUST be left 'in edit'. If DLA other benefits evidence is not present ensure it is more than 3 days since the AP returned the case to DWP, if not wait the full 3 days. If after 3 days there is no DLA Other Benefits evidence, do not disallow, but refer to CM. Ensure the appropriate SI marker on the person case with a value of 'submitted'

Step	Action
------	--------

1	Select 'Evidence' tab
---	-----------------------

2	Select 'Active' or 'In Edit' evidence from the left hand navigation panel as appropriate for the case. The 'Active' or 'In Edit' 'Evidence List' page opens
---	---

3	Select the toggle next to 'Medical Details' type to expand
---	--

- 4 Select 'Continue editing' option from the action button on the right hand side of the expanded details. System opens the 'Edit Medical Details Evidence' page, pre populated with the previously recorded details
- 5 Select: 'No' option from drop down in 'Failure to attend – good reason accepted' field
- 6 Record details of the reason in the 'Comments' box at the bottom of the page, for example 'claimant failed to attend – no additional support and good reason not accepted'
- 7 Select 'Save'. PIPCS saves information, and returns to the medical evidence details list page
- 8 Select 'Evidence dashboard' to view all evidence
- 9 Select 'Validate Changes' option from action drop down
- 10 Check evidence shown in dialogue box is correct
- 11 Select 'Save' to validate evidence and return to 'Evidence dash board'
- 12 Select 'In edit evidence'
- 13 Select 'Apply Changes' from the action drop down button. This opens a dialogue box and displays a list of all evidence not applied
- 14 Select 'Medical details evidence' to apply changes
- 15 Select 'Save'

181. You must then check eligibility:

DLA Relinquishment

Claimant wishes to relinquish DLA before PIP decision

182. All requests to relinquish a DLA award must be in writing, and callers will be advised to write in.

183. The action taken depends upon whether the claimant has Additional Support (AS) needs and where they are on their Reassessment journey.

184. If a Reassessment invite letter hasn't been issued, DLA voluntary relinquishment action will be taken.

Note: For further information – See: 'DLA Team Member Guide Chapter 8.9 - Customer no longer wants to receive payment'.

185. The claimant will be sent a DLA7013 which will include a note advising them that as a consequence of DLA relinquishment they'll not be invited to claim PIP at a future date.

186. Where the case is a Rising 16, and the claimant hasn't yet reached Age 16, there won't be an Reassessment Indicator (RI) in Disability Living Allowance Computer System (DLACS) unless the claimant is approaching 16 and the notification advising them that they'll will soon be reaching age 16 and asking

for information about appointee, bank details and so on.
has been issued.

187. In these cases there will be an RI set to 'I'. Where we've been notified of relinquishment in these cases a 'DLACS user' must:

change the RI to '00' = 'Not Selected for PIP Reassessment',

delete any unwanted CCs, and

update DLACS dialogue DA110 Notepad.

Note: For further information - See: 'Reassessment Case Worker action (claimant wishes to relinquish DLA).

188. DLA can't be relinquished once the Personal Independence Payment (PIP) claim is made but the claimant can ask to withdraw their PIP claim, which will terminate the DLA.

PIP Reassessment (completing the assessment questionnaire in PIPCS CM action)

224. Before making a decision on a Reassessment, check:

if the claimant was born after 8 April 1948 or are Age 16 or over on the date of the claim

the Organisation Unit (OU)

if any previous negative determination has been made

the Assessment Provider (AP) task is available, and
DLA Other benefits evidence is present in evidence

Disability Living Allowance (DLA) doesn't expire within
the run on period, if so extend

Disability Living Allowance Computer System (DLACS)
to see if the DLA award is in payment, and what the pay
day is (to calculate correct effective date) as well as the
'Notepad' for any relevant notes

the Special Indicator (SI) is set to reassessment
submitted

'Financials' for the bank details

'Tasks' for any duplicate or outstanding tasks

'Contact' for any important notes relating to the case

'Decision Assist' to check the questionnaire is completed
and the submission is present

'Evidence summary':

other benefits for DLA award input via the system

if any payability enquiries are on going such as prison,
hospital, residential accommodation

medical details if failure to supply states 'Yes' or 'No'

non return of PIP2

previous failure to attend

the Additional Support (AS) marker is set correctly and change it where appropriate

225. Access the task and complete the assessment questionnaire in Personal Independence Payment Computer System (PIPCS).

226. You must ensure the Special Interest (SI) field has a status of 'submitted' before completing any action on an 'AP Report Received' task.

Note: For further information – See: Assessment questionnaire overview.

227. Don't apply the qualifying period (QP) to a Reassessment case decision.

228. The SI field in PIPCS will show you if the case is a Reassessment case.

229. When you're prompted with: 'Was the Qualifying Period (QP) satisfied before the date of claim?' select 'Yes' in Reassessment cases.

Note: The restriction on movement between rates of Mobility component post Age 65 doesn't apply in Reassessment cases.

230. Where a Disability Living Allowance (DLA) claimant was under Age 65 on 8 April 2013 and makes a Reassessment claim for Personal Independence Payment (PIP), all rates and components are available to them.

231. This includes any rate of Mobility even if the needs arose after they were Age 65. This rule also applies to claims made for PIP where the claimant was under Age 65 on 8 April 2013, was not entitled to DLA on the day of the claim but was entitled in the 12 months previous.

Personal Independence Payment Critical Process Points – Must Do Actions

232. Date of Claim (Case Manager)

233. You must check the correct Date of Claim (DoC) has been used; the DoC can be impacted by date of first contact or issue of clerical PIP1 or clerical PIP1 or claim in the alternative.

234. You must follow Operational Instructions to determine the effective date for Reassessment cases.

Disability codes indicating additional support may be required

Category Subgroup	Disease D code shown in DA501 Case Summary	New code
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Prion diseases	Creutzfeldt – Jacob disease (CJD)	D23 B11
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Prion diseases	Prion diseases - Other / type not known	D23 B20
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N/A Severely Mentally Impaired (SMI)	D96 D96
--------------------------------------	---------

Stress reactions	Post traumatic stress disorder (PTSD)	D45 F11
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Stress reactions Stress reaction disorders - Other /
type not known D45 F20

Anxiety disorders Anxiety disorders - Other / type not
known D45 F30

Mixed anxiety and depressive disorders Anxiety and
depressive disorders - mixed D45 F32

Somatoform and dissociative disorders Conversion
disorder (hysteria) D45 F33

Somatoform and dissociative disorders F33 – F40
Dissociative disorders - Other / type not known
D45 F35

Mood disorders Depressive disorder D44 F41

Mood disorders Bipolar affective disorder (Hypomania
/ Mania) D44 F42

Mood disorders Mood disorders - Other / type not
known D44 F50

Psychotic disorders Schizophrenia D44 F51

Psychotic disorders Schizoaffective disorder D44
F52

Psychotic disorders Psychotic disorders - Other / type
not known D44 F60

Cognitive disorders Dementia D48 F61

Cognitive disorders Cognitive disorder due to stroke
D16 F62

Cognitive disorders Cognitive disorders - Other / type
not known N/A F65

Learning disability global Down's syndrome D40 F86

Learning disability global Fragile X syndrome D40
F87

Learning disability global Learning disability - Other /
type not known D40 F90

Autistic spectrum disorders Autism D40 F91

Autistic spectrum disorders Asperger syndrome
D40 F92

Autistic spectrum disorders Retts disorder D40
F94

Hyperkinetic disorder ADHD / ADD D52 F95

Psychiatric disorders of childhood - Other Psychiatric
disorders of childhood - Other / type not known D50
F99

Movement disorders Huntington's disease D23 G29

Head injury Head injury - Cognitive impairment D36
G46

Head injury Head injury - Cognitive and sensorimotor
impairment D36 G50

Note: Any claimant that has a dual hearing or sensory
loss won't be deemed as requiring additional support.

Rising 16 transitional cases prior to 03 March 2014 (out of scope for PIP and suspension required)

376. Consider if Additional Support (AS) is required and if so make an AS or claim completion referral to Department for Work and Pensions (DWP) visiting services to obtain completion of a DLA434 as follows:

Step	Action
------	--------

1	Access 'DA530 Maintain Case Controls' screen, and set a CC for 4 weeks for the return of the DWP Visit referral and return of a DLA434.
---	---

2	Access 'DA110 Notepad' screen.
---	--------------------------------

3	Enter the following:
---	----------------------

'DLA434 not received. Claimant requires additional support. DWP referral for completion of DLA434. CC set.'

Note your initials, team name and room number.

4	Select 'END'.
---	---------------

5	If additional support is not required the TL will complete a SUSP1 and pass to you.
---	---

6	Access 'DA460 Suspend Payment of Award' screen and enter:
---	---

'A' in the suspension action field

the appropriate effective suspension date

Note: This will be from today's date and each case should be considered on its own merits.

'30' (other) in the reason for suspension field'

7 Select 'F21' to show 'DA105 Method of payment' screen.

8 Select 'Enter'.

Note: DLACS will then display the Payment Details screen.

This screen may show that there's payment due up to the award level suspension date and the amount due.

9 Enter 'Y' in the 'Do you accept the payments'.

10 Select End

11 Access 'DA530 Maintain Case Controls' screen, and set a CC for 4 weeks from today's date.

12 Access 'DA110 Notepad' screen and enter the following: 'DLA434 not returned. DLA suspended. CC set for 4 weeks.' Note your initials and team name.

13 Issue a SUSTERM 1A notification to the claimant, appointee or COP.

Note: For further information - See: 'Suspension and Termination Guide' and 'Decision Maker Procedural Guide' - 'Chapter 11 - Recording decisions'
Overview of Full PIP Rollout

381. Full PIP Roll Out

go Live July 2015

cases will be automatically selected from DLACS

Reassessment Indicator (RI) will automatically be set in DLACS

person is registered on PIPCS with a Special Interest (SI)

in the background there will be 14, 28, 98 day backstops or timers set

if a claimant doesn't claim after 14 days, a reminder will be issued

if a claimant doesn't claim after 28 days, a task will be produced for a user to consider suspension or additional support. If a suspension is to be input this must be done on DLACS type 31

if the claimant still fails to apply for PIP then the DLA will be terminated from the suspension date

after 98 days if there's been no termination activity on DLACS a task will be produced for the user to action

382. If the claimant decides they don't want to claim and relinquishes DLA then you must:

manually set the 'End of Claim task in PIPCS - See: (NINO) End of Claim Task

defer the task to your 'Deferred Tasks'

383. From July 2015, if a claimant doesn't wish to claim, you must create a manual task 'Reassessment – End claim follow up', which is available from the drop down and defer it for 98 calendar days.

Note: This will suppress any further reminders or suspensions on PIPCS.

384. After 98 calendar days the task will automatically

34 Failure to Attend (FTA)

Action in PIPCS - good reason not shown (FTA)

15. Action is taken in the medical evidence details screens in PIPCS when the:

- PIP.6000 isn't returned and additional support isn't indicated See: No Additional Support Marker Identified
- PIP.6000 has been returned and you decide the claimant hasn't shown good reason See: Considering the evidence for FTA and Good Reason

16. The medical evidence details screen in PIPCS includes the FTA field.

17. When 'FTA - Good reason

accepted' is set to 'No' in 'Medical evidence details' in PIPCS, the rules fail when check eligibility action is taken. You must:

Step	Action
------	--------

1	
---	--

	suppress the system notification
--	----------------------------------

2	
---	--

	manually complete and issue the PIP.7004
--	--

Additional Support

(AS) Marker Identified

25. The context panel of the PIPCS case home page (application or integrated case as appropriate) will display 'Additional Support Indicated' if additional support had been identified or indicated when the claim was made. It will display 'Additional Support Determined' if appropriate where there has been a previous assessment and decision on the case.

Note: Should the AS 'indicated' status of the claimant change from 'No' to 'Yes' at any point following the new claim you must update both the 'Additional Support determined' and 'Additional Support identified' fields to

‘Yes’. You must update the most recent medical details evidence.

26. Check medical evidence details in PIPCS for other information on the case, including the comments box on the page. If the claimant has previously failed to supply information, for example didn’t return the PIP2 this displays in medical evidence details.

27. Where a claimant has been identified as potentially requiring additional support it may be difficult to establish reasons for FTA. There may be no PIP2 and they may not return form PIP6000. Enquiries will need to be made of any third party representative for the case before making a decision on good reason for FTA.

28. If the claimant is identified as requiring Additional Support (AS) then;

it is clear that the claimant has tried to comply with the request but was unable to attend, for example was in hospital, then the CW should resubmit the case to the AP See: Action in PIPCS – good reason shown (FTA)

where it is not clear, the CW should make 2 attempts to contact the claimant/ appointee by phone to obtain details as to why they did not attend

once the CW has successfully gathered this information they should pass the case via the complex case work queue to the CM for consideration of good reason

If the CW is unable to contact the claimant by phone they should;

issue a PIP.6000 to obtain reasons and defer the FTA task for a calendar month to await its return

Note: PIP.6000 is only issued when additional support is required.

when the task matures or the PIP.6000 is received (whichever is sooner) the CM should consider the good reason provided or whether to disallow

Note: The claimant may phone and give good reasons for their failure to attend instead of returning the PIP6000. The communication record will indicate if there has been a call. Details of the call will be recorded in the history and comments tab of the task referred by telephony. If this is the case and the CM accepts good reason See: Considering the evidence for FTA and Good Reason

35. Ensure DLA other benefits evidence is present; it MUST be left 'in edit'. If DLA other benefits evidence is not present ensure it is more than 3 days since the AP returned the case to DWP, if not wait the full 3 days. If after 3 days there is no DLA Other Benefits evidence, do

not disallow, but refer to CM. Ensure the appropriate SI marker on the person case with a value of 'submitted'

Step	Action
------	--------

1	Select 'Evidence' tab
---	-----------------------

2	Select 'Active' or 'In Edit' evidence from the left hand navigation panel as appropriate for the case. The 'Active' or 'In Edit' 'Evidence List' page opens
---	---

3	Select the toggle next to 'Medical Details' type to expand
---	--

4	Select 'Continue editing' option from the action button on the right hand side of the expanded details. System opens the 'Edit Medical Details Evidence' page, pre populated with the previously recorded details
---	---

5	Select: 'No' option from drop down in 'Failure to attend – good reason accepted' field
---	--

6	Record details of the reason in the 'Comments' box at the bottom of the page, for example 'claimant failed to
---	---

attend – no additional support and good reason not accepted’

Note: If you are completing FTA action on any event, other than a new claim, you must edit the medical details to ensure both the AS indicated and AS determined fields reflect the AS status of the claimant.

7 Select ‘Save’. PIPCS saves information, and returns to the medical evidence details list page

8 Select ‘Evidence dashboard’ to view all evidence

9 Select ‘Validate Changes’ option from action drop down

10 Check evidence shown in dialogue box is correct

11 Select ‘Save’ to validate evidence and return to ‘Evidence dash board’

12 Select ‘In edit evidence’

13 Select 'Apply Changes' from the action drop down button. This opens a dialogue box and displays a list of all evidence not applied

14 Select 'Medical details evidence' to apply changes

15 Select 'Save'

No additional Support (AS) Marker identified

37. On receipt of the AP contact history task, the CW will check the returned contact history/ PIPCS Decision Assist, to understand the actions taken on the case prior to being returned by the AP as FTA. For example;

has the appointment letter been sent to the correct address,

was the appointment letter sent more than seven calendar days before the appointment,

the claimant was allowed to reschedule their appointment once if requested, this is in addition to an alternative appointment which may have been offered to some claimants under the "60 minute drive time" initiative.

that the failure to attend was as a result of the claimant or appointee/ representative not attending and not that the AP was unavailable etc.

38. If the contact history/ PIPCS Decision Assist doesn't show the actions the AP has taken, or the actions taken

are incomplete/ incorrect, then the case should be returned to the AP as per normal procedures.

Note: If the CW/ CM have concerns around AP compliance with procedures then this should be raised with the Local Operations Performance Manager/ QAM as per current process.

39. Where the AP has applied the process correctly and there has been no effort to comply on behalf of the claimant and the case does not have an Additional Support (AS) marker the CW will disallow the case, update PIPCS accordingly and issue the notification See: Considering the evidence for FTA and Action in PIPCS – good reason not shown (FTA)

40. If this is the third time the case has returned from the AP for FTA, then do not return the case to the AP but refer to CM

41. Where it is clear that the claimant has tried to comply with the request but was unable to attend, for example was in hospital, then the CW should resubmit the case to the AP See: Action to take

42. Where you are uncertain please refer the case to your team leader for advice

43. If the AP actions were correct and no reason has been provided the CW should then check to see if the claimant has an Additional Support Marker See: Additional Support

Case returned from the AP where assessment could not be completed due to Failure to Attend (FTA) or Failure to comply (FTC)

67. Where a case was referred to the AP for an assessment but completion hasn't been possible, the AP returns the case to DWP with details. The AP uses the returned assessment functionality (RAF) to do this.

68. A FTA task will be generated for the CW to action and consider good reason. The (CW) will follow appropriate procedures under normal Business As Usual processes.

69. There is no requirement to contact the claimant to gather reasons for FTA/FTC unless the claimant has been identified as requiring Additional Support (AS). In Additional Support cases normal procedures will apply in order to gather the reasons for FTA/FTC if required See: Additional Support Marker Identified

FTA/FTC considered by CW and good reason not accepted

72. Where the AP has applied the process correctly and there has been no effort to comply on behalf of the claimant and the case does not have an Additional Support (AS) marker, the CW will create a manual 'To Do' Task with the subject heading 'Consider Negative Determination action' and forward this to a CM with the right skill set.

Note: If upon receipt of the 'Consider Negative Determination' task the CM disagrees with the CW and decides there is good reason for the FTA/FTC the CM will refer the case back to the AP.

See step actions under: FTA/FTC considered by CW and good reason accepted.

73. The CM must not refer the case back to the CW as this will add unnecessary delay to the claimant journey

Change of Circumstance FTA

Case returned from the AP where assessment could not be completed due to Failure to Attend (FTA) or Failure to Comply (FTC)

76. Where a case was referred to the AP for an assessment but completion hasn't been possible, the AP returns the case to DWP with details. The AP uses the Returned Assessment Functionality (RAF) to do this.

77. A FTA task will be generated for the CW to action and consider good reason. The (CW) will follow appropriate procedures under normal Business As Usual processes.

78. There is no requirement to contact the claimant to gather reasons for FTA/FTC unless the claimant has been identified as requiring AS

See: Considering the evidence for FTA

79. In AS cases normal procedures will apply in order to gather the reasons for FTA/FTC if required.

See: Additional Support Marker Identified

04 Vulnerable Claimants / 01 Out of Process when claimant threatens suicide or self harm

Background

1. Occasionally, you need to work differently to help people who say they will self harm or commit suicide when you are speaking to them. This means:

not following set processes and working 'out of process' to support the claimant

taking ownership of the issues and claimant to see them through to a suitable conclusion

working within your teams and wider if necessary to provide the support that the vulnerable claimant may require.

Note: Vulnerable claimants are defined as someone who has difficulty in dealing with procedural demands at the time when they need to access a service. This includes life events and personal circumstances such as a previous suicide attempt, domestic violence or abuse or bereavement. It should be noted that in the context of PIP the definition of Vulnerability differs from that of Additional Support, which relates to a defined range of health conditions.

2. It is very rare that claimants say they will self harm or commit suicide when you are speaking to them. When this happens processes are in place via the '6 point plan' to help you to support these claimants. See the '6 point plan':

3. After threats have been made to self harm or commit suicide a peer review takes place where the staff member and line manager consider if all has been done to support the claimant at that time. Reviews have found that the department needs to work 'out of process', own the claimant and issues, and to see the matter through to a satisfactory conclusion.

Select the link for 'What to do after an incident of declaration of intention to self harm or commit suicide' to see 'The following are essential steps to take following an incident' within 'Claimant threatens to self harm or suicide'

Role of the champion

4. DWP has agreed to put an 'out of process' support 'champion' in place in each benefit centre. This 'champion' will provide additional support to claimants from within the benefit centre, after the initial incident call has been completed.

5. The 'champion's' role is to work 'out of process' to take whatever action is necessary to support the claimant through the PIP process and not to undertake generic process activity.

6. The 'champion' will require a high level of access to PIPCS. The grade of the role will be consistent with the level of access required and Senior Operational Management have agreed that the role will be at HEO level. See: BC List of Champions

7. A series of principles have been designed to help staff and managers deal with these situations and to guide staff. However, the aim of the 'champion' is to do whatever is necessary to support a claimant through the PIP process. Therefore the principles are broad rather than Guiding Principles

8. Staff need to be fully supported by team leaders and managers to take appropriate action. Each situation will be different and will need different action or support. In these circumstances the following set of agreed principles may better support staff than direct guidance:

whoever takes the initial call or contact with the claimant should 'own' the call and be responsible for seeing that call through to a suitable conclusion

this staff member should be taken off line to enable them to concentrate on this matter

team leaders and managers will support staff to work 'out of process' to take any necessary action – there is no fixed process in these circumstances

each benefit centre should have a nominated 'champion' to provide additional support to claimants and who will discuss cases with staff

case conference within your office and with external experts as required after an incident such as this. Evaluate the actions taken and consider lessons learned.

Staff member activity

9. The following activity is for staff members when an incident of threatening self harm or suicide occurs:

Step	Action
------	--------

- | | |
|---|--|
| 1 | hear the initial threat to self harm or suicide. |
| 2 | handle the call as outlined in the '6 point plan'. |
| 3 | create a High Priority, 'To Do' task for the benefit centre 'champion' to set an additional support marker - See: 'Workflow and Task Management' guidance. |
| 4 | mark task as urgent, ask the 'champion' to set the additional support flag, if not already input automatically by the answers given, and request 'champion' takes ownership of the task from this point on (see paras 4 to 7). |
| 5 | put facts about the case in notes in the medical evidence screen in PIPCS, ensuring the information is adequate and relevant. |

6 telephone 'champion' to explain task is on the way and give details of the claimant and the incident.

10. If a person threatened self harm or suicide before a claim had been submitted the agent will ring the 'champion' and provide all the information in that call.

11. Once these activities are completed, the staff member's responsibility or ownership will cease. The 'champion' will then be responsible for any additional activity over and above the normal process.

12. Details of the 'champion' and deputy 'champion' will be placed on 'FIND'. Staff members will use the FIND function on PIPCS to identify who the 'champion' and deputy 'champion' is.

13. Throughout the claim the medical evidence screen should be checked for all incoming enquiries and outgoing calls, but not for every back office task. The case worker, case manager, Assessment Provider will still complete their usual process tasks, but will approach the 'champion' for help prior to contacting the claimant.

14. Work should still be allocated to the designated business as usual (BAU) staff. In addition, the 'champion' should be informed of any activity to check that workflow tasks can be actioned in the usual manner (as the 'champion' may choose to ring the claimant to advise something is on the way).

Champion activity

15. The 'champion' is only responsible for carrying out additional tasks to support the claimant throughout the process, for example additional reminders to the claimant or speaking to their support workers.

16. The 'champion' is not responsible for generic process activity such as issue of PIP2 'How your disability affects you' form or completing the explanation call.

17. The 'champion' should check the tasks on a daily basis to establish if new tasks are allocated and speak to the person they are allocated to so they have a full understanding of the incident and can discuss if anything different needs to be done.

18. Following receipt of a call from the staff member who dealt with the incident, the 'champion' will set the additional support flag (if not already input) immediately after an incident as follows:

Step	Action
------	--------

1	select New Evidence from the Action drop down menu on the Evidence homepage;
---	--

the New Evidence type list page will display

- 2 navigate to Medical Details type and select 'new' from the action drop down menu.
 - 3 on the New Medical Evidence details page, enter 'yes' in the Additional Support indicated field
 - 4 if the case has been returned from the Assessment Provider, update the Additional Support determined box (a different box to Additional Support indicated and only available after return from the Assessment Provider)
 - 5 select 'save'
 - 6 inform the workflow allocator that a task will be pending – to go to the 'champion'
 - 7 update comments in the medical evidence screen to outline the incident and show 'champion' activity on the case
 - 8 put their name and telephone number in the comments section in the medical evidence screen - this will identify the 'champion' to all dealing with the case (including the Assessment Provider)
 - 9 consider if there are other DWP benefit interests – advise of incident
19. The following are actions for the 'champion' to consider when he / she has been notified of an incident and the case is just after the new claim stage:

Step	Action
------	--------

1 ring claimant after PIP2 'How your disability affects you' form has been issued. Advise claimant a form is pending and where they can get help to complete it if necessary

2 contact the claimant's support person (if we know who) to advise a form is on the way and the claimant may need help

3 arrange for DWP Forms Completion Service to ring the claimant to help complete sections of the form

DWP Forms Completion Service:

4 arrange for DWP Visiting to provide full form completion support if the claimant needs it and has no other support. Referrals for visits to vulnerable claimants should be made using the DWP Visiting Referral Tool:

and

See: 'Requesting a visit to a PIP claimant by DWP Visiting' guidance

20. The following are actions for the 'champion' when he or she has been notified of an incident and the case is at the how your disability affects you stage:

if the PIP2 'How your disability affects you' form is not returned – consider, as well as an automatic reminder at 19 days, ringing to remind claimant or the claimant's support person (if we know who)

if PIP2 is returned – the ‘champion’ MUST put their name and telephone number in the comments section in the medical evidence screen so the Assessment Provider will be able to contact them if they require further information.

21. The ‘champion’ will not be able to telephone the Assessment Provider directly to discuss the claimant’s case due to organisational arrangements.

22. The following is action for the ‘champion’ when he or she has been notified of an incident and the case is at the decision stage:

consider if a case conference is required with case manager or Assessment Provider and ‘champion’ prior to decision being made and or prior to explanation call if one is required

if a case conference is required make arrangements using the existing escalation route currently used by the decision maker when they wish to challenge anything with the Assessment Provider.

Identifying an existing out of process support case

23. Currently, cases where a claimant has threatened self harm or suicide are identified by the Additional Support flag and an accompanying comment / note to explain the incident has been reported to the benefit centre ‘champion’.

24. For Enquiry Line staff, and for PIP users carrying out a workflow task, if a claimant becomes distressed take the following action to identify whether the claimant is an existing 'out of process' support case:

Step	Action
------	--------

1	check to see if the additional support flag is set in the application and integrated case screens.
---	--

2	if so, check the notes or comments in the medical evidence screen to see if the 'champion' is providing support for this claimant.
---	--

3	if so, consider informing the 'champion' of your activity and check that it is ok to carry on (as the 'champion' may choose to ring to advise the claimant).
---	--

Removing the Additional Support Flag

30. In certain circumstances the Additional Support Flag will need to be removed from PIPCS. To do this, take the following action:

Step	Action
------	--------

1	input NINO in the top right hand side (RHS) search box. The search results display
---	--

2	select Evidence Summary from under the Details heading. The Evidence Summary screen displays
---	--

3	select the Evidence tab
---	-------------------------

- 4 select the Medical Details hyperlink from the Evidence Dashboard. The Medical Details Change Summary displays
- 5 click on the LHS toggle button to expand
- 6 select the green Action button from the RHS of the Change Summary line
- 7 select Continue Editing from the drop down menu. Edit Medical Details Evidence screen displays
- 8 select No in the Additional Support field
- 9 select Save

New claims 02-15d app 4

Appendix 4 – Additional support questions

For completion of the telephony script from a PIP1

Use this table to help you enter the questions in the About Your Condition section of the script.

Users must be sure they can answer all of the relevant questions before they input the paper claim form onto PIPCS.

Question on the script	Question on paper claim form (PIP1)
How to answer questions on the script	

Q1. Do you have a condition like this?	Do you have a condition like this? (page 16).	Record Yes, No or Don't
--	---	-------------------------

Know as per the answer given on PIP1 paper claim form, Question 1 (page 16).

Q2. Do you have a condition like this? Do you see a psychiatrist or community psychiatric nurse, psychologist or counsellor about your condition? (page 16) Question 1 is repeated on screen but not on the PIP1.

Use the answer to Question 2 on the PIP1 to complete this field on screen. Record Yes, No or Don't Know as per the answer given on PIP1 Question 2 (page 16).

Q3. Do you see any of these people? Do you see a psychiatrist or community psychiatric nurse, psychologist or counsellor about your condition? (page 16) If Question 3 displays on screen, record the answer given on PIP1 for Question 2 again.

Record Yes, No or Don't Know as per the answer given on PIP1, Question 2 (page 16).

Withdrawn new PIP claim

Outstanding decision

10. If there is an outstanding decision, you must determine if the claimant needs 'Additional Support' using the relevant questions from the data gather.

Additional Support indicated

11. If 'Additional Support' is indicated, check the claimant's record for their preferred method of communication. If the claimant's preferred contact method is in writing, issue notification PIP.1002a allowing 2 weeks for the response. Then contact them to explain the consequences of their request to withdraw the PIP claim. If an Unacceptable Customer Behaviour (UCB) marker is present - See: 'Unacceptable Claimant Behaviour (UCB)' guidance.

12. You must ensure the claimant fully understands the effect of their request and ask if they still wish to withdraw the claim – See: 'Vulnerable Claimants' guidance. You must also consider if a visit is appropriate or if PAB action is necessary – See: 'Requesting a visit to a PIP Claimant by DWP Visiting' guidance and 'New PAB and COP (excluding appointees)' guidance. If not, and they appear to fully understand the effect of their withdrawal request and they still want to withdraw - See: 'Additional Support not indicated'.

13. If the claimant does not require a visit or PAB action, appears to fully understand the effect of their withdrawal request and decides they no longer want to withdraw the claim and is not a reassessment case the new claim process continues. If the claimant does not require a visit or PAB action and does not appear to fully understand the effect of their withdrawal request, the new claim process should continue. However, you

should recognise the claimant's potential vulnerability and show empathy, sensitivity and respect, see: 'Vulnerable Claimants' guidance.

Additional support not indicated

If additional support is not indicated and it is not a reassessment case:

Step	Action
------	--------

1	select the 'Applications' tab from the 'Claimant Homepage' to display the 'Application home page'.
---	--

2	select the 'Application reference number';
---	--

select the 'Action' button in the 'Benefits Applied for' section; and

select 'Withdraw'.

3	complete the fields as follows:
---	---------------------------------

Benefit – pre-populated to Personal Independence Payment

Requested by – pre-populated with claimant or PAB name

Withdrawal date – insert today's date

Withdrawal Method – select 'by paper, by phone, or in person' as applicable from the drop down box

Withdrawal reason – select 'claimed in error, change in circumstances, do not wish to proceed, death of

claimant or none of the above' as applicable from the drop down box

Description – free text field

Comments – free text field and select 'Save'.

4 notify the claimant, PAB or COP of the withdrawal decision using manual notification PIP.1002, available from the Desktop Template Icon and update the 'Communication Record' on PIPCS - See: 'Communication Record' guidance.

5 print and send a copy of the letter to MOU for scanning onto the Document Repository System (DRS).

15. When you have updated PIPCS with the appropriate information, close down any 'in progress' tasks. PIPCS will automatically create a task to notify the Assessment Provider (AP), if appropriate, withdraw the claim, close any DRS documents and broadcasts to Customer Information System (CIS).

AP contacted re claim withdrawal

16. If the claimant, PAB or COP advises the AP that they wish to withdraw their claim, the AP completes the report, where possible, and sends it to the MOU for scanning and assigning. A task is raised for you to take withdrawal action having considered any need for 'Additional Support'. Where no 'Additional Support' is identified – See: 'Additional support not indicated'.

Where additional support is identified – See: ‘Additional support indicated’.

For further Instructions re. Additional Support

Reassessment Case

17. If the claimant is going through reassessment and a request to withdraw is received, you must ensure the claimant fully understands that they cannot continue to claim DLA and that it will end. If claimant has been invited and fails IDV an outbound call (OBC)/letter (using standard template) to advise claimant they need to ring the department will be necessary.

Note: If claimant continues to fail IDV they will eventually have their DLA suspended/terminated.

If the claimant passes IDV and is going through reassessment, a High Priority Work Available Report (HPWAR) will be raised for you, as the dual user, to terminate DLA from the 2 week safe date. This is to ensure that the claimant has had time to fully understand the implications of withdrawing their claim.

The reassessment dual user CW should now take action to terminate the DLA following ‘Reassessment Case Worker Action’ - ‘Claimant wishes to withdraw their PIP claim’ and ‘Termination of DLA award as claimant does not wish to claim PIP’ processes in the Reassessment section of this guide.

20. The reassessment dual user CM will receive a task from the reassessment CW to withdraw the PIP claim. They should follow the action in 'Claimant wishes to withdraw PIP claim' of the 'Reassessment Case Manager Action' section of this guide.

11 Award Reviews / 01 PIP Change of Circumstance Reviews

Change of Circumstance Review Application Received

10. On receipt of a phone call, white mail, CAMLite or Manual To Do task reporting a change of circumstances relating to the claimant's condition or a request for the claimant's level of entitlement to be reviewed, the Delivery

Officer or Admin Support Role must:

Step	Action
------	--------

1	navigate to the 'Interventions' tab on the Evidence Summary
---	---

2	check that an open Unplanned Intervention hasn't already been created for the case
---	--

3	select Create New Intervention
---	--------------------------------

complete the relevant fields following guidance (Received Date, Type and Requested By are mandatory), selecting Unplanned from the Type drop down

4	select 'Save'
---	---------------

5 Close the task requesting the unplanned intervention (if there is no other action they need to complete on the task)

11. Following the above actions a system task 'Unplanned Intervention registration complete, further action required' is generated and auto allocated to either:

a CM with a CofC Reviews skill or
the appropriate Complex Decision work queue
depending on the office that owns the case.

12. On receipt of the task, the CM must scrutinise the available evidence and check for the following initial information to consider the next step

Is there an award? If the claim has previously been disallowed, the request would be a reconsideration request or a new claim depending on the stage that the previous claim is at

Has the request been made by the appropriate person. If it has been made by a third party without the authority from the claimant/PAB it is not a valid request.

Reason for request

Has the health warning been given?

Has there been an event? For example, stroke – if so, what date did it happen to start

When did the needs change

Are there any payability issues, including dates, for example, hospitalisation, care home admission or discharge

Is there indication if additional support is appropriate

Note: Should the Additional Support 'Indicated' status of the claimant change from 'No' to 'Yes' at any point following the new claim you must update both the 'Additional Support determined' and 'Additional Support identified' fields to 'Yes'. You must update the most recent medical details evidence.

See: Claimant requires additional support but this is not yet recorded in PIPCS

13. If the available information is incomplete a telephone call to the claimant/PAB may be necessary to obtain further information to establish whether an unplanned intervention is appropriate or not.

The information received may not be appropriate for an unplanned intervention and as a result withdrawal of the unplanned intervention may apply.

Once all the necessary information has been obtained the CM is able to decide

A relevant change has occurred

A decision or a referral to the AP can be made, without the PIP2(UI), if not available

14. If the PIP2(UI) is not available one may need to be issued at this point. Once the PIP2(UI) is received, consider whether a referral to the AP is appropriate.

Note: If the task has been created on a case that should be an AR for example, planned intervention rather than unplanned intervention - close the task.

15. When a CofC Review application is received a new decision will normally be given. This is to give the claimant, PAB or COP a new outcome decision with dispute rights. A supersession of a decision only changes a previous decision from a date later than the original effective date.

16. It is important that when superseding, increasing or extending awards, you clearly identify the grounds for the change for example, changes of circumstances, ignorance or mistake of a material fact or error of law, or new medical evidence from the Assessment Provider (AP)

See: DMA Advice (Revision Supersession)

17. If there is more than one change which affects the outcome then the grounds for each change must be identified. For example, benefit entitlement may be reduced due to a reduction in daily living/mobility needs following surgery but payment may also be affected due to that hospital admission. You should identify that there has been a CofC resulting in reduced daily living/mobility

needs following surgery and also there has been a CofC affecting payment following admission to hospital.

See: Payability Guidance

18. There is a general principle whenever an award is looked at again we should make sure the whole award is correct. For example; a change in daily living needs only, we will also ensure the mobility component remains correct, and if the new assessment does not support the continual award of mobility the CM will supersede the existing award.

19. The claimant, PAB or COP will contact the Department by phone or in writing which will generate one of two tasks

a manual task.

Unplanned Intervention Registered further action required

20. A manual task will be created when white mail is received. The document is scanned by the Mail Opening Unit (MOU) and put on to the Document Repository System (DRS). The Workflow team will then create a manual task.

21. An 'Unplanned Intervention Request task further action required will be created when a claimant telephones the department. Either task will be forwarded to the CM to consider the information presented.

22. The CM should then clear the unplanned intervention task where a PIP2UI has already been issued.

23. If a manual task is received the CM needs to create a CofC Review record and close the manual task down

See: Workflow and Task Management.

Claimant requires additional support but this is not yet recorded in PIPCS

43. At new claim stage we inform claimants that “we understand that some people find it difficult to return forms because of a mental-health or behavioural condition, learning difficulty, developmental disorder or memory problems” and ask the claimant to confirm if they have a condition like this.

44. This could mean any kind of learning difficulty or dementia. It could also mean anxiety or depression, obsessive compulsive disorder, psychosis, schizophrenia or personality disorder, attention deficit hyperactivity disorder (ADHD), autistic spectrum disorder or developmental delay.

45. We may also tick the additional support marker if the claimant is too distressed/upset to identify that they may be vulnerable and need additional support.

See: Vulnerable Claimants

46. Where it is evident, from the information provided in the request to look at the case again, the claimant does

require additional support (as outlined above) and this has not been noted on PIPCS you must modify the active evidence held.

Note: Should the additional support 'Indicated' status of the claimant change from 'No' to 'Yes' at any point following the new claim you must update both the 'Additional Support determined' and 'Additional Support identified' fields to 'Yes'. You must update and apply the most recent medical details evidence.

Navigation to the Medical Evidence Details screen

47. To access and edit the Medical Evidence details screen:

Step	Action
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1	select the 'Evidence summary' from the NINO search results
---	--

2	select the 'Evidence' tab
---	---------------------------

3	click on the 'Medical details' hyperlink below supporting evidence
---	--

4	expand the toggle alongside the 'Medical details' information
---	---

5	select 'Edit' from the Action button - make the necessary changes to the 'medical evidence'. If additional support is now required you must update both the 'Additional Support determined and 'Additional Support' identified fields to 'Yes'.
---	---

6 select 'save'

48. PIPCS will then close the New Medical Evidence Details page, save the data as 'in edit' evidence and return the user to the page from which the action was performed. You must select 'validate changes' and then 'apply changes' from the action button on this page.

49. To activate the evidence check eligibility and run the lay rules.

PIP2(UI) not returned

56. If the claimant is flagged as requiring additional support and the PIP2 (UI) is not received within 40 calendar days, the CM should refer the case to the AP via decision assist 'AP – assessment required' and check if the 'AS' marker is correct.

57. If a PIP2(UI) has still not been received and the claimant is not flagged as requiring additional support check the communications record and tasks to see if the claimant has called with reasons for the non-return.

58. If not, telephone the claimant 3 times over 2 days. If no contact is made with the claimant after the 1st call, issue the appropriate SMS for the claimant to call us. If the CM has been unable to contact the claimant/PAB/CPAB then issue PIP.3012 to establish reasons for non return and defer the task for a further 10 calendar days.

59. This notification asks the claimant if there is good reason for them not returning the PIP2 (UI). A communication record must be created. See: Communication record.

60. If a reply is then received to the PIP.3012 the letter will be scanned by the MOU. A manual task will be created for you to consider whether the claimant, PAB or COP has shown good reason for not returning the Non return of the PIP2(UI) Good reason accepted

67. If you accept good reason defer the original task for a further 19 days, clear the manual task and create a communication record.

See: Communication record.

68. If necessary, issue a further PIP2(UI) and covering notification PIP.1021.

Note: the extension should be recorded in the person page notes

69. Access the Medical Evidence screen, selecting New Evidence from the drop down action button.

See: 'Navigation to the Medical Evidence Details screen'

70. You must:

Step	Action
------	--------

1	enter the effective date, this should be today's date
---	---

2 see the failure to supply information cluster, in the part 2 not returned – Good reason accepted – you should enter ‘Y’

2 select ‘save’

71. Once the changes to the evidence have been saved the system creates an ‘In Edit’ record. You need to validate and apply the evidence.

72. To activate the evidence check eligibility and run the lay rules.

See: ‘Check eligibility - running of the lay rules’ and ‘Communication Record’ guidance

73. If the claimant has not returned the PIP2(UI) and requires additional support, you should refer the case to the AP and check whether the AS marker is appropriate.

See: ‘PIP2(UI) not required – referral to AP’

PIP2(UI).

74. If the claimant asks for more time to return the PIP2(UI), the telephony agent will need to make a note of the return date (or CW) on a call or dealing with a paper request) can extend the PIP2(UI) return date that hasn’t already been extended for a maximum of 14 calendar days. You may also receive a PIPCS task created by non-telephony ‘back office’ staff who received the extension request via an outbound call or letter.

75. Provided the requested extension is for two weeks or less and the claimant has not previously had an extension, the agent/CW will extend the return date by 14 calendar days.

76. This extension is at the discretion of the SofS but there is no need for the CM to consider if a request under 14 calendar days extension provision is 'reasonable'.

77. KIV – This instruction for extending the return date of the PIP2 (UI) applies to phone and postal requests and all versions of the PIP2.

78. If the claimant requests an extension of more than two weeks or they have already had a 14-day extension, a system task will be generated and sent to a CM with the appropriate skills set for consideration under Good Reason. You must consider if it's reasonable to allow more time. You must also consider if this is because they require AS.

Note: Should the additional support 'Indicated' status of the claimant change from 'No' to 'Yes' at any point following the new claim you must update both the 'Additional Support determined' and 'Additional Support identified' fields to 'Yes'.

79. You must update and apply the most recent medical details evidence.

See: Claimant requires additional support but this is not yet recorded in PIPCS and Claimant Requests More Time to return PIP2 - 2 week extension provision

See: ADM Chapter 6 – Good Reason

Inputting Decisions following receipt of AP Assessment Report (PA4), AP Paper Based Review Report (PA3), or Supplementary Report (PA5) or (PA6)

Note: Check CIS for Address and DLA interest/Other Overlapping Benefits

123. Before you make any decision you must follow the Critical Process Points must do actions.

Step	Action
------	--------

- | | |
|---|---|
| 1 | complete the new RFD using 'DMR Template' |
| 2 | select 'Decision Assist' from the 'search result' |
| 3 | select 'Determination' |

Note: the determination line status should be 'In Progress'

- | | |
|---|--|
| 4 | select 'toggle' button (LHS) to open up the 'PIP Determination Line' |
| 5 | select 'Answer' from the 'Action' button (RHS) |

6 answer questionnaire but remember to:

Check details of any new evidence provided

Check details of any new disability identified if applicable

check chosen descriptors reflect the AP's report and are justified

Note: QP dates should not be entered in CofC review cases.

7 select 'Save'

8 select 'Reason' tab

9 select 'New'

10 select 'Daily Living' from the drop down menu

copy and paste your RFD for the daily living component

11 select 'Save'

12 select 'New'

13 select 'Mobility' from the drop down menu

copy and paste your RFD for the mobility component

Note: each reason box has a limit of 2100 characters.
However, you are permitted to split the reasons across both reason boxes if you need to

14 complete your determination using the toggle button (RHS) of the determination line and insert your chosen effective date

- 15 close tabs and return to search result
- 16 refresh
- 17 select 'Evidence Summary' and apply evidence
- 18 apply the PIP assessment determination evidence
- 19 Note: You must check, and if necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields reflect the AS status of the claimant.

if the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'Yes' in the most recent medical details evidence

if the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

Then apply the medical details evidence only.

- 20 return to 'Evidence Summary'
- 21 select 'Intervention' and from the action button (RHS) select 'edit'
- 22 in the 'Conclusion' box, select the appropriate option to reflect your decision
- 23 select 'Save'

Note: this will conclude the intervention and remove the water mark within decision assist.

Note: concluding the intervention triggers the notification letter

24 return to 'search result'

25 refresh

26 select 'Personal Independence Payment Case' line (also known as the benefit delivery line)' from the 'search result'

27 select 'Edit' from the 'action' button top (RHS)

insert the new review and end date

Note: You don't follow this step action if the decision is 'disallowance'

28 select 'Save'

29 select 'Check Eligibility' from the 'action' button top (RHS)

30 select 'Active Evidence Only'

31 select 'Save'

Note: you should know from your decision whether arrears will be due or if an overpayment is likely to have occurred

See: Payment Correction

32 Final Checks:

Communication: has decision letter been issued?

Search Results: payment correction – have you submitted for approval where necessary or update notes accordingly?

Tasks: has a management test check task been generated? If so, monitor the progress

See: Management Check

Check for outstanding Motability agreements

If the enhanced rate of the mobility component has changed:

on revision

if a claimant originally had a MOTA agreement with DLA/PIP which was removed and has been re-awarded enhanced mobility as well

the Motability Specialist team at Blackpool Benefit Centre must be notified of any change affecting the claimant's Motability agreement. This is to ensure they inform Motability Operations (Mops) when an existing enhanced rate of mobility component award is changed on revision, that is:

disallowed

reduced or increased

the period of the award is varied or includes a period of non payability

A PIPCS high priority manual task should be generated to the Motability Specialist team:

Task Subject Task Type Task Allocation (Work Queue) Task Priority Deadline date

NINO

Action Required: PIP Award Changed

Consider Mota Agreement Manual To do Blackpool
Mota BC _MotaLiaison_Mota Agreement Team 1 High
2 working days

33 close all outstanding tasks following appropriate payment correction action

Split Rate Decisions – CofC Reviews

124. There may be instances during a CofC process where you need to record a split rate decision on PIPCS:

the evidence you have supports the increased needs due to a CofC for one component, but the evidence for the other component is disadvantageous to the claimant

as a result of an Upper Tribunal (UT) decision

See: Upper Tribunal and Split Rate decision

Note: Although you are completing two determinations in these cases you will record one decision for statistical purposes.

125. Before inputting your split rate decision into PIPCS check if the claimant has a Motability agreement. If you are removing enhanced rate mobility from a Motability claimant See: Motability cases

Step	Action
------	--------

1	navigate to the Benefit Delivery Case, select the Action button in the top right hand corner and select 'suspend case'
---	--

2	navigate to decision assist and modify the appropriate determination Modify determination - paragraph 14 step & action
---	--

3	complete the assessment questionnaire as appropriate for the event - Award Review, Change of Circumstances Review, Reconsideration, Appeal - inputting earliest period determination descriptor scores
---	--

4 Input the following text in the reasons tab on PIPCS
'Full reasons for decision provided at the determination
with effective date of **/**/20**'

Note: For a split rate decision this date will be for your
second decision or decision with the latest effective date

5 complete the determination using the effective date
of the earliest split rate decision period

Note: If there are more than two award periods input the
determinations in effective date order from earliest to
latest

6 navigate back to the evidence summary, complete
any evidence action as necessary e.g. hospital dates
and apply any changes to evidence.

Note: A warning message will display advising the
benefit delivery case is suspended this can be ignored

7 Then check and, if necessary, edit the Medical
Details evidence to ensure both the AS indicated and
the AS determined fields reflect the AS status of the
claimant and apply the medical details evidence only.

If the claimant is AS then both the 'Additional Support
determined' and 'Additional Support identified' fields
must be 'Yes' in the most recent medical details
evidence

If the claimant is not AS then both the 'Additional
Support determined' and 'Additional Support identified'

fields must be 'No' in the most recent medical details evidence

8 navigate back to decision assist and modify the determination that was completed at step 4 Modify determination - paragraph 14 step & action

9 change descriptor scores as appropriate for the latest/second determination period

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

10 input reasons for decision

11 complete the determination using the effective date of the latest split rate decision period

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

12 navigate back to the evidence summary and apply changes to the evidence again

Note: A warning message will display advising the benefit delivery case is suspended this can be ignored

13 repeat steps 9 to 11 as required for more than two award periods

14 navigate to the Benefit Delivery Case, select the action button in the top right hand corner and select 'un-suspend case'

15 select reason 'New Evidence' when un-suspending the case and select 'Save'

16 using the same action button select 'Edit'. Input comments 'Event type – split rate decision' and update review and end of award dates, if required, then select 'save'

17 conclude the intervention, reconsideration or appeal record

18 using the same action button select 'Check Eligibility' tick the box 'Use Active Evidence only' and select 'Save'

19 using the same action button select 'Submit for Approval'

'Are you sure you want to submit this case for Approval?'

select 'Yes'

20 using the same action button 'Activate' the benefit delivery case (if activate is greyed out press the refresh button or close and then re-open the tab)

Note: If 'Activate' button remains greyed out go to 'Tasks' Tab and see if there's a management check. Your supervisor MUST approve the check and return the case to you to 'Activate'

21 A single payment correction case will be created for the correct amount and the latest payment will be recalled, if appropriate

Note: If the determinations were applied within 2 days of the regular 4 weekly payment PIPCS will automatically recall the payment and input a nominee suspension. CMs must consider deleting the recall payment and removing the nominee suspension.

Note: If the determinations were applied within 3 to 7 days of the regular 4 weekly payment PIPCS will generate a task to a CW Manual payment recall. The CM must consider grabbing and deleting this task if appropriate.

22 navigate to the Open Intervention / Reconsideration / Appeal record and conclude with the appropriate conclusion reason

23 suppress the notification with the dropdown value of system notifications unsuitable and add a comment

****Split Rate****

24 manual notifications will be required for the decision to include Certificate of Entitlement and Vehicle Excise Duty if applicable for enhanced rate awards

02 PIP Award Reviews AR1 from 27-06-2016

AR1 not returned - Additional Support (AS) identified

23. Where the AR1 is not returned by the agreed deadline, PIPCS will identify claimant requiring AS and create a task to the AP to consider a Face to Face Assessment or Paper Based Report.

See: Vulnerable Claimants and Assessment Provider Process

AR1 not returned – no Additional Support identified

24. If an AR1 isn't returned within the agreed timescales and AS hasn't been identified PIPCS will automatically disallow and issue a Lay Disallowance notification PIP7041. The date of Disallowance will be the day the decision is made.

Where a PIP2(UI) has been issued prior to the 25th June 2016 the CM will still receive a task to consider disallowance on non AS cases.

Change to Additional Support status

25. If at new claim the claimant doesn't indicate AS and you or the AP determines the claimant isn't AS the 'Additional Support determined' field is left blank.

26. If the AS 'indicated' status of the claimant changes from 'No' to 'Yes' at any point following the new claim and the 'Additional Support determined' is left blank, when the AR1 timer expires PIPCS updates the medical details with Part 2 returned as 'No' and concludes the award review with 'Disallowed' and issues a disallowance notification which includes an incorrect end of award date. However, the benefit case remains active and in payment.

27. To prevent AS claimants from being disallowed if they fail to return the AR1 you must update both the 'Additional Support determined' and 'Additional Support' identified fields to 'Yes' in the most recent medical details evidence and then apply the evidence to prevent AS claimants from being automatically disallowed and prevent any overpayments.

Claimant doesn't want to complete AR1 AS Identified

32. If the claimant with AS identified contacts the department by the agreed deadline to inform that they don't wish to complete the AR1, the case must be referred to the AP as follows:

- | Step | Action |
|------|-----------------------------|
| 1 | select 'search results' |
| 2 | select 'Decision Assist' |
| 3 | select 'Determinations' tab |

- 4 from the latest completed determination, select 'Action' button and select 'Request AP Advice' from the drop-down menu
- 5 select 'Planned Intervention'
- 6 under 'Request for' select 'DM'
- 7 under 'Comments' – insert a suitable comment for example 'claimant hasn't returned AR1 and Additional Support indicator is present'
- 8 select 'Save'
- 9 close task

Note: If a claimant requires additional support but this is not yet recorded on PIPCS refer to Claimant requires additional support but this is not yet recorded on PIPCS.

Reconsideration following removal of PIP on negative determination grounds

See: Reconsiderations late return of PIP2

Reconsideration following removal of PIP – FTA/FTC – New Claims (NC) CM process

33. When the AR claimant requests Reconsideration following a FTA/FTC disallowance they will be handled by New Claims (NC) CMs. Where the claimant has made contact the telephony agent will create a 'To Do' Task to be routed to a CM with a general skill set.

34. The NC CM will need to ask a line manager or QAM to re-activate the case if the case is closed or in pending closure mode (you will need to make sure there are no open tasks on the claim).

35. The NCs CM must register the Reconsideration, consider good reason and conclude the Reconsideration on the Same Day.

Steps for this process can be found under Action to take following a negative determination Part 1 & 2

See: Action to take following Negative Determination

36. The NC CM will then refer the case to the AP as BAU if good reason accepted.

37. If good reason is not accepted the NC CM will select unchanged to conclude the Reconsideration, issue clerical PIP7024, create PDF copy and email this to DRS and update communications.

AR1 Received Late – AS case currently with AP

39. Where “Additional Support Determined” is “yes”, the case will have been automatically tasked to the AP.

40. You therefore need to create a manual task to the AP to make the AP aware an AR1 has been received.

Step	Action
------	--------

1	select ‘Decision Assist’
---	--------------------------

2	select ‘Tasks Tab’
---	--------------------

- 3 select 'New'
- 4 in the subject box type 'AR1 Received' next to NINO
- 5 in the 'Task Type' select 'Inbound correspondence' from the drop down
- 6 in the 'Concerning' box select 'the claimant' from the drop down
- 7 from the 'Priority' select 'standard' - allow 2 weeks for the deadline
- 8 select the 'magnifying glass' from the 'assigned to' work queue and select 'assessment provider Org_AP doc received_(relevant lot)
- 9 In the 'Comment' box, type 'Late AR1 Received'
- 9 select 'Save'

AR1 received late, non-AS and case has been disallowed on negative determination grounds

41. Where "AS Determined" is "no", PIPCS will have disallowed automatically on negative determination grounds.

42. You will therefore need to consider whether there is good reason and decide whether to revise the disallowance decision and, if appropriate, reinstate PIP and then conduct the PIP Award Review.

43. Should the reason for the late return of the AR1 indicate that claimant should be considered as additional support please refer to Claimant requires additional support but this is not yet recorded in PIPCS.

Note: A reconsideration must be registered first and concluded on the same day to prevent a task being generated to a CM with Reconsideration skill set. Complete a manual reconsideration notification PIP.7002 and continue with the Award review action.

Case returned from the AP where assessment could not be completed due to Failure to Attend (FTA) or Failure to Comply (FTC)

16971148. Where a case was referred to the AP for an assessment but completion hasn't been possible, the AP returns the case to DWP with details. The AP uses the returned assessment functionality (RAF) to do this.

1702149. A FTA task will be generated for the CW to action and consider good reason. The (CW) will follow appropriate procedures under normal Business As Usual processes.

1713150. There is no requirement to contact the claimant to gather reasons for FTA/FTC unless the claimant has been identified as requiring Additional Support (AS). In Additional Support cases normal procedures will apply in order to gather the reasons for FTA/FTC if required.

See: FTA/FTC

FTA/FTC considered by CW and good reason accepted 1724151. Once good reason has been considered and accepted for FTA/FTC and the claim is being referred back to the AP for an assessment, the CW must take the following action:

Step	Action
------	--------

- | | |
|---|---|
| 1 | select 'Search Results' |
| 2 | select 'Evidence Summary' |
| 3 | select 'Evidence' tab |
| 4 | select 'Medical Details' |
| 5 | select 'toggle' button Left Hand Side (LHS) |
| 6 | select 'edit' from the action button |
| 7 | select 'Effective Date of change' and insert today's date |
| 8 | select 'Failure To Attend Good Reason accepted' – YES |
| 9 | record details in Comments box at the bottom of the page |

For example 'good reason accepted claimant was in Hospital'

Please include any other FTA details you feel may help advise the AP to re-schedule the assessment.

For example:

Claimant FTA'd on dd/mm/yyyy because they were in Hospital. Good reason accepted.

If you know the claimant struggles outdoors (agoraphobia, needs oxygen tank etc.) then suggest local assessment centre or home consultation.

Remind the AP of claimant circumstances that might cause another FTA (If the claimant is in hospital or prison or has changed address etc.)

10 select 'Save'

11 access 'Evidence Summary'

12 refresh

13 select 'Action' button

14 select 'Apply' from the drop down menu

15 select 'Save'

16 from the search result select 'Decision Assist'

17 select 'Determinations' tab

18 select the 'action' drop down button on the RHS of the relevant Determination (in progress)

19 select 'Cancel Determinations'

20 select 'Request AP advice' from the latest 'Completed' Determination

21 select 'Planned Intervention' in the 'AP advice reasons' box

22 select 'DM' in request for box

23 in the 'Comment' box, state the reason for the referral, for example, FTA/FTC on previous referral so being referred as good reason accepted

1735152. A system 'AP – Assessment required' task will be created and allocated to the AP new referrals work queue as appropriate.

FTA/FTC considered by CW and good reason not accepted

1746153. Where the AP has applied the process correctly and there has been no effort to comply on behalf of the claimant and the case does not have an Additional Support (AS) marker, the CW will create a manual 'To Do' Task with the subject heading 'Consider Negative Determination action' and forward this to a CM with the right skill set.

Note: If upon receipt of the 'Consider Negative Determination' task the CM disagrees with the CW and decides there is good reason for the FTA/FTC the CM will refer the case back to the AP.

See step actions under: FTA/FTC considered by CW and good reason accepted.

1757154. The CM must not refer the case back to the CW as this will add unnecessary delay to the claimant journey.

Award Review action with no AP report - Inputting Decisions

193. Before you make any decision you must follow the Critical Process Points must do actions.

Note: Check CIS for Address and DLA interest/Other Overlapping Benefits.

Step	Action
------	--------

- | | |
|---|--|
| 1 | complete new RFD using 'DMR' Template |
| 2 | select 'Decision Assist' from the search result |
| 3 | select 'Determination' |
| 4 | select 'toggle button' (LHS) to open up selections from the last completed determination |
| 5 | select 'Modify Determination' |
| 6 | select 'Intervention' |
| 7 | select 'Requested by DM' |
| 8 | select 'Save' |

Note: a new determination line should appear with the status being 'In Progress'. Previous questionnaire details will have been copied into this new determination.

9 select 'toggle button' (LHS) to open up the PIP determination line

10 select 'Answer' from the action button (RHS)

11 answer questionnaire but remember to:

add details of any new evidence provided

add details of any new disability identified if applicable

remove any existing QP entries for the previous determination

make changes to descriptors to reflect your decision

Note: QP dates are no longer required to be inserted within the questionnaire field in AR/CofC's review cases

Note: If previous questionnaire was a consultation (PA4) the system won't allow you to amend this to paper based review (PA3)

12 select 'Save'

14 select 'Reason' tab

15 select 'New'

16 select 'Daily Living' from the drop down menu

copy and paste your RFD for the daily living component

17 select 'Save'

18 select 'New'

select 'Mobility' from the drop down menu

copy and paste your RFD for the mobility component

Note: each reason box has a limit of 2000 characters. However, you are permitted to split the reasons across both reason boxes if you need to

19 complete your Determination using the action button (RHS) of the determination line and insert your chosen effective date

See: ADM Effective Dates

Note: you must justify your reason for the length of award chosen in the decision assist note

See: Setting Review Dates in this chapter

20 close tabs and return to 'search result'

21 refresh

22 select 'Evidence Summary' and apply evidence

Note: Copy and Paste onsite HP referral/advice along with any relevant record of evidence based telephone call used to make your decision into the 'Medical Details Evidence Comments' field. Maximum characters available are 3000

23 apply the PIP assessment determination evidence

23 Note: You must check, and if necessary, edit the Medical Details evidence to ensure both the AS

indicated and the AS determined fields reflect the AS status of the claimant.

If the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'Yes' in the most recent medical details evidence

If the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

Apply the medical details evidence only.

25 return to 'Evidence Summary'

26 select 'Intervention' and from the action button (RHS) select 'edit'

27 in the 'Conclusion' box, select the appropriate option to reflect your decision

28 select 'Save'

Note: this will conclude the intervention and remove the water mark within decision assist.

Note: concluding the intervention triggers the notification letter but you must conclude the intervention on the SAME day as applying your Determination otherwise the notification letter will not be issued

29 return to 'search result'

30 Refresh

31 select 'Personal Independence Payment Case' line (also known as the benefit delivery line)' from the search result

32 select 'Edit' from the 'Action' button top RHS

33 insert the new review and end date

Note: You don't follow this step action if the decision is a disallowance

See: Setting Review Dates in this chapter

34 select 'Save'

35 select 'Check Eligibility' from the 'Action' button top RHS

36 tick 'Active Evidence' only

37 select 'Save'

38 Note: you should know from your decision whether arrears will be due or if an overpayment is likely to have occurred

See: Payment Correction in this chapter

39 Final Checks:

Communication: has decision letter been issued?

Search Results: payment correction – have you submitted for approval where necessary or updated notes accordingly?

Tasks: has a management test check task been generated? If so, monitor the progress

See: Management Check

Check for outstanding Motability agreements

If the enhanced rate of the mobility component has changed:

on revision

if a claimant originally had a MOTA agreement with DLA/PIP which was removed and has been re-awarded enhanced mobility as well

the Motability Specialist team at Blackpool Benefit Centre must be notified of any change affecting the claimant's Motability agreement. This is to ensure they inform Motability Operations (Mops) when an existing enhanced rate of mobility component award is changed on revision, that is:

disallowed

reduced or increased

the period of the award is varied or includes a period of non payability

You should create a PIPCS high priority manual task should be generated to the Motability Specialist team:

Task Subject Task Type Task Allocation (Work Queue) Task Priority Deadline date

NINO

Action Required: PIP Award Changed

Consider Mota Agreement Manual To do Blackpool
Mota BC _MotaLiaison_Mota Agreement Team 1

40 close all outstanding tasks following appropriate payment correction action

Inputting Decisions following receipt of AP Assessment Report (PA4), AP Paper Based Review Report (PA3), or Supplementary Report (PA5) or (PA6)

Note: Check CIS for Address and DLA interest/Other Overlapping Benefits

194. Before you make any decision you must follow the Critical Process Points must do actions.

Step Action

- 1 complete the new RFD using 'DMR Template'
- 2 select 'Decision Assist' from the 'search result'
- 3 select 'Determination'

Note: the determination line status should be 'In Progress'

4 select 'toggle' button (LHS) to open up the 'PIP Determination Line'

5 select 'Answer' from the 'Action' button (RHS)

6 answer questionnaire but remember to:

Check details of any new evidence provided

Check details of any new disability identified if applicable

check chosen descriptors reflect the AP's report and are justified

Note: QP dates are no longer required to be inserted within the questionnaire field in AR/CofC's review cases.

8 select 'Save'

9 select 'Reason' tab

10 select 'New'

11 select 'Daily Living' from the drop down menu

copy and paste your RFD for the daily living component

12 select 'Save'

13 select 'New'

14 select 'Mobility' from the drop down menu

copy and paste your RFD for the mobility component

Note: each reason box has a limit of 2000 characters. However, you are permitted to split the reasons across both reason boxes if you need to

15 complete your determination using the toggle button (RHS) of the determination line and insert your chosen effective date

See: Effective date

16 close tabs and return to search result

17 refresh

18 select 'Evidence Summary' and apply evidence

19 apply the PIP assessment determination evidence

20 Note: You must check, and if necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields reflect the AS status of the claimant.

If the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'Yes' in the most recent medical details evidence

If the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

Apply the medical details evidence only.

21 return to 'Evidence Summary'

22 select 'Intervention' and from the action button (RHS) select 'edit'

23 in the 'Conclusion' box, select the appropriate option to reflect your decision

24 select 'Save'

Note: this will conclude the intervention and remove the water mark within decision assist.

Note: concluding the intervention triggers the notification letter

25 return to 'search result'

26 refresh

27 select 'Personal Independence Payment Case' line (also known as the benefit delivery line)' from the 'search result'

28 select 'Edit' from the 'action' button top (RHS)

insert the new review and end date

Note: You don't follow this step action if the decision is 'disallowance'

See: Setting Review Dates in this chapter

29 select 'Save'

30 select 'Check Eligibility' from the 'action' button top (RHS)

31 select 'Active Evidence Only'

32 select 'Save'

33 Note: you should know from your decision whether arrears will be due or if an overpayment is likely to have occurred

See: Payment Correction

34 Final Checks:

Communication: has decision letter been issued?

Search Results: payment correction – have you submitted for approval where necessary or update notes accordingly?

Tasks: has a management test check task been generated? If so, monitor the progress

See: Management Check

Check for outstanding Motability agreements

If the enhanced rate of the mobility component has changed:

on revision

if a claimant originally had a MOTA agreement with DLA/PIP which was removed and has been re-awarded enhanced mobility as well

the Motability Specialist team at Blackpool Benefit Centre must be notified of any change affecting the claimant's Motability agreement. This is to ensure they inform Motability Operations (Mops) when an existing enhanced rate of mobility component award is changed on revision, that is:

disallowed

reduced or increased

the period of the award is varied or includes a period of non payability

You should create a PIPCS high priority manual task should be generated to the Motability Specialist team:

Task Subject	Task Type	Task Allocation (Work Queue)	Task Priority	Deadline Date
--------------	-----------	------------------------------	---------------	---------------

NINO

Action Required: PIP Award Changed

Consider Mota Agreement Manual To Do	Blackpool Mota BC_MotaLiaison_Mota AgreementTeam1	High
2 working days		

35 close all outstanding tasks following appropriate pa
Split Rate Decisions - Award Reviews

195. There may be instances during a AR process where you need to record a split rate decision on PIPCS:

the evidence you have supports the increased needs due to a CofC for one component, but the evidence for the other component is disadvantageous to the claimant as a result of an Upper Tribunal (UT) decision

See: Upper Tribunal and Split Rate decision

196. In these cases you will complete two determinations, for example:

The claimant is currently receiving Standard Daily Living only. SofS instigates AR action on 27/06/2016.

Following receipt of the AR1, you identify a specific change in circumstances. The change in circumstances occurred on 12/03/2016. New evidence obtained, supports an award of the mobility component at the standard rate from 12/06/2016 after applying the QP. However, the evidence doesn't support an award of the daily living component.

Your first determination will be to award the mobility component at the standard rate and maintain the daily living component at the standard rate. The effective date of your first determination will be 27/06/2016 using CofC grounds for example, the date the Secretary of State

instigated the AR action. Your second determination will be to maintain the mobility component at the standard rate but remove the daily living component altogether. The effective date of your second determination will be the date you complete the determination using receipt of medical evidence as grounds (if applicable).

Note: Although you are completing two determinations in these cases you will record one decision for statistical purposes.

197. Before inputting your split rate decision into PIPCS check if the claimant has a Motability agreement. If you are removing enhanced rate mobility from a Motability claimant See: Motability cases

Step	Action
------	--------

1	navigate to the Benefit Delivery Case, select the Action button in the top right hand corner and select 'suspend case'
---	--

2	navigate to decision assist and modify the appropriate determination Modify determination - paragraph 14 step & action
---	--

3 complete the assessment questionnaire as appropriate for the event - Award Review, Change of Circumstances Review, Reconsideration, Appeal - inputting earliest period determination descriptor scores

4 Input the following text in the reasons tab on PIPCS 'Full reasons for decision provided at the determination with effective date of **/**/20**'

Note: For a split rate decision this date will be for your second decision or decision with the latest effective date

5 complete the determination using the effective date of the earliest split rate decision period

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

6 navigate back to the evidence summary, complete any evidence action as necessary e.g. hospital dates and apply any changes to evidence.

Note: A warning message will display advising the benefit delivery case is suspended this can be ignored

7 Then check and, if necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields reflect the AS status of the claimant and apply the medical details evidence only.

If the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields

must be 'Yes' in the most recent medical details evidence

If the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

8 navigate back to decision assist and modify the determination that was completed at step 4 Modify determination - paragraph 14 step & action

9 change descriptor scores as appropriate for the latest/second determination period

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

10 input reasons for decision

11 complete the determination using the effective date of the latest split rate decision period

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

12 navigate back to the evidence summary and apply changes to the evidence again

Note: A warning message will display advising the benefit delivery case is suspended this can be ignored

13 repeat steps 9 to 11 as required for more than two award periods

14 navigate to the Benefit Delivery Case, select the action button in the top right hand corner and select 'un-suspend case'

15 select reason 'New Evidence' when un-suspending the case and select 'Save'

16 using the same action button select 'Edit'. Input comments 'Event type – split rate decision' and update review and end of award dates, if required, then select 'save'

17 conclude the intervention, reconsideration or appeal record

18 using the same action button select 'Check Eligibility' tick the box 'Use Active Evidence only' and select 'Save'

19 using the same action button select 'Submit for Approval'

‘Are you sure you want to submit this case for Approval?’

select ‘Yes’

20 using the same action button ‘Activate’ the benefit delivery case (if activate is greyed out press the refresh button or close and then re-open the tab)

Note: If ‘Activate’ button remains greyed out go to ‘Tasks’ Tab and see if there’s a management check. Your supervisor MUST approve the check and return the case to you to ‘Activate’

21 A single payment correction case will be created for the correct amount and the latest payment will be recalled, if appropriate

Note: If the determinations were applied within 2 days of the regular 4 weekly payment PIPCS will automatically recall the payment and input a nominee suspension. CMs must consider deleting the recall payment and removing the nominee suspension.

Note: If the determinations were applied within 3 to 7 days of the regular 4 weekly payment PIPCS will generate a task to a CW Manual payment recall. The CM must consider grabbing and deleting this task if appropriate.

22 navigate to the Open Intervention / Reconsideration / Appeal record and conclude with the appropriate conclusion reason

23 suppress the notification with the dropdown value of system notifications unsuitable and add a comment

****Split Rate****

24 manual notifications will be required for the decision to include Certificate of Entitlement and Vehicle Excise Duty if applicable for enhanced rate awards

PIP Late Return – 02 -21

Background

1. When an application to PIP is made a PIP2 is issued to the claimant with a covering letter PIP.1003. This tells the claimant to complete and return the PIP2 within a calendar month from the date of issue. A reminder PIP.1006 is issued automatically by PIPCS if the PIP2 hasn't been returned after 19 days. The claimant can request and receive an extension to the agreed period (the timer) if they get in touch before the agreed period (timer) expires (at 40 days). See: Extension for return of PIP2 guidance for more information.

2. The claimant isn't contacted again after the issue of the reminder at 19 days. Where the PIP2 isn't returned within the agreed period (or any agreed extended period) the case progresses no further (provided additional support isn't indicated) and the system applies

an automatic disallowance, a negative determination decision. However a PIP2 issued as a result of an intervention is dealt with differently as detailed in See Change of Circumstance Award Review and PIP Award Review guidance in PIPUG.

3. A system disallowance is not applied if 'Additional Support Indicated' is recorded in PIPCS (this is displayed in the context panel of the application case) and PIP2 isn't scanned into Document Repository System (DRS) by end of the calendar month or agreed extended period. Instead PIPCS automatically tasks the case to the AP without the PIP2 for AP assessment action.

PIP2 returned before PIPCS automatic disallowance

4. If the PIP2 is received and scanned into DRS before PIPCS applies the automatic disallowance, the case is automatically tasked to the AP for an assessment.

PIP2 received case with AP as Additional Support indicated

5. If a PIP2 is received and scanned into DRS when the case is with the AP for assessment (this should only arise in cases where Additional support is indicated) PIPCS tasks the PIP2 to the AP New Referrals WQ. If the case is with DWP, the task will go to the Complex Decision WQ.

PIP2 not returned – system disallowance

6. If the PIP2 isn't returned within the agreed period (or any agreed extended period) and there is no indication of additional support PIPCS:

automatically disallows the claim and creates a negative determination decision in PIPCS

updates the medical evidence details screen, that is sets the 'Part 2 Not Returned – Good Reason Accepted to 'No' (Note: PIPCS refers to the PIP2 as Part 2 and this is to be amended in a future release)

generates the issue of a disallowance notification (PIP.7000) to the claimant or their representative.

PIP2 not returned - reassessment indicator in PIPCS

7. PIPCS doesn't automatically disallow cases where a reassessment indicator is held in PIPCS. Instead if a PIP2 isn't returned within the agreed period (no additional support indicated) and a Reassessment indicator is set, at the end of the calendar month (or extended period) PIPCS tasks the case to the CM complex work queue task 'Part 2 not received'.

8. On receipt of this task the CM dealing with reassessment should access the 'Medical evidence details' screen in PIPCS and select the 'No' option to the question 'Part 2 Not Returned – Good Reason Accepted'. The CM should go on to check eligibility and disallow the claim as detailed in the step and actions

under Action in PIPCS – Good reason not accepted for late return later in this guidance.

9. The CM should go on to take the action required on the DLA claim See Reassessment Case Manager action ‘Decision to terminate the DLA award’ guidance in the PIPUG.

PIP2 not returned 02-01

13. Where the PIP2 is not returned by the 19 calendar day maturity point, the CM issues a clerical reminder PIP.1006 to the claimant, PAB or Appointee and sets a further task on PIPCS for its return at 40 calendar days from the date the PIP2 was initially issued.

14. If the PIP2 is not returned by the time the 40 day maturity point matures in PIPCS, a task will be created to the CM. The CM will need to check if the claimant has been flagged as needing additional support. If the claimant does need additional support, the CM will create a task to the Assessment Provider and update PIPCS of action taken.

15. If the claimant does not need additional support, the CM will:

disallow the PIP claim on failure to provide information
input the decision in PIPCS - as per steps 1- 6 of the Step and Action table

complete and issue a clerical disallowance notification PIP.7000 inserting the reference number and sending a copy of PIP.7000 to a designated user for DRS upload.
update PIPCS of action taken.

08 Decision Making / 08b Making a decision / 22

Disallowance decision

22 Disallowance decision

Disability disallowed

A claim will be disallowed under disability if the claimant has failed to satisfy the disability conditions to Personal Independence Payment (PIP). This means the claimant has insufficient points to award PIP after the descriptors have been selected.

The decision notification is generated automatically by the system for disability disallowed claims in the majority of cases.

See: System generated decision notification

Eligibility check and disallowance

If a determination has been completed and after the details have been checked the claim is disallowed on disability, you must:

Step	Action
------	--------

	return to the eligibility checks list page
--	--

select toggle on the latest eligibility check to expand the details

to view the eligibility check result, select the ineligible tab from the eligible/ineligible tabs available the status will read as 'eligibility failed'

select 'Disallow' using the action drop down button on the right to open a confirmation dialogue box displaying

'Are you sure you want to disallow?'

select 'Yes'

The system updates the case status to 'Disallowed' and returns to the eligibility checks list page.

The status of the listed application is now 'eligibility disallowed'.

Note: If a PIP.7000 system notification is generated you must suppress the system notification as it won't contain the correct paragraphs for the decision. The notification must be issued clerically

See: Creating a decision notification letter

close all outstanding tasks

Note: Disallow isn't an option on the 'Eligible' tab.

When this action is taken, the Application and Programme case status is updated to 'Disallowed' and

PIPCS sends a report to CIS that PIP is 'disallowed'. This also generates the decision disallowance notification.

Negative determination

A negative determination is when a disability decision can't be made due to non-compliance. It's appropriate if: the claimant has failed to attend an assessment/failed to participate in an assessment See: /FTA/FTC

non return of PIP2/PIP2(UI)/AR1

failure of the lay rules

Lay conditions and non return of PIP2/PIP2(UI)/AR1 are disallowed automatically on negative determination grounds provided additional support marker is 'No'.

A claim won't be disallowed automatically under a negative determination where the claimant has additional support.

See: Additional Support

Where the disallowance is a negative determination but it isn't an automatic disallowance, for example for FTA or FTC if:

there's no response to phone calls and no reply to the PIP.3033 enquiry letter

the claimant hasn't provided the appropriate ID or is unable or unwilling to obtain ID or to take ID to a consultation

See: ID Verification

You must consider if there's a good reason for non compliance. If there isn't a good reason, a negative determination is the appropriate action.

See: ADM Chapter 6 – Good reason

When you go on to disallow from the ineligible result, a system notification is generated, but this notification (PIP.7000) won't contain the correct paragraphs for the decision, the notification must be issued clerically.

See: Suppressing the system notification and completing the clerical decision notification

If you've disallowed the claim, you must:

Step	Action
------	--------

	close all outstanding tasks
--	-----------------------------

19 Management and Quality Assurance Framework (QAF) Checks / 11 Line Manager Assurance Process

Line Manager Assurance Process

Introduction

A Line Manager Assurance (LMA) process is in place for new recruits and current staff who are new to a particular skill or role and undergoing training.

The LMA process sets out clear expectations of the standard which needs to be achieved during the LMA period. This ensures trainees are measured in a consistent way and have a common understanding of what it means to 'pass' the LMA standard.

A minimum level of checking has been agreed and the next steps have been defined if the standard is not met. This process involves the LMA Checker (for example QAM/Mentor), Line Manager (LM) and Trainee in the feedback and also ensures the feedback is balanced.

Line Manager Assurance Process Flow

Step	Action
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1	On day 1 of the consolidation period, the trainer, mentor or LMA checker explains, discusses and agrees with the trainee the expectations and standards of accuracy required to achieve LMA.
---	--

Note: the trainer/mentor/LMA checker will do this, depending on the grade or role of the trainee.

2	Complete the LMA checklist with the trainee and pass a copy to their LM
---	---

LMA Checklist

3	The trainee will receive support and coaching during the consolidation period. Their management check level on PIPCS will be set at 100% and checks will be performed on all cases which produce a management check. Any other cases will be subject to a
---	---

proportionate level of checking. The LMA checker will feedback findings to the trainee on all checked cases.

4 When the trainee has consolidated their learning, the LMA checking period starts and must be completed prior to the end of the consolidation period.

The LMA checker will:

complete and record a minimum of 5 consecutive checks to include a range of case and/or task types which must be passed to achieve LMA

pass a copy of each check to the trainee and their LM

Note: LM to retain this for a minimum period of 12 months

If Assurance Standards have been reached, go to step 5

If Assurance Standards have not been reached, go to step 6

5 If Assurance Standards have been reached, the LMA checker signs the LMA Assurance Certificate and passes it to the LM who will:

sign the Assurance Certificate to confirm the new trainee can work to the standards of accuracy

pass the certificate to the Trainee who will sign it to confirm they have seen it and received a copy

retain the certificate for a minimum period of 12 months

discuss with the Trainee the future level of support and the checking process.

See LMA Assurance Certificate

6 If Assurance Standards have not been reached within the consolidation period:

The LMA checker will discuss any errors which have been made with the Trainee and the LM

The LM will agree and record additional learning, mentoring and coaching requirements following consultation with the Trainee

Additional support will be provided for a further 2 weeks.

At the end of the 2 week additional support period, start a further checking period. See step 4

Action when the Assurance Standards have not been reached after the additional support and further LMA checking period:

The LMA Checker to discuss with the LM who following consultation with the trainee will develop a formal/informal Performance Action Plan (PAL)

Performance Action and Learning (PAL) plan

02 New Claims process / 10 Welsh Claimants

Reassessment - Failure of Lay Conditions

See: Discrepancy Tasks check Lay Conditions

16. If a reassessment claimant fails lay conditions, the PIP claim is no longer a reassessment case.

Activity on PIPCS is halted and a 'Work Available. Report' (WAR) is triggered to the reassessment team.

The action and notification to inform the claimant their claim to PIP is disallowed needs to be manually taken.

A 'Superuser' alters the reassessment indicator / Special Indicator in DLACS / PIPCS to reflect the pre-reassessment position.

The impact of the information should be impacted against their DLA with any action taken as per DLA BAU.

17. WOT is located within Wales Benefits Centre – See: Courier Address. The CW will be responsible for progress chasing and closing the task once complete.

18. When PIPCS eligibility rules are passed, a trigger is sent to HP Exstream to issue 'How your disability affects you' form (PIP2) with the appropriate covering letter or a reminder. PIPCS will set a task at 19 calendar days to issue a reminder; once reminder is issued PIPCS will set a trigger for 40 calendar days (from PIP2 issue date) for its return.

19. Where PIP2 is not returned and additional support flag is set, a task is routed by PIPCS to Assessment Provider (AP) to complete face to face assessment – See: Vulnerable Claimants.

20. Where the additional support flag is not set PIPCS will trigger a task to the CM. The CM should consider if the claimant is in a vulnerable situation and needs any additional support – See: Vulnerable Claimants. The CM will invoke an automated disallowance notification in PIPCS. This will be printed out via output services who will refer them to WOT for translation and issue – See: Workflow and Task Management and see: Disallowance decision for navigation details.

WOT receives request for PIP227.

Step	Action
------	--------

- | | |
|---|--|
| 1 | insert claimant's name and NINO on PIP 2. |
| 2 | insert claimant's name, address, NINO, salutation and expected return date on PIP 2 covering letter and include a return stamped addressed envelope (SAE). |
| 3 | issue under BAU procedures. |
| 4 | close task. |

WOT receives reminder letter

25.

Step	Action
------	--------

- 1 note receipt of task on PIPCS.
- 2 identify if claimant requires additional support or not and translate and issue appropriate reminder form.

Additional support would only need to be identified if the claimant has already had a reminder and not returned within the 40 days.

- 3 translate and issue under BAU procedures.
- 4 close task.

25 General / 01 Requesting a visit to a PIP claimant by DWP Visiting

When a visit to the claimant may be requested

1. A visit to the claimant may be requested by the claimant them self, somebody representing them or by the Case Manager (CM). A visit is appropriate if it has been identified that the claimant needs 'Additional Support' to provide information required by DWP, or if Corporate Other Payee (COP) or Personal Acting Body (PAB) action is required.

Things to consider before arranging a visit

2. DWP policy is to ensure that priority is given to 'vulnerable claimants'. Before requesting a visit, you must consider if there is another option for obtaining the information needed:

have you already attempted to clear the query by correspondence or phone and using alternative formats
could the claimant be supported using preferred existing customer support channels such as Claims Completion Service

are there any other channels of support available to assist the claimant, for example do they have a family member or carer who can help

is it safe for a visiting officer (alone or accompanied) to carry out a home visit.

3. If you're considering arranging a visit because PAB or COP action is required - See: 'New PAB and COP (excluding appointees)'

4. If you're considering arranging a visit because English or Welsh is not the claimant's preferred language, you must consider if written or verbal communication in an alternative format will resolve any queries you may have - See: 'Interpreting services'

5. If you're arranging a visit to deliver an overpayment notification to a vulnerable claimant - See: 'Vulnerable Claimants'

6. Consider using the following methods for communicating with claimants verbally:

using slow, clear, concise communication for those with understanding difficulties

phoning the claimant to supplement reminders sent when Event Waits mature - See: Alternative Formats

7. If claimants need help with completing the PIP claim form, you must consider referring to the Claims Completion Support guidance to help the claimant over the phone - See: 'Claims Completion Support'

8. When you consider a DWP visit is required, you must phone the claimant/appointee/other contacts and ask for the details of the claimant's health condition or disabilities and then note this on the DWP Visiting Referral Support Tool.

Note: see the Visits Catalogue where you can find more information on the various types of PIP visits and the actions taken on the visits.

9. If after three attempts to phone the claimant, appointee or other contacts, they cannot be contacted, note on the DWP Visiting Referral Support Tool that attempts have been made to obtain details of the claimant's health condition/disabilities but the claimant/appointee/other contact couldn't be contacted. When a Case Worker or CM attempts to contact a claimant by outbound telephone call and fails to make contact the sending of a manual SMS text message should be considered, notifying the claimant that the DWP has attempted to contact them and advising them that DWP will attempt to call them back or advising the

claimant to call. See How to Log in and Send Manual Messages. A Communication Record should be created.

Make sure details of third parties/other contacts are included in the VO referral and include in the referral the response (actual wording) to the Additional support questions the claimant/appointee or other contact have provided on the claim form.

10. When you're arranging a DWP visit, you should complete the DWP Visiting Referral Support Tool – See: 'How to navigate the DWP Visiting referral tool' desk aid.

Note: The existing Referral Origin and Processing Centre names are to be used until the changes are made to the DWP Referral Tool.

06 Special Rules / 01 Special rules for terminally ill people (SRTI) - Case Manager guidance

AP indicates claimant isn't terminally ill under the SRTI definition

47. If the AP decides the claimant isn't TI under the definition of SRTI, the AP will task the case back to the CM without completing the assessment questionnaire. An 'In Progress' status will show on PIPCS. The AP will send a PA2 confirming the claimant isn't TI under our definition.

The claim will now need to be considered under the normal rules. The CM will:

update medical evidence details screen Additional Support Indicated field to 'Yes'

update medical evidence details screen TI requested field to 'No'

remove answers to the 'Mobility' questions

save and apply changes and check eligibility to prompt issue of PIP2

The claim will now follow the normal rules process with the case being automatically tasked to the AP for a normal rules assessment after 40 days or on receipt of the PIP2.

See: AP report returned – other reason

Cancelling the determination

SRTI not met

Notification of death for steps to take

48. If the claim was made by a third party don't issue a PIP2.

See: New claim not SRTI made by third party

49. The CM will change the 'TI requested' field from 'Yes' to 'No' and remove the original answers to the mobility questions so the PIP2 can be issued once the changes have been applied. The additional support questions aren't asked on a SRTI claim. Any claimant, who's made a SRTI claim and found not to be TI under

our definition, must be considered as potentially requiring Additional Support. The CM will update the Medical Evidence Details screen to change the 'Additional Support Indicated' field to 'Yes'. This stops PIPCS disallowing the claim where a PIP2 isn't returned.

See: PIP2 late return

50. The CM will validate then apply the changes and check eligibility. This will trigger PIPCS to issue notification PIP.1004 'Not TI PIP2 covering letter new claim' and a 'How your disability affects you' PIP2 form.

See: Check eligibility new claim - discrepancy

New claim not SRTI now NR (not a third party claim)

51.

Step	Action
------	--------

- | | |
|---|---|
| 1 | select the 'Evidence' tab |
| 2 | click on 'Medical details' |
| 3 | click on the toggle to display the information |
| 4 | select 'Edit' in the action link |
| 5 | change the 'Additional Support Indicated' field to 'Yes' and type 'Potential additional support due to original claim under SRTI' in the 'Comments box' |
| 6 | change 'TI requested' field from 'Yes' to 'No' |

make sure there's a note in the 'Comments Box' the claimant claimed under the SRTI

Note: This is a workaround and will cease once PIPCS is updated

7 remove the answers to the mobility questions

8 click on 'Save' and 'Apply Changes' and check eligibility this will prompt the issue of PIP.1004 and PIP2

New claim not SRTI and made by a Third party

52. Where the SRTI new claim was made by a third party, the CM will ring them and explain PIP can't be awarded under SRTI and the claimant needs to make their own claim under normal rules. This is because a normal rules claim can't be made by a third party. Note: Third party contact details will be viewable from the 'Contacts' tab in the 'Person' record.

See: General enquiries outbound call checklist

53. Following the conversation with the third party the CM may decide there's further relevant evidence the AP may not have seen, for example details of another HP, and they must re-look at the assessment. CM must discuss or manually task the case, with details, to the Quality Assurance Manager (QAM).

See: Further evidence received

See: Referring claim to QAM AP

54. Consider if appointee action is needed and if so, take appropriate action.

See: Appointee process Pre and Post claim

55. The CM will issue notification PIP.1018 'Not TI: advise third party to inform claimant to claim under normal rules' to the third party. This letter explains how to make a claim to PIP, and the date of claim from the first claim (third party claim) will be honoured if a subsequent new claim from the claimant is received within 1 month from the date on the notification.

See: ADM Chapter A2

56. The CM will send an annotated copy of the notification to the MOU for scanning into DRS, and update the communication record as appropriate.

See: Communication Record

57. The CM will cancel the task and take action to withdraw the third party SRTI claim.

58. The CM will set up a manual task showing that the date of claim from the first claim (third party claim) will be honoured if a subsequent new claim from the claimant is received within 1 month from the date on the PIP.1018 notification.

59. If the NR claim is made within one calendar month of the PIP.1018 notification being issued, the receipt date of the new claim will be amended to the date of claim

from the third party SRTI claim, if accepted by Secretary of State (S of S) as in time. See: ADM in time

New claim not SRTI and made by third party

60.

Step	Action
------	--------

1	contact third party by phone to explain claimant needs to make a new claim under NR themselves and update communication record
---	--

if after conversation you think AP must re visit the case
go to step 2

if not go to step 3

Note: If you think appointee action is required take appropriate action

2	take any additional information the third party can offer for example additional HP details and task case to QAM asking them to contact AP to get further evidence, process end
---	---

3	issue PIP.1018 to third party and update communication record
---	---

4	annotate a copy of PIP.1018 'COPY NOTIFICATION' and send to MOU to be scanned into DRS
---	--

5	withdraw PIP Claim
---	--------------------

6	cancel task
---	-------------

7 set up manual task - date of claim from the first claim (third party claim) will be honoured if a subsequent new claim from the claimant is received within 1 month from the date on the PIP.1018 notification.

8 if new claim received within 1 calendar month change date of claim to original SRTI third party date of claim

SRTI Award ending Advance Claim made

60. 14 weeks before an SRTI case ends, a claimant is informed they need to make an advance claim if they wish their award to continue. If we receive an advanced claim it will be treated as such. If it is received after previous award has ended it is a new claim. The date of claim will be the date they make the claim. Any payments before the date they made the claim can't be considered. If the claimant makes an advance claim under normal rules or the AP indicates the claimant doesn't satisfy the TI conditions, the advance claim must be considered under normal rules and the previous award continue as a TI award pending a decision on the new claim. The period of the award should remain the same as the SRTI award.

Note: Due to a PIPCS issue, the TI flag on the Person Page must be removed which stops the current award. An incident has been raised. Until PIPCS can be updated, the following action should be taken:

PA2 returned from AP advising claimant not terminally ill: Advance claim only

61.

Step	Action
------	--------

1	update medical evidence details screen TI requested field to 'No'
---	---

2	remove answers to the 'Mobility' questions
---	--

3	remove 'Determined' answer and leave blank
---	--

4	change to 'Additional Support'
---	--------------------------------

make sure there is a note in the 'Medical Details' 'Evidence' tab advising "advance claim considered under SRTI by AP"

5	click on 'Save' and 'Apply Changes' and check eligibility this will prompt the issue of PIP2
---	--

Note: Check the end of award date is still correct. You may need to edit the end of award date if it was changed by the system.

6	create a 7 working day task for receipt of the PIP2 See: Workflow and task management – How to create a manual task
---	---

PIP2 issued and has now been returned

Advance claim:

62.

Step	Action
------	--------

1 update medical evidence details screen Additional Support Indicated field to 'Yes'

make sure there is a note in the 'Medical Details' 'Evidence' tab advising "advance claim considered under SRTI by AP"

18 Personal Independence Payment Information Service (PIPIS) Deskaid

5. Personal Details Data Field Table

Information Field Title Definition

Personal Data

Requested Name The Claimant's requested name

Name The Claimant's name – Name Type 1 or Name Type 2(if present)

Date of Birth The Claimant's Date of Birth

Date of Birth Verified Confirmation of the Claimant's date of birth being verified or not (populated with "Yes" or "No")

Date of Death The Claimant's Date of Death

Date of Death Verified Confirmation of the Claimant's date of death being verified or not (populated with "Yes" or "No")

Phone Number The Claimant's Primary Telephone Number

Participant Type Displays the type of record held against the Claimant on PIPCS. This will be either:

Prospect person - a case for a Claimant created for one of the following reasons:

Claimant has not been authenticated

Claimant does not have a NINo(CRN searched)

claim made by a 3rd party (Under SRTI or not)

a lone DS1500 has been received

The Data held in CIS for a Prospect Person may differ to PIPIS (or not be held at all).

Person – meaning the Claimant has an existing NINo and record on CIS and is known to the DWP

Additional Support Indicates a claimant has a mental health or behavioural condition, learning difficulty, developmental disorder or memory problems and needs additional support

Field will be populated with either:

Not Known – where no claim has been made yet

No – where the claimant hasn't indicated a need and the Case Manager has confirmed or is yet to determine

Indicated – where the claimant has suggested via the PIP claim that they may need support

Determined – where the Case Manager has confirmed that the claimant does need support

SRTI Indicates if the claim has been made under Special Rules due to Terminal Illness.

UCB Indicates if the Claimant (or PAB etc) has an Unacceptable Customer Behaviour marker against them on CIS. This field only appears if a marker exists.

Primary/Secondary Address

Address The Claimant's Address. NOTE: If the Claimant is in certain accommodation (e.g. Hospital) the details of this address can also be found in FIG.16 (payability evidence)

Type The type of address (e.g. Correspondence)

From Date The date the Address held is valid from

Carer Information

Carer Present? If Carer interest is held on PIPCS

Carer Name & NINo The Name and NINo of the Carer (if one is present)

PAB/CAB

Name The Name of the PAB/CAB(s)

NINo The NINo/Reference number of the PAB/CAB

Phone Number The PAB/CAB Telephone Number

Address The PAB/CAB Address

Type The type of address (e.g. Correspondence)

From Date The date the Address held is valid from

01 Workflow and Task Management / 08 Task to Skills Desk Aide

Failure to Attend

Home

Y AP returns the assessment with the reason as 'Failure to Attend' If an additional support marker is set issue form PIP.6000 to check reasons for FTA

If no AS marker is identified and the process has been followed correctly by the AP and DWP then a CM would impose lay disallowance. On receipt of PIP.6000 send to CM for good reason decision

If good reason accepted refer back to AP for an assessment

If good reason not accepted claim disallowed

See: AP overview (para 200) or

Decision making pt 1 (para 96 & 129)

Withdrawal

Home

Y AP selects Reason for Return of Assessment as 'Withdrawal' Check if decision is outstanding

If no additional support, withdraw claim through applications tab in PIPCS and send form PIP.1002 to notify them claim disallowed

If additional support, contact claimant (via post or phone) to check they understand what this means to them and action accordingly.

See: Withdraw claim (para 11)

Issue notification

Home

Y From PIP. 2006, for reassessment cases, where claimant has Failed to Attend, PIP.6000 not received and Additional Support has not been requested Check that a clerical letter has been issued to the claimant

These are appeals tasks

Establish good cause

Home

Y Automated processing when PIP.6000 not returned within timescales and claimant has indicated additional support Consider if a negative determination is appropriate

See: decision making Part 2 (para 28)

Withdraw PIP

Home

Y When an agent selects a 'To Do' task type in CAMLite with a task sub type of 'Withdraw PIP' a corresponding 'to do' task of 'withdraw PIP' is generated in PIPCS Check for any outstanding decisions

If no look into CofC award review

If yes check if additional support required and if so see: withdraw claim (para 11)

If no withdraw PIP on the applications tab on PIPCS

See: Withdraw claim

Agreement ended. Inform MOTA supplier

Home

N When an active Motability agreement is ended by the end of award process.

When there is an active Motability agreement and the case has been automatically disallowed due to planned intervention (for example, on non return of AR1 and additional support determined is no).

The routing of this task will be amended in Release7.0. Following the release, if there are no users within the OU with the Delivery Officer MOTA Role security role with a CO Rule General skillset, the task will route to Blackpool MOTA BC work queue (GB) or NISSA BC MOTA work queue (NI).

09 Reconsiderations / 02 Claimant wants decision explaining - Explanation call

Explanation call by CM

Before attempting to make any call you must identify:

- ☐ the relevant decision in PIPCS
- ☐ any special requirements/additional support required (learning needs, mental health conditions, history of vulnerability or self harm)
- ☐ any accessibility issues for example hearing, sight or language requirements
- ☐ any appointee or a recognised representative, if so, contact them and not the claimant
- ☐ Assessment Provider (AP) Report
- ☐ any associated evidence used to make the decision before making the call to the claimant
- ☐ a special caution fraud marker is indicated, don't call the claimant before first liaising with the Specialist Fraud Team to determine the appropriate next steps

See: PIP Fraud Process

- ☐ UCB marker check

See: Unacceptable Claimant Behaviour

- ☐ Identity Verification (IDV) check is required before you discuss and explain the decision to the claimant

See: Security Questions Smartscrip

08c Post decision / 41 Claimant requests an explanation

Introduction

If a request for an explanation is received from the claimant, by letter, or phone to a telephony agent, a task will be created for you to call the claimant to explain the decision.

You must select the task from your work list to phone the claimant to explain the decision.

PIP notifications include a detailed explanation of the decision. If the claimant doesn't understand this or wishes to discuss it, they may request an explanation.

You should also consider providing an explanation if you think it would help clarify or resolve an issue and correct an error or prevent an unnecessary dispute going forward.

See: Case Manager Reassessment outbound call

You must be confident your decision is reasoned and justifiable. This may help prevent a future dispute.

You must familiarise yourself with:

the decision

any additional support required (learning needs, mental health conditions, history of vulnerability or self harm)

accessibility issues for example hearing, sight or language requirements

Assessment Provider (AP) report

any associated evidence used to make the decision before making the explanation call to the claimant

a possible fraud indicator. You should not contact the claimant. Telephone the fraud team for advice.

Your explanation is on behalf of the Department so treat the decision and the call as your own.

See: Quality Assurance Framework (QAF)

See: Out of process when claimant threatens suicide or self harm

Vulnerable claimants

The new claim process will identify claimants who may have difficulties because of a mental health, learning need or cognitive decision. This is noted on PIPCS with an “Additional Support” flag.

Some claimants may be vulnerable for other reasons, and DWP has a commitment to support these claimants through the process.

A vulnerable claimant may need extra support to help them understand the decision and may need support during the explanation call by using a:

representative

family member

support organisation

You must ensure the claimant is happy to take the call as part of the opening introduction. You must check the claimant's notes fully before making the explanation call. This is to understand if you need to arrange to speak to the claimant when they've support with them. In exceptional circumstances a claimant may threaten self harm or suicide. Staff should be aware of the Managing Customers Suicide and Self Harm Declarations guidance and fully understand what their office's procedures are in these circumstances. This includes their "6 point plan" and knowing who their vulnerable claimant "Champion" is. They'll be responsible for owning the case after the incident.

For claimants who need language support, use the current Interpreting services.

08 The Assessment Questionnaire Overview

Supporting evidence

This is mandatory and at least one option must be selected from the drop down menu in order to select 'Next' and move on.

Additional supporting evidence Options of either 'Yes' or 'No'

If 'Yes' is displayed (selected by the AP), details of the evidence will show on an additional page for you to view and check.

If 'No' is displayed and you agree there's no additional supporting evidence, the details page isn't available.

Other supporting evidence A free text field displays any evidence the AP has considered which is outside the listed options available. The information received in this field is not included in the decision notification to the claimant.

Number of Documents Sent A mandatory field zero or more completed by the AP.

This is for any documents sent by the AP when they submit the assessment questionnaire that haven't been scanned in DRS already.

It doesn't include the AP assessment report or the PIP2/AR1

Page 7 - Recommendations:

Additional Support

Claimants with:

a severe mental health or behavioural condition

a learning difficulty

a developmental disorder

memory problems

may have difficulty engaging with the claims process especially if they have no support network. These claimants are described as having 'additional support (AS) needs'.

This information is usually identified at the new claim stage but you'll need to consider whether or not the claimant has AS needs.

If the claimant has been identified as having AS needs the context panel in PIPCS Application home page displays 'Additional Support Indicated'. The Medical Details Evidence page displays 'Yes' in answer to the 'Indicated' question.

When you complete the questionnaire and make your decision on the claim, you'll need to look at what support the claimant has and whether the claimant meets any of the criteria for having AS needs.

It's mandatory for you to answer Yes or No in the Medical Evidence details page on PIPCS. You must consider if the AS marker is set correctly and change it where appropriate.

See: Additional Support

02 Discrepancy Tasks

PIP.3009(R) not returned and Additional Support not required

76. If PIP.3009(R) is still not returned after the reminder has been sent and the claimant does not require additional support:

Step	Action
------	--------

- | | |
|---|---|
| 1 | keep the record as a Prospect Person |
| 2 | issue clerical disallowance PIP7004 to the claimant. Pick the option for 'Not Provided' information requested at PIP1 stage and enter the date the original PIP.3009 was issued |
| 3 | send a copy to the MOU for scanning onto DRS |
| 4 | create a communication record |
| 5 | defer the task for 6 weeks to withdraw the application if information is not received which enables the CM to reconsider the case |

PIP.3009(R) not returned and Additional support required

79. If the claimant requires additional support, and is not in prison, a DWP Visiting referral should be requested using the referral tool.

See: 'Requesting a visit to a PIP claimant by DWP visiting'.

80. You should insert in the Reason for Referral box "PIP – Verify Identity (IDV) and completion of clerical PIP2". To support the VO it would be useful to include

any information regarding the claimant's need for support/reason for vulnerability if any is held.

81. If IDV is not satisfied at the visit the visiting officer will ask the claimant to sign a consent form and return that to PIP with the PIP2. This will enable us to contact other offices to obtain identity verification if necessary later in the process.

82. If claimant requires additional support and is in prison and requires additional support, the guidance in Standard 2 of the CSIV document must be followed.

85. If confirmation is not received.

See: PIP3009 not returned and additional support not required

09 Reconsiderations / 01 Overarching processes for all Reconsideration skill sets

AR1 received late, non Additional Support (AS) and case has been disallowed on negative determination grounds

Where 'AS Determined' is 'No', PIPCS will have disallowed automatically on negative determination grounds.

You must consider whether there's special circumstances and decide whether to revise the disallowance decision and, if appropriate, reinstate PIP and conduct the PIP Award Review.

See: Reconsideration Negative Determination

15 New Paper claim (PIP1) received - (Case Worker)

Consent

Have they signed and dated the Consent.

Additional support

applicable, have they answered the additional support questions.

How we pay you

Have they provided the full bank account details?

Motability Mailshot

Have they indicated a preference?

6971. The telephony data gather script must be used to input the PIP claim data on PIPCS. Therefore it is important that you scrutinise the claim form to make sure all of the mandatory questions have been answered.

See: Appendix 1 - Mandatory Questions

Appendix 2 – Conditional Mandatory Questions

Appendix 3 – Hospital, Hospice and Care Homes questions

Appendix 4 – Additional support questions

702. The data gather script sections will be displayed as shown in the table below. The CW will need to enter the answers to all mandatory and subsequent questions that will be asked following the initial response in the order that they are asked in the script.

About your condition This section includes the Additional support questions, which are not asked on the data gather script if the claim has been made under SRTI or if the claim has been made by an authorised PAB/COP, Appointee or third party.

- If the claim has been made under SRTI or was made by an authorised PAB/COP, Appointee or third party and the PIP1 includes answers to these questions you will not have to insert the answers when you complete the data gather script - See: Appendix 4 – Additional support questions.

30 Reassessment / 01 Reassessment Enquiry Line

PIP Enquiry Line overview

9. Reassessment enquiries must be directed to Personal Independence Payment (PIP) Enquiry Line agents who have dual user roles, as they have access to Disability Living Allowance Computer System (DLACS). Once a claimant has been invited to claim PIP, the 28 day countdown to make a claim to PIP begins.

Note: A 'Person Record' is automatically created when the PIP invite is issued.

10. As a PIP Enquiry Line telephony agent, you deal with a variety of enquiries regarding reassessment, including:

claimant reports change in needs on DLA

claimant self selects

claimant requests reuse of DLA medical evidence

claimant doesn't want to claim PIP

claimant wants to relinquish DLA before PIP decision

claimant wants to reinstate DLA following termination

11. Any calls relating to reconsiderations or appeals on Reassessment cases must be dealt with in the usual way, see PIP Enquiry Line instructions.

Note: When claimants want to change account details you must check that they also want to change their DLA account. You must update Personal Independence Payment Computer System (PIPES) and DLACS as appropriate.

Note: For further information see DLA Helpline account details desk aid 3 and changing bank account details in PIPES.

Vulnerable claimants

12. You must always consider if a claimant is vulnerable. If at any time you think a claimant might need additional help, create a CAMLite 'To Do: Other' Task, consider vulnerable, including the reason why.

Note: For further information see vulnerable claimants.

13. If the claimant is vulnerable or needs additional support in answering the questions and doesn't have anybody to assist them, refer to the Department for Work and Pensions (DWP) visiting team, using the visiting e-referral tool.

Note: Don't tell a claimant that they are considered vulnerable.

27 Telephony New Claims / 05 Team Leader Scripting

About your condition

****This question is not asked if the claim is being made:
under the special rules for terminally ill people

By a personal acting body.

If PAB or special Rules

MT: We'll be sending you a PIP2 form through the post so you can tell us how your condition affects you. It is very important that you complete the form with as much information as possible and send it back to us. If you don't return the form in time then your claim to PIP may be disallowed. If you usually need help or support filling

in forms, please can you tell me who will help you complete this form?

If claimant needs further explanation of support:

For example a family member, friend, neighbour, or local support organisation such as Citizens Advice Bureau

Agent to obtain name, address, telephone number (can be done at end of call). Note: the guidance is in the process of being updated to this.

If claimant provides an informal representative who is NOT a health or social care professional:

CQ: Please tell [xxxxx] you have given us their contact details.

If claimant states they do not need help completing the form move to CQ28

CQ28: Do you have one of the following conditions :

Severe depression, for which you have been hospitalised, psychosis, schizophrenia, severe ADHD?

Or: Down's syndrome, Fragile X syndrome, severe autism, severe developmental delay, or any form of dementia*?

*help text for example Alzheimer's, Lewy body dementia, or vascular dementia, severe brain injury resulting in cognitive decline

If no

If yes and informal rep given

If yes and no informal rep given

If yes and claimant stated that they can complete the form themselves

Agent to select answer NO on PIPCS to both Additional Support questions on screen, and move to declaration

CQ : You have told me that [informal rep's name] will help you to complete the PIP2 form, is this correct?

If YES, agent to select answer NO on PIPCS to CQ28 and CQ28aa, and move to declaration

If claimant insists they will not help, or they need further or additional support, agent to record YES on PIPCS to CQ28, and move to declaration

CQ: Are you certain that you do not have anybody who can support you in completing the form? This can be a family member, friend, or neighbour, as well as a local support organisation.

If NO, agent to select answer YES on PIPCS to CQ28, and move to declaration

CQ: Will they help you complete the PIP2 form which will be sent to you?

If YES, agent to select answer NO on PIPCS to C28 and CQ28aa, and move to declaration

CQ: I know you told me before that you can fill the form in yourself, but if you do find it too difficult, do you know anybody who will be able to help you?

Agent to select answer NO on PIPCS to CQ28, and move to declaration

Desk aide has the following additional script at this point:

SRTI If claimant would like to put forward another claim

If the caller would like to put forward another claim

MT: Each call is recorded as evidence of a claim therefore if you want to make a further claim I will immediately call you back once the first claim is submitted

11 Award Reviews / 02 PIP Award Reviews AR1 from 27-06-2016

PIP Award Reviews record created

17. If PIP is in payment, once the review date is reached, PIPCS will automatically create an AR Record in the Intervention tab within the Evidence Summary. The screen within the Interventions tab, once opened will display the following:

Received date This field will be set to the date the AR is created

Type This field will be set to 'Award Review'

Requested By This field will be set to 'Secretary of State'

Part 2 required This field will be set to 'yes'

Conclusion This is a drop down menu and will default to blank. Values available when you complete the determination are:

Disallowed - no AR1

Disallowed - FTA

Disallowed - other lay

Disallowed - Assessment

Increased

Decreased

Extended same rate

No change

Comments if appropriate

18. PIPCS automatically issues form AR1 with covering letter PIP.1043 and the claimant is given 1 calendar month from the day after the date of issue to return the AR1. For example, the AR1 covering notification PIP.1043 issued 03 February asks the claimant to return the AR1 by 04 March.

Note: AR1 replaces PIP2(UI) from 25 June 2016 for PIP Award Reviews only.

19. However, the AR1 return date is automatically set by PIPCS for 40 calendar days from the date of issue. After 19 calendar days PIPCS will generate and issue the automatic reminder notification PIP.1045 if the AR1 hasn't been returned.

20. Task timers for cases where the AR1 is re-issued won't be set automatically. You must access the Timers tab in the Application and extend the timer and manually set a deferred task to your inbox to issue a reminder after 19 days.

See: Claimant requests more time to return AR1

See: Workflow and Task management Instructions.

21. PIPCS won't automatically create an AR if there is a CofC review, advance claim in progress or PIP is not in payment.

22. For any cases where an AR was created before the 25 June 2016, and the claimant requests a duplicate form, a PIP2(UI) must be sent clerically and NOT an AR1 form. All PIP2(UI) received after 25th June 2016, will be referred to the AP for assessment.

AR1 not returned - Additional Support (AS) identified

23. Where the AR1 is not returned by the agreed deadline, PIPCS will identify claimant requiring AS and create a task to the AP to consider a Face to Face Assessment or Paper Based Report.

See: Vulnerable Claimants and Assessment Provider Process

AR1 not returned – no Additional Support identified

24. If an AR1 isn't returned within the agreed timescales and AS hasn't been identified PIPCS will automatically disallow and issue a Lay Disallowance notification PIP7041. The date of Disallowance will be the day the decision is made.

Where a PIP2(UI) has been issued prior to the 25th June 2016 the CM will still receive a task to consider disallowance on non AS cases.

Change to Additional Support status

25. If at new claim the claimant doesn't indicate AS and you or the AP determines the claimant isn't AS the 'Additional Support determined' field is left blank.

26. If the AS 'indicated' status of the claimant changes from 'No' to 'Yes' at any point following the new claim and the 'Additional Support determined' is left blank, when the AR1 timer expires PIPCS updates the medical details with Part 2 returned as 'No' and concludes the award review with 'Disallowed' and issues a disallowance notification which includes an incorrect end of award date. However, the benefit case remains active and in payment.

27. To prevent AS claimants from being disallowed if they fail to return the AR1 you must update both the

‘Additional Support determined and ‘Additional Support’ identified fields to ‘Yes’ in the most recent medical details evidence and then apply the evidence to prevent AS claimants from being automatically disallowed and prevent any overpayments.

Claimant doesn’t want to complete AR1 AS Identified

32. If the claimant with AS identified contacts the department by the agreed deadline to inform that they don’t wish to complete the AR1, the case must be referred to the AP as follows:

Step	Action
------	--------

- | | |
|---|---|
| 1 | select ‘search results’ |
| 2 | select ‘Decision Assist’ |
| 3 | select ‘Determinations’ tab |
| 4 | from the latest completed determination, select ‘Action’ button and select ‘Request AP Advice’ from the drop-down menu |
| 5 | select ‘Planned Intervention’ |
| 6 | under ‘Request for’ select ‘DM’ |
| 7 | under ‘Comments’ – insert a suitable comment for example ‘claimant hasn’t returned AR1 and Additional Support indicator is present’ |
| 8 | select ‘Save’ |
| 9 | close task |

Note: If a claimant requires additional support but this is not yet recorded on PIPCS refer to Claimant requires additional support but this is not yet recorded on PIPCS.

AR1 Received Late – Task Received

38. When the AR1 is received late an “Action required Award Review AR1 received out of time” task will be generated to a CM with the right skillset to take the appropriate action. The action you should take depends on the “Additional Support Determined” status (either yes or no) and where the case currently sits.

AR1 Received Late – AS case currently with AP

39. Where “Additional Support Determined” is “yes”, the case will have been automatically tasked to the AP.

40. You therefore need to create a manual task to the AP to make the AP aware an AR1 has been received.

Step	Action
------	--------

1	select ‘Decision Assist’
---	--------------------------

2	select ‘Tasks Tab’
---	--------------------

3	select ‘New’
---	--------------

4	in the subject box type ‘AR1 Received’ next to NINO
---	---

5	in the ‘Task Type’ select ‘Inbound correspondence’ from the drop down
---	---

6 in the 'Concerning' box select 'the claimant' from the drop down

7 from the 'Priority' select 'standard' - allow 2 weeks for the deadline

8 select the 'magnifying glass' from the 'assigned to' work queue and select 'assessment provider Org_AP doc received_(relevant lot)

9 In the 'Comment' box, type 'Late AR1 Received'

9 select 'Save'

43. Should the reason for the late return of the AR1 indicate that claimant should be considered as additional support please refer to Claimant requires additional support but this is not yet recorded in PIPCS.

Note: A reconsideration must be registered first and concluded on the same day to prevent a task being generated to a CM with Reconsideration skill set.

Complete a manual reconsideration notification

PIP.7002 and continue with the Award review action..

Case returned from the AP where assessment could not be completed due to Failure to Attend (FTA) or Failure to Comply (FTC)

16971148. Where a case was referred to the AP for an assessment but completion hasn't been possible, the AP returns the case to DWP with details. The AP uses the returned assessment functionality (RAF) to do this.

1702149. A FTA task will be generated for the CW to action and consider good reason. The (CW) will follow appropriate procedures under normal Business As Usual processes.

1713150. There is no requirement to contact the claimant to gather reasons for FTA/FTC unless the claimant has been identified as requiring Additional Support (AS). In Additional Support cases normal procedures will apply in order to gather the reasons for FTA/FTC if required.

FTA/FTC considered by CW and good reason not accepted

1746153. Where the AP has applied the process correctly and there has been no effort to comply on behalf of the claimant and the case does not have an Additional Support (AS) marker, the CW will create a manual 'To Do' Task with the subject heading 'Consider Negative Determination action' and forward this to a CM with the right skill set.

Note: If upon receipt of the 'Consider Negative Determination' task the CM disagrees with the CW and decides there is good reason for the FTA/FTC the CM will refer the case back to the AP.

See step actions under: FTA/FTC considered by CW and good reason accepted.

1757154. The CM must not refer the case back to the CW as this will add unnecessary delay to the claimant journey. See: FTA/FTC

Award Review action with no AP report - Inputting Decisions

193. Before you make any decision you must follow the Critical Process Points must do actions.

Note: Check CIS for Address and DLA interest/Other Overlapping Benefits.

Step	Action
------	--------

- | | |
|---|--|
| 1 | complete new RFD using 'DMR' Template |
| 2 | select 'Decision Assist' from the search result |
| 3 | select 'Determination' |
| 4 | select 'toggle button' (LHS) to open up selections from the last completed determination |
| 5 | select 'Modify Determination' |
| 6 | select 'Intervention' |
| 7 | select 'Requested by DM' |
| 8 | select 'Save' |

Note: a new determination line should appear with the status being 'In Progress'. Previous questionnaire details will have been copied into this new determination.

9 select 'toggle button' (LHS) to open up the PIP determination line

10 select 'Answer' from the action button (RHS)

11 answer questionnaire but remember to:

add details of any new evidence provided

add details of any new disability identified if applicable

remove any existing QP entries for the previous determination

make changes to descriptors to reflect your decision

Note: QP dates are no longer required to be inserted within the questionnaire field in AR/CofC's review cases

Note: If previous questionnaire was a consultation (PA4) the system won't allow you to amend this to paper based review (PA3)

12 select 'Save'

14 select 'Reason' tab

15 select 'New'

16 select 'Daily Living' from the drop down menu

copy and paste your RFD for the daily living component

17 select 'Save'

18 select 'New'

select 'Mobility' from the drop down menu

copy and paste your RFD for the mobility component

Note: each reason box has a limit of 2000 characters. However, you are permitted to split the reasons across both reason boxes if you need to

19 complete your Determination using the action button (RHS) of the determination line and insert your chosen effective date

See: ADM Effective Dates

Note: you must justify your reason for the length of award chosen in the decision assist note

See: Setting Review Dates in this chapter

20 close tabs and return to 'search result'

21 refresh

22 select 'Evidence Summary' and apply evidence

Note: Copy and Paste onsite HP referral/advice along with any relevant record of evidence based telephone call used to make your decision into the 'Medical Details Evidence Comments' field. Maximum characters available are 3000

23 apply the PIP assessment determination evidence

23 Note: You must check, and if necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields reflect the AS status of the claimant.

If the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'Yes' in the most recent medical details evidence

If the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

Apply the medical details evidence only.

25 return to 'Evidence Summary'

26 select 'Intervention' and from the action button (RHS) select 'edit'

27 in the 'Conclusion' box, select the appropriate option to reflect your decision

28 select 'Save'

Note: this will conclude the intervention and remove the water mark within decision assist.

Note: concluding the intervention triggers the notification letter but you must conclude the intervention on the SAME day as applying your Determination otherwise the notification letter will not be issued

29 return to 'search result'

30 Refresh

31 select 'Personal Independence Payment Case' line (also known as the benefit delivery line)' from the search result

32 select 'Edit' from the 'Action' button top RHS

33 insert the new review and end date

Note: You don't follow this step action if the decision is a disallowance

See: Setting Review Dates in this chapter

34 select 'Save'

35 select 'Check Eligibility' from the 'Action' button top RHS

36 tick 'Active Evidence' only

37 select 'Save'

38 Note: you should know from your decision whether arrears will be due or if an overpayment is likely to have occurred

See: Payment Correction in this chapter

39 Final Checks:

Communication: has decision letter been issued?

Search Results: payment correction – have you submitted for approval where necessary or updated notes accordingly?

Tasks: has a management test check task been generated? If so, monitor the progress

See: Management Check

Check for outstanding Motability agreements

If the enhanced rate of the mobility component has changed:

on revision

if a claimant originally had a MOTA agreement with DLA/PIP which was removed and has been re-awarded enhanced mobility as well

the Motability Specialist team at Blackpool Benefit Centre must be notified of any change affecting the claimant's Motability agreement. This is to ensure they inform Motability Operations (Mops) when an existing enhanced rate of mobility component award is changed on revision, that is:

disallowed

reduced or increased

the period of the award is varied or includes a period of non payability

You should create a PIPCS high priority manual task should be generated to the Motability Specialist team:

Task Subject	Task Type	Task Allocation (Work Queue)	Task Priority	Deadline date
--------------	-----------	------------------------------	---------------	---------------

NINO

Action Required: PIP Award Changed

Consider Mota Agreement Manual To do Blackpool
Mota BC _MotaLiaison_Mota Agreement Team 1

40 close all outstanding tasks following appropriate
payment correction action

Inputting Decisions following receipt of AP Assessment
Report (PA4), AP Paper Based Review Report (PA3), or
Supplementary Report (PA5) or (PA6)

Note: Check CIS for Address and DLA interest/Other
Overlapping Benefits

194. Before you make any decision you must follow the
Critical Process Points must do actions.

Step	Action
------	--------

- | | |
|---|---|
| 1 | complete the new RFD using 'DMR Template' |
| 2 | select 'Decision Assist' from the 'search result' |
| 3 | select 'Determination' |

Note: the determination line status should be 'In
Progress'

- | | |
|---|---|
| 4 | select 'toggle' button (LHS) to open up the 'PIP
Determination Line' |
| 5 | select 'Answer' from the 'Action' button (RHS) |

6 answer questionnaire but remember to:

Check details of any new evidence provided

Check details of any new disability identified if applicable
check chosen descriptors reflect the AP's report and are justified

Note: QP dates are no longer required to be inserted within the questionnaire field in AR/CofC's review cases.

8 select 'Save'

9 select 'Reason' tab

10 select 'New'

11 select 'Daily Living' from the drop down menu

copy and paste your RFD for the daily living component

12 select 'Save'

13 select 'New'

14 select 'Mobility' from the drop down menu

copy and paste your RFD for the mobility component

Note: each reason box has a limit of 2000 characters.
However, you are permitted to split the reasons across both reason boxes if you need to

15 complete your determination using the toggle button (RHS) of the determination line and insert your chosen effective date

See: Effective date

16 close tabs and return to search result

17 refresh

18 select 'Evidence Summary' and apply evidence

19 apply the PIP assessment determination evidence

20 Note: You must check, and if necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields reflect the AS status of the claimant.

If the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'Yes' in the most recent medical details evidence

If the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

Apply the medical details evidence only.

21 return to 'Evidence Summary'

22 select 'Intervention' and from the action button (RHS) select 'edit'

23 in the 'Conclusion' box, select the appropriate option to reflect your decision

24 select 'Save'

Note: this will conclude the intervention and remove the water mark within decision assist.

Note: concluding the intervention triggers the notification letter

25 return to 'search result'

26 refresh

27 select 'Personal Independence Payment Case' line (also known as the benefit delivery line)' from the 'search result'

28 select 'Edit' from the 'action' button top (RHS)

insert the new review and end date

Note: You don't follow this step action if the decision is 'disallowance'

See: Setting Review Dates in this chapter

29 select 'Save'

30 select 'Check Eligibility' from the 'action' button top (RHS)

31 select 'Active Evidence Only'

32 select 'Save'

33 Note: you should know from your decision whether arrears will be due or if an overpayment is likely to have occurred

See: Payment Correction

34 Final Checks:

Communication: has decision letter been issued?

Search Results: payment correction – have you submitted for approval where necessary or update notes accordingly?

Tasks: has a management test check task been generated? If so, monitor the progress

See: Management Check

Check for outstanding Motability agreements

If the enhanced rate of the mobility component has changed:

on revision

if a claimant originally had a MOTA agreement with DLA/PIP which was removed and has been re-awarded enhanced mobility as well

the Motability Specialist team at Blackpool Benefit Centre must be notified of any change affecting the claimant's Motability agreement. This is to ensure they inform Motability Operations (Mops) when an existing enhanced rate of mobility component award is changed on revision, that is:

disallowed

reduced or increased

the period of the award is varied or includes a period of non payability

You should create a PIPCS high priority manual task should be generated to the Motability Specialist team:

Task Subject	Task Type	Task Allocation (Work Queue)	Task Priority	Deadline Date
--------------	-----------	------------------------------	---------------	---------------

NINO

Action Required: PIP Award Changed

Consider Mota Agreement Manual To Do	Blackpool Mota BC_MotaLiaison_Mota AgreementTeam1	High
2 working days		

35 close all outstanding tasks following appropriate payment correction action

197. Before inputting your split rate decision into PIPCS check if the claimant has a Motability agreement. If you are removing enhanced rate mobility from a Motability claimant See: Motability cases

Step	Action
------	--------

1	navigate to the Benefit Delivery Case, select the Action button in the top right hand corner and select 'suspend case'
---	--

2	navigate to decision assist and modify the appropriate determination Modify determination - paragraph 14 step & action
---	--

3	complete the assessment questionnaire as appropriate for the event - Award Review, Change of Circumstances Review, Reconsideration, Appeal - inputting earliest period determination descriptor scores
---	--

4	Input the following text in the reasons tab on PIPCS 'Full reasons for decision provided at the determination with effective date of **/**/20**'
---	--

Note: For a split rate decision this date will be for your second decision or decision with the latest effective date

5	complete the determination using the effective date of the earliest split rate decision period
---	--

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

6	navigate back to the evidence summary, complete any evidence action as necessary e.g. hospital dates and apply any changes to evidence.
---	---

Note: A warning message will display advising the benefit delivery case is suspended this can be ignored

7 Then check and, if necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields reflect the AS status of the claimant and apply the medical details evidence only.

If the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'Yes' in the most recent medical details evidence

If the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

8 navigate back to decision assist and modify the determination that was completed at step 4 Modify determination - paragraph 14 step & action

9 change descriptor scores as appropriate for the latest/second determination period

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

10 input reasons for decision

11 complete the determination using the effective date of the latest split rate decision period

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

12 navigate back to the evidence summary and apply changes to the evidence again

Note: A warning message will display advising the benefit delivery case is suspended this can be ignored

13 repeat steps 9 to 11 as required for more than two award periods

14 navigate to the Benefit Delivery Case, select the action button in the top right hand corner and select 'un-suspend case'

15 select reason 'New Evidence' when un-suspending the case and select 'Save'

16 using the same action button select 'Edit'. Input comments 'Event type – split rate decision' and update review and end of award dates, if required, then select 'save'

17 conclude the intervention, reconsideration or appeal record

18 using the same action button select 'Check Eligibility' tick the box 'Use Active Evidence only' and select 'Save'

19 using the same action button select 'Submit for Approval'

‘Are you sure you want to submit this case for Approval?’

select ‘Yes’

20 using the same action button ‘Activate’ the benefit delivery case (if activate is greyed out press the refresh button or close and then re-open the tab)

Note: If ‘Activate’ button remains greyed out go to ‘Tasks’ Tab and see if there’s a management check. Your supervisor MUST approve the check and return the case to you to ‘Activate’

21 A single payment correction case will be created for the correct amount and the latest payment will be recalled, if appropriate

Note: If the determinations were applied within 2 days of the regular 4 weekly payment PIPCS will automatically recall the payment and input a nominee suspension. CMs must consider deleting the recall payment and removing the nominee suspension.

Note: If the determinations were applied within 3 to 7 days of the regular 4 weekly payment PIPCS will generate a task to a CW Manual payment recall. The CM must consider grabbing and deleting this task if appropriate.

22 navigate to the Open Intervention / Reconsideration / Appeal record and conclude with the appropriate conclusion reason

23 suppress the notification with the dropdown value of system notifications unsuitable and add a comment

****Split Rate****

24 manual notifications will be required for the decision to include Certificate of Entitlement and Vehicle Excise Duty if applicable for enhanced rate awards

35 Legal Entitlement and Administrative Practices (LEAP)

if necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields reflect the AS status of the claimant and apply the medical details evidence only

if the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'Yes' in the most recent medical details evidence

if the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

if necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields reflect the AS status of the claimant and apply the medical details evidence only

if the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields

must be 'Yes' in the most recent medical details evidence

if the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

36 LEAP DRT

Modifying a Determination

necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields reflect the AS status of the claimant and apply the medical details evidence only

if the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'Yes' in the most recent medical details evidence

if the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

Modify multiple determinations

navigate to the evidence summary and select evidence tab

if necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields

reflect the AS status of the claimant and apply the medical details evidence only

if the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'Yes' in the most recent medical details evidence

if the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

28 PIP Enquiry Line

SmartScripts and CAMLite Navigation for PIP Enquiry Line agents

Introduction

1. If a claimant has an enquiry or would like to report a change in circumstance they can contact Personal Independence Payment (PIP) Enquiry Line on 03458503322 or Textphone 0345 6016677. Telephony agents will use CAMLite to handle the call, create tasks and update telephone numbers, and use the PIPCS system to answer enquiries, update change of address and bank details. This list is not exhaustive - See: 'PIP Enquiry Line telephony agent actions' guidance
2. CAMLite aids telephony users by recording and linking calls to claimants, integrated SmartScripts that guide conversations and IDV with claimants, and a

logical layout of screens that make it easy to navigate - See: 'CAMLite screens and navigation'.

3. When a claimant contacts the PIP Enquiry Line and they are ringing from a Welsh standard telephone directory (STD) code they will be given an Interactive Voice Response (IVR) option to speak in Welsh. If the claimant opts to speak in Welsh the IVR will route the call to a Welsh speaking telephony agent. All other calls will be directed to a PIP Enquiry Line telephony agent and the Handle Inbound call SmartScript will launch. Blocked numbers and mobile phones will not be picked up by the IVR option to speak Welsh. Callers will be offered a three hour call back or the option to call us again from a Welsh landline - See: 'Welsh claimants wishing to communicate in Welsh' guidance.

4. Telephony agents must be aware of claimants already identified as needing additional support. They must also be able to identify if a claimant is vulnerable, take appropriate action, and when identified create a To Do Task so PIPCS can be updated to support the claimant. They can signpost claimants for help in completing 'How your disability affects you' form (PIP2), and for extreme cases where a claimant needs face to face support, refer to the Department for Work and Pensions (DWP) visiting or a support organisation. In the very rare case that a claimant may threaten self harm or suicide, each office has a six point plan in place, all staff are aware of it, and are aware of what action

they should take if a claimant threatens this. The agent will own the case for the duration of the incident before handing over to the nominated champion - See: 'Vulnerable Claimants Hub' guidance.

Reconsideration following a Negative Determination

A negative determination can be made at several points in the PIP journey. A negative determination is a disallowance if the claimant fails to comply with the PIP process.

New claims staff have the skill set Reconsideration negative determinations which allows for the correct activity to route automatically to them:

Dispute type

Non return PIP2/AR1/PIP2(UI) Where the 40 day timer matures, no extension has been granted, the PIP2/PIP2(UI)/AR1 has not been returned and no additional support is identified, a negative determination is given and a disallowance PIP.7000 is issued.

Fail to attend/Fail to comply (FTA/FTC) If the claimant was disallowed because they FTA/FTC a medical assessment and has since provided reasons why, this is treated as a reconsideration application.

Lay conditions A request for a reconsideration is received and the previous decision was a disallowance on lay rules.

Overpayment An overpayment reconsideration is received, and the previous decision resulted in a recoverable overpayment including any associated Civil Penalty.

Payability A request for a reconsideration is received on a payability decision.

New Claims

PIP2 not returned

If the PIP2 isn't returned within the agreed period (or any agreed extended period) and there is no indication of additional support PIPCS automatically disallows the claim and creates a negative determination decision in PIPCS.

If a PIP2 is received after PIPCS has automatically disallowed the claim the receipt of the PIP2 is treated as a request for a reconsideration.

If the claimant requests a reconsideration and no PIP2 is held, contact the claimant to find out if they've returned the form.

If the claimant confirms they've returned the PIP2 but this isn't showing on PIPCS, create a 'To Do' task for the Workflow Team (WfT) to ask them to locate the form and attach it to the Person record.

If the claimant hasn't returned the form and requests a duplicate, issue a further PIP2 and PIP.3033 asking the claimant to return the form as soon as possible and

provide reasons for lateness. Create a manual 'To Do' task to mature at 19 days to monitor the return of the form.

When the PIP2 is received and good reason has been accepted, continue with the case as normal.

Re-opening AR/CofC Review case FTA/FTC good reason accepted

When you receive Reconsideration Registration Complete further action required task you will re-open the case once FTA/FTC good reason has been accepted:

Step	Action
------	--------

	select the Evidence Summary line.
--	-----------------------------------

	select the 'Evidence' tab and into Medical Details hyperlink.
--	---

	toggle the blue button on the left hand side and enter the 'Change Summary' line which has an open ended Period – this is the line where the claim has been disallowed from
--	---

	click on the green action button and select 'Edit'.
--	---

change FTA Good Reason Accepted to Yes and insert reasons in Comments box at the bottom of the page. Save and apply changes when completed

Note: Where it is evident, from the information provided in the claimant's reasons of FTA/FTC, the claimant does require additional support and this hasn't been noted on PIPCS you must update both the 'Additional Support determined' and 'Additional Support identified' fields to Yes.

See: Vulnerable Claimants and Claimant requests additional support but this is not yet recorded in PIPCS

select the Personal Independence Payment Case line (5th line)

select the Dispute tab and edit Reconsideration

in the telephone contact type select No

in the contact sub type select decision in claimants favour

link explanation record to reconsideration if there is one

Note: you don't need to create an explanation record if one doesn't exist

in the conclusion select 'Reconsidered – new decision changed' and save

staying on the 5th line, the Recommended Review Date can be removed, with the End Of Award Date being changed to the original date

select the Financials tab, selecting Nominees on the right hand side

check that payments are Active. If they are Suspended, they will need un-suspending

you can then request that your HEO reactivates payments

5th line should now show that the case is Open

enter the Decision Assist line and select Determinations

cancel the In Progress determination

select the Action button on the right hand side of the Completed determination and Request AP Advice

AP Advice Reasons – generally either Planned Intervention or Unplanned Intervention – non SRT

requested for – DM and in Comments – FTA good reason accepted

this will generate a task to the correct AP WQ for them to action

on the 5th line, submit the case for approval – do this from Actions button in the top right hand corner

1 day later – Check that payments are reactivated and the claimant has received the appropriate arrears payment

navigate to Evidence Summary line and select the Interventions tab

select Create New Intervention button (white star on orange background)

received date is today's date

type – Planned/Unplanned Intervention depending what type of intervention it is

requested by – SofS if planned, Claimant if unplanned

part 2 required – No

comments – FTA good reason has been accepted

navigate to the claimant's Person page, into the Task tab and ensure all associated tasks are closed. Generally, the only task to be left open is with the AP

02 New Claims process / 14 Paper claim (PIP1) received - CM

Unsolicited claim forms

32. If a PIP1 paper claim is received from a person for which there is no record of a person or prospect person on PIPCS the PIP1 must have been obtained from some source other than DWP for example the claimant or PAB

did not contact DWP to request a paper claim form and may have photocopied someone else's form.

33. When such a claim form is received the manual task will be referred to the Workflow team who will create a prospect person on PIPCS before referring the task (complex decision) to the CM in order for you to contact the claimant to establish why they have made the claim in the way that they have.

34. If you are able to contact the claimant by telephone (IPCC enabled) you should check whether any additional information is required from the claimant before phoning them to explain that the normal way of claiming PIP is by telephone and asking them where they obtained the claim form from and why they made the claim in this way. If they are able to provide good reason for claiming in the way they have you can tell them that we will continue to deal with their claim and you should obtain any additional information that you need from them. You should create a Communication record and create a manual task for the CW to continue with the claim scrutiny check - See: Carrying out the scrutiny check.

35. However, if they are unable to provide a good reason for claiming in this way you should inform them that as the normal way of claiming PIP is by telephone you are unable to take any action on the form they have sent in and if they want to claim PIP they should do so by contacting the appropriate claim number. You should

inform them that you will send them a letter confirming this. You should then send PIP.1023 and leaflet DWP041 to them. A copy of PIP.1023 should be retained on DRS. You should then update the Communication record with details of the phone call and notifications issued.

36. During the call, you should also establish evidence if the claimant is in a vulnerable situation and if there are additional support requirements to be considered.

37. If you are unable to contact the claimant by telephone you should issue PIP.1023 and DWP041 to the claimant, retaining a copy in DRS. You should update the Communication record - See: Communication Record.

02- 10 Welsh Claimants

18. When PIPCS eligibility rules are passed, a trigger is sent to HP Exstream to issue 'How your disability affects you' form (PIP2) with the appropriate covering letter or a reminder. PIPCS will set a task at 19 calendar days to issue a reminder; once reminder is issued PIPCS will set a trigger for 40 calendar days (from PIP2 issue date) for its return.

19. Where PIP2 is not returned and additional support flag is set, a task is routed by PIPCS to Assessment Provider (AP) to complete face to face assessment – See: Vulnerable Claimants.

20. Where the additional support flag is not set PIPCS will trigger a task to the CM. The CM should consider if the claimant is in a vulnerable situation and needs any additional support – See: Vulnerable Claimants. The CM will invoke an automated disallowance notification in PIPCS. This will be printed out via output services who will refer them to WOT for translation and issue – See: Workflow and Task Management and see: Disallowance decision for navigation details.

WOT receives reminder letter

25.

Step	Action
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1	note receipt of task on PIPCS.
---	--------------------------------

2	identify if claimant requires additional support or not and translate and issue appropriate reminder form.
---	--

Additional support would only need to be identified if the claimant has already had a reminder and not returned within the 40 days.

3	translate and issue under BAU procedures.
---	---

4	close task.
---	-------------

08 Decision Making / 08b Making a decision

07 Introduction to decision making

Introduction to decision making

Learning Simulation: Awarding Benefit CM End to End

As a Case Manager (CM), you'll make decisions on:

new claims to PIP

PIP Award Reviews

Changes of Circumstance Award Reviews

Reconsiderations and Appeal requests

The decision making process for PIP involves you acting on behalf of the Secretary of State (SofS) to consider and decide:

if the claimant meets the qualifying criteria in terms of the duration of disability (3 month qualifying period (QP) 9 month prospective test (PT) (known as the 'required period condition')

the claimant's entitlement to PIP on the basis of the scores resulting from descriptors selected by you in the activities for Daily Living and Mobility

the level of award, length of award and period for a PIP Award Review

An Assessment Provider (AP) organisation will undertake an assessment of the claimant's health condition. This will evaluate the impact of the health condition on a claimant's ability to carry out activities of Daily Living and Mobility.

The AP will:

provide us with a detailed medical assessment report

request any medical evidence needed from Healthcare Professionals involved with the claimant's care

For Award Reviews (AR), the AP report may not be required. If form AR1 is received from the claimant, you'll consider all the evidence provided and can make a decision without an AP referral.

If technical advice is required, APs can provide support and medical advice via your QAM.

See: Referring claim to QAM AP

The claimant provides information about their circumstances when they make the claim and provides details about their health condition in 'How your disability affects you' forms:

PIP2 new claim and reassessment

PIP2(UI) Change of Circumstances Award Review

AR1 Award Review

Special Rules for Terminally Ill (SRTI) claimants who meet the TI provisions won't complete a PIP2/AR1.

Claimants who fail to return the PIP2/AR1 within a calendar month but who are marked as 'Additional Support' will be referred for an assessment even where they fail to return a PIP2/AR1.

15a Appendix – Mandatory Questions

About Your Condition

Additional support question (not asked if SRTI or if claiming for someone else)

Finish

Declaration

08 Work Available Report desk aide

Re starting the DLA payments

29. DLA will be suspended using Type '31' suspension, if no PIP claim is received 4 weeks from the date of the PIP invitation, no good reason exists and the claimant doesn't have Additional support needs. If during the 4 week suspension period a PIP claim is made, a HPWAR is output to prompt you, the dual user, to remove the Type '31' suspension. This will continue to report out in line with existing case controls until suspension on DLACS has been lifted and arrears paid.

Note: You must check if a previous non reassessment suspension/ payability code was in place before the Type '31' suspension. Although past payment suspensions can't be viewed, 'Payability' codes can be viewed in dialogue DA91/DA500 Lay Evidence and Exclusion screens. Also, hospital admission and discharge dates can be viewed in Dialogue D97.

09 Reconsiderations / 05 Reconsideration Negative Determination

Introduction

A negative determination can be made at several points in the PIP journey. A negative determination is a disallowance if the claimant fails to comply with the PIP process.

New claims staff have the skill set Reconsideration negative determinations which allows for the correct activity to route automatically to them:

Dispute type

Non return PIP2/AR1/PIP2(UI) Where the 40 day timer matures, no extension has been granted, the PIP2/PIP2(UI)/AR1 has not been returned and no additional support is identified, a negative determination is given and a disallowance PIP.7000 is issued.

Fail to attend/Fail to comply (FTA/FTC) If the claimant was disallowed because they FTA/FTC a medical assessment and has since provided reasons why, this is treated as a reconsideration application.

Lay conditions A request for a reconsideration is received and the previous decision was a disallowance on lay rules.

Overpayment An overpayment reconsideration is received, and the previous decision resulted in a recoverable overpayment including any associated Civil Penalty.

Payability A request for a reconsideration is received on a payability decision.

New Claims

PIP2 not returned

If the PIP2 isn't returned within the agreed period (or any agreed extended period) and there is no indication of additional support PIPCS automatically disallows the claim and creates a negative determination decision in PIPCS.

If a PIP2 is received after PIPCS has automatically disallowed the claim the receipt of the PIP2 is treated as a request for a reconsideration.

If the claimant requests a reconsideration and no PIP2 is held, contact the claimant to find out if they've returned the form.

If the claimant confirms they've returned the PIP2 but this isn't showing on PIPCS, create a 'To Do' task for the Workflow Team (WfT) to ask them to locate the form and attach it to the Person record.

If the claimant hasn't returned the form and requests a duplicate, issue a further PIP2 and PIP.3033 asking the claimant to return the form as soon as possible and provide reasons for lateness. Create a manual 'To Do' task to mature at 19 days to monitor the return of the form.

When the PIP2 is received and good reason has been accepted, continue with the case as normal.

Re-opening AR/CofC Review case FTA/FTC good reason accepted

When you receive Reconsideration Registration Complete further action required task you will re-open the case once FTA/FTC good reason has been accepted:

Step	Action
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	select the Evidence Summary line.
--	-----------------------------------

	select the 'Evidence' tab and into Medical Details hyperlink.
--	---

	toggle the blue button on the left hand side and enter the 'Change Summary' line which has an open ended Period – this is the line where the claim has been disallowed from
--	---

	click on the green action button and select 'Edit'.
--	---

	change FTA Good Reason Accepted to Yes and insert reasons in Comments box at the bottom of the page. Save and apply changes when completed
--	--

Note: Where it is evident, from the information provided in the claimant's reasons of FTA/FTC, the claimant does require additional support and this hasn't been noted on PIPCS you must update both the 'Additional Support determined' and 'Additional Support identified' fields to Yes.

See: Vulnerable Claimants and Claimant requests additional support but this is not yet recorded in PIPCS
select the Personal Independence Payment Case line (5th line)

select the Dispute tab and edit Reconsideration
in the telephone contact type select No

34 Failure to Attend (FTA)

Action in PIPCS - good reason not shown (FTA)

15. Action is taken in the medical evidence details screens in PIPCS when the:

- PIP.6000 isn't returned and additional support isn't indicated See: No Additional Support Marker Identified
- PIP.6000 has been returned and you decide the claimant hasn't shown good reason See: Considering the evidence for FTA and Good Reason

16. The medical evidence details screen in PIPCS includes the FTA field.

17. When 'FTA - Good reason

accepted' is set to 'No' in 'Medical evidence details' in PIPCS, the rules fail when check eligibility action is taken. You must:

Step	Action
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1	
---	--

	suppress the system notification
--	----------------------------------

2	
---	--

	manually complete and issue the PIP.7004
--	--

Additional Support

(AS) Marker Identified

25. The context panel of the PIPCS case home page (application or integrated case as appropriate) will display 'Additional Support Indicated' if additional support had been identified or indicated when the claim was made. It will display 'Additional Support Determined' if appropriate where there has been a previous assessment and decision on the case.

Note: Should the AS 'indicated' status of the claimant change from 'No' to 'Yes' at any point following the new claim you must update both the 'Additional Support determined' and 'Additional Support identified' fields to 'Yes'. You must update the most recent medical details evidence.

26. Check medical evidence details in PIPCS for other information on the case, including the comments box on the page. If the claimant has previously failed to supply information, for example didn't return the PIP2 this displays in medical evidence details.

27. Where a claimant has been identified as potentially requiring additional support it may be difficult to establish reasons for FTA. There may be no PIP2 and they may not return form PIP6000. Enquiries will need to be made of any third party representative for the case before making a decision on good reason for FTA.

28. If the claimant is identified as requiring Additional Support (AS) then;

it is clear that the claimant has tried to comply with the request but was unable to attend, for example was in hospital, then the CW should resubmit the case to the AP See: Action in PIPCS – good reason shown (FTA)

where it is not clear, the CW should make 2 attempts to contact the claimant/ appointee by phone to obtain details as to why they did not attend

once the CW has successfully gathered this information they should pass the case via the complex case work queue to the CM for consideration of good reason

If the CW is unable to contact the claimant by phone they should;

issue a PIP.6000 to obtain reasons and defer the FTA task for a calendar month to await its return

Note: PIP.6000 is only issued when additional support is required.

when the task matures or the PIP.6000 is received (whichever is sooner) the CM should consider the good reason provided or whether to disallow

Note: The claimant may phone and give good reasons for their failure to attend instead of returning the PIP6000. The communication record will indicate if there has been a call. Details of the call will be recorded in the history and comments tab of the task referred by telephony. If this is the case and the CM accepts good reason See: Considering the evidence for FTA and Good Reason

Step	Action
------	--------

- | | |
|---|---|
| 1 | Select 'Evidence' tab |
| 2 | Select 'Active' or 'In Edit' evidence from the left hand navigation panel as appropriate for the case. The 'Active' or 'In Edit' 'Evidence List' page opens |
| 3 | Select the toggle next to 'Medical Details' type to expand |
| 4 | Select 'Continue editing' option from the action button on the right hand side of the expanded details. System opens the 'Edit Medical Details Evidence' page, pre populated with the previously recorded details |
| 5 | Select: 'No' option from drop down in 'Failure to attend – good reason accepted' field |
| 6 | Record details of the reason in the 'Comments' box at the bottom of the page, for example 'claimant failed to |

attend – no additional support and good reason not accepted'

Note: If you are completing FTA action on any event, other than a new claim, you must edit the medical details to ensure both the AS indicated and AS determined fields reflect the AS status of the claimant.

7 Select 'Save'. PIPCS saves information, and returns to the medical evidence details list page

8 Select 'Evidence dashboard' to view all evidence

9 Select 'Validate Changes' option from action drop down

10 Check evidence shown in dialogue box is correct

11 Select 'Save' to validate evidence and return to 'Evidence dash board'

12 Select 'In edit evidence'

13 Select 'Apply Changes' from the action drop down button. This opens a dialogue box and displays a list of all evidence not applied

14 Select 'Medical details evidence' to apply changes

15 Select 'Save'

No additional Support (AS) Marker identified

37. On receipt of the AP contact history task, the CW will check the returned contact history/ PIPCS Decision

Assist, to understand the actions taken on the case prior to being returned by the AP as FTA. For example;

has the appointment letter been sent to the correct address,

was the appointment letter sent more than seven calendar days before the appointment,

the claimant was allowed to reschedule their appointment once if requested, this is in addition to an alternative appointment which may have been offered to some claimants under the “60 minute drive time” initiative.

that the failure to attend was as a result of the claimant or appointee/ representative not attending and not that the AP was unavailable etc.

38. If the contact history/ PIPCS Decision Assist doesn't show the actions the AP has taken, or the actions taken are incomplete/ incorrect, then the case should be returned to the AP as per normal procedures.

Note: If the CW/ CM have concerns around AP compliance with procedures then this should be raised with the Local Operations Performance Manager/ QAM as per current process.

39. Where the AP has applied the process correctly and there has been no effort to comply on behalf of the claimant and the case does not have an Additional Support (AS) marker the CW will disallow the case,

update PIPCS accordingly and issue the notification
See: Considering the evidence for FTA and Action in
PIPCS – good reason not shown (FTA)

40. If this is the third time the case has returned from the AP for FTA, then do not return the case to the AP but refer to CM

41. Where it is clear that the claimant has tried to comply with the request but was unable to attend, for example was in hospital, then the CW should resubmit the case to the AP See: Action to take

42. Where you are uncertain please refer the case to your team leader for advice

43. If the AP actions were correct and no reason has been provided the CW should then check to see if the claimant has an Additional Support Marker See:
Additional Support

Case returned from the AP where assessment could not be completed due to Failure to Attend (FTA) or Failure to comply (FTC)

67. Where a case was referred to the AP for an assessment but completion hasn't been possible, the AP returns the case to DWP with details. The AP uses the returned assessment functionality (RAF) to do this.

68. A FTA task will be generated for the CW to action and consider good reason. The (CW) will follow

appropriate procedures under normal Business As Usual processes.

69. There is no requirement to contact the claimant to gather reasons for FTA/FTC unless the claimant has been identified as requiring Additional Support (AS). In Additional Support cases normal procedures will apply in order to gather the reasons for FTA/FTC if required See: Additional Support Marker Identified

FTA/FTC considered by CW and good reason not accepted

72. Where the AP has applied the process correctly and there has been no effort to comply on behalf of the claimant and the case does not have an Additional Support (AS) marker, the CW will create a manual 'To Do' Task with the subject heading 'Consider Negative Determination action' and forward this to a CM with the right skill set.

Note: If upon receipt of the 'Consider Negative Determination' task the CM disagrees with the CW and decides there is good reason for the FTA/FTC the CM will refer the case back to the AP.

Change of Circumstance FTA

Case returned from the AP where assessment could not be completed due to Failure to Attend (FTA) or Failure to Comply (FTC)

76. Where a case was referred to the AP for an assessment but completion hasn't been possible, the AP returns the case to DWP with details. The AP uses the Returned Assessment Functionality (RAF) to do this.

77. A FTA task will be generated for the CW to action and consider good reason. The (CW) will follow appropriate procedures under normal Business As Usual processes.

78. There is no requirement to contact the claimant to gather reasons for FTA/FTC unless the claimant has been identified as requiring AS

See: Considering the evidence for FTA

79. In AS cases normal procedures will apply in order to gather the reasons for FTA/FTC if required.

See: Additional Support Marker Identified

27 Telephony New Claims / 05 Team Leader Scripting

For example a family member, friend, neighbour, or local support organisation such as Citizens Advice Bureau

Agent to obtain name, address, telephone number (can be done at end of call). Note: the guidance is in the process of being updated to this.

If claimant provides an informal representative who is NOT a health or social care professional:

CQ: Please tell [xxxxx] you have given us their contact details.

If claimant states they do not need help completing the form move to CQ28

CQ28: Do you have one of the following conditions :

Severe depression, for which you have been hospitalised, psychosis, schizophrenia, severe ADHD?

Or: Down's syndrome, Fragile X syndrome, severe autism, severe developmental delay, or any form of dementia*?

*help text for example Alzheimer's, Lewy body dementia, or vascular dementia, severe brain injury resulting in cognitive decline

If no

If yes and informal rep given

If yes and no informal rep given

If yes and claimant stated that they can complete the form themselves

Agent to select answer NO on PIPCS to both Additional Support questions on screen, and move to declaration

CQ : You have told me that [informal rep's name] will help you to complete the PIP2 form, is this correct?

If YES, agent to select answer NO on PIPCS to CQ28 and CQ28aa, and move to declaration

If claimant insists they will not help, or they need further or additional support, agent to record YES on PIPCS to CQ28, and move to declaration

CQ: Are you certain that you do not have anybody who can support you in completing the form? This can be a family member, friend, or neighbour, as well as a local support organisation.

If NO, agent to select answer YES on PIPCS to CQ28, and move to declaration

CQ: Will they help you complete the PIP2 form which will be sent to you?

If YES, agent to select answer NO on PIPCS to C28 and CQ28aa, and move to declaration

CQ: I know you told me before that you can fill the form in yourself, but if you do find it too difficult, do you know anybody who will be able to help you?

Agent to select answer NO on PIPCS to CQ28, and move to declaration

02 New Claims process

Claim scrutiny:

Step 1 Use the claim in the alternative scrutiny checklist to identify if you need to make further enquiries with the claimant. See: PIP Claim in the Alternative scrutiny checklist

Step 2 Refer the case to the CM to give advice in the following circumstances:

the claim has been made under SRTI, how to record the answers to the mobility questions; and

the claimant has signed the claim form themselves and they are NOT claiming under SRTI, how to record the answers to the additional support questions

Step 3 Contact the claimant/PAB if any other information is needed. See: PIP Claim in the Alternative scrutiny checklist

Step 4 Once all the information has been received, launch the PIP telephony script and input the information.

Note: PIPCS must hold an address for the claimant from and including the Date of Claim (DOC). If Residential address starts later than DOC, then you must input a Correspondence address from DOC up to date before Residential address starts. The Correspondence address can be same as Residential address. The Correspondence address can be cancelled after the decision has been made on the claim.

08 Decision Making / 08b Making a decision

Questions on PIP telephony screen not covered by DLA claim form. How to treat questions not asked on DLA or AA claim forms.

Hospital, hospice, care home questions See appendix 1 and New Paper claim (PIP1) received – (Case Worker) Scrutinising the paper claim form before inputting claim data to PIPCS

Which Healthcare professional can best tell us about your illness or health condition and how it affects you?

Record the GP's details.

If GP's details not provided, record other HCP's details.

If none provided, leave blank if normal rules.

If SRTI, contact whoever has signed the form, claimant, PAB or third party, for the details.

Are you going to send us a DS1500 to support your claim? Only asked on an SRTI case and it is compulsory. Don't know

Mobility questions Take instructions from the CM.

Additional support questions: Refer the case to the CM f

06 Special Rules / 01 Special rules for terminally ill people (SRTI) - Case Manager guidance or advice.

____ Take instructions from the CM.

AP indicates claimant isn't terminally ill under the SRTI definition

47. If the AP decides the claimant isn't TI under the definition of SRTI, the AP will task the case back to the CM without completing the assessment questionnaire. An 'In Progress' status will show on PIPCS. The AP will

send a PA2 confirming the claimant isn't TI under our definition.

The claim will now need to be considered under the normal rules. The CM will:

update medical evidence details screen Additional Support Indicated field to 'Yes'

update medical evidence details screen TI requested field to 'No'

remove answers to the 'Mobility' questions

save and apply changes and check eligibility to prompt issue of PIP2

The claim will now follow the normal rules process with the case being automatically tasked to the AP for a normal rules assessment after 40 days or on receipt of the PIP2.

See: AP report returned – other reason

Cancelling the determination

SRTI not met

Notification of death for steps to take

48. If the claim was made by a third party don't issue a PIP2.

See: New claim not SRTI made by third party

49. The CM will change the 'TI requested' field from 'Yes' to 'No' and remove the original answers to the mobility questions so the PIP2 can be issued once the changes have been applied. The additional support questions aren't asked on a SRTI claim. Any claimant, who's made a SRTI claim and found not to be TI under our definition, must be considered as potentially requiring Additional Support. The CM will update the Medical Evidence Details screen to change the 'Additional Support Indicated' field to 'Yes'. This stops PIPCS disallowing the claim where a PIP2 isn't returned.

See: PIP2 late return

50. The CM will validate then apply the changes and check eligibility. This will trigger PIPCS to issue notification PIP.1004 'Not TI PIP2 covering letter new claim' and a 'How your disability affects you' PIP2 form.

See: Check eligibility new claim - discrepancy

New claim not SRTI now NR (not a third party claim)

New claim not SRTI now NR (not a third party claim)

51.

Step	Action
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1	select the 'Evidence' tab
---	---------------------------

2	click on 'Medical details'
---	----------------------------

- 3 click on the toggle to display the information
- 4 select 'Edit' in the action link
- 5 change the 'Additional Support Indicated' field to 'Yes' and type 'Potential additional support due to original claim under SRTI' in the 'Comments box'
- 6 change 'TI requested' field from 'Yes' to 'No'

make sure there's a note in the 'Comments Box' the claimant claimed under the SRTI

Note: This is a workaround and will cease once PIPCS is updated

- 7 remove the answers to the mobility questions
- 8 click on 'Save' and 'Apply Changes' and check eligibility this will prompt the issue of PIP.1004 and PIP2 SRTI Award ending Advance Claim made

60. 14 weeks before an SRTI case ends, a claimant is informed they need to make an advance claim if they wish their award to continue. If we receive an advanced claim it will be treated as such. If it is received after previous award has ended it is a new claim. The date of claim will be the date they make the claim. Any payments before the date they made the claim can't be considered. If the claimant makes an advance claim under normal rules or the AP indicates the claimant doesn't satisfy the TI conditions, the advance claim must be considered under normal rules and the previous

award continue as a TI award pending a decision on the new claim. The period of the award should remain the same as the SRTI award.

Note: Due to a PIPCS issue, the TI flag on the Person Page must be removed which stops the current award. An incident has been raised. Until PIPCS can be updated, the following action should be taken:

PA2 returned from AP advising claimant not terminally ill: Advance claim only

61.

Step	Action
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1	update medical evidence details screen TI requested field to 'No'
---	---

2	remove answers to the 'Mobility' questions
---	--

3	remove 'Determined' answer and leave blank
---	--

4	change to 'Additional Support'
---	--------------------------------

make sure there is a note in the 'Medical Details' 'Evidence' tab advising "advance claim considered under SRTI by AP"

5	click on 'Save' and 'Apply Changes' and check eligibility this will prompt the issue of PIP2
---	--

Note: Check the end of award date is still correct. You may need to edit the end of award date if it was changed by the system.

6 create a 7 working day task for receipt of the PIP2
See: Workflow and task management – How to create a manual task

Advance claim:

62.

Step	Action
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1	update medical evidence details screen Additional Support Indicated field to 'Yes'
---	--

make sure there is a note in the 'Medical Details' 'Evidence' tab advising "advance claim considered under SRTI by AP"

10 Appeals / 01 Pre response

Appeal following reassessment action

Claimants over the age of 16 and born after 8 April 1948, receiving DLA are unable to have any change of circumstances affecting their needs considered in DLA. Therefore any DLA claimant whose award is coming to an end, are a rising 16 or report a change of circumstances will be advised their DLA will come to an end and they should make a claim to PIP. Claimants with a long term award of DLA will also be selected at random to be reassessed for PIP.

Where a DLA claimant is invited to claim PIP as part of the reassessment process, their DLA will be terminated once a PIP decision has been made or if the claimant has not complied with the process the DLA will be terminated, for example, in the following circumstances:

following determination of a PIP claim

where no PIP claim is made/made within the required timescale

claimant doesn't return the PIP2 within the timescale (and is not marked as requiring Additional Support)

claimant fails to attend assessment without good reasons.

In those cases where no claim to PIP is made there is a right of appeal against the termination of DLA after a mandatory reconsideration.

However, where a PIP claim is decided then any dispute (reconsideration and appeal) is against the PIP decision only as no appeal can be made against the termination of DLA in these circumstances.

Note: A PIP claimant can ask us to re-use/not to re-use DLA medical evidence at any stage of their reassessment, that is, at claim stage, reconsideration or appeal but they must specify/unspecify what evidence they want us to use.

If a PIP claim is made, to enable the claimant to make any necessary adjustments, DLA will continue to be paid

for a period of 4 weeks following the date after the PIP decision has been made. This is known as the four week run-on period and is provided for in legislation.

Note: For SRTI case it will be a 1 to 8 day run-on period, see: Special rules for terminally ill people (SRTI) – Case Manager Guidance

The 4 week run period will not apply to negative determination in the following circumstances:

if the claimant decides not to claim PIP, the DLA must be terminated from the date the DLA was first suspended (that is, 4 weeks after the invite was issued)

if we make a negative determination because the claimant fails to return the PIP2/AR1 (and are not Additional Support), the DLA must be terminated two weeks after the date of the negative decision on PIP.

For rising 16 claimants their DLA award can be extended for up to 12 months for PIP assessment action to be completed providing a claim to PIP is made. Once the PIP decision is made it will then be effective from the end of the four week run on period after the decision is made and not from the date of claim.

If the claimant does appeal against the PIP decision, the run-on period/award extension is explained in the appeal response to prevent the tribunal awarding PIP or increasing an award of PIP for a period DLA has been paid for. You must tell the FtT the earliest date PIP can

be considered by them, and refer them to the relevant legislation. An extract from the legislation must be included in the response. The relevant legislation is The Personal Independence Payment (Transitional Provisions) Regulations 2013 reg 17(1) (b) and is quoted below:

“17. (1) Upon an assessment determination being made on a claim by a transfer claimant—

(a) the Secretary of State must, as soon as practicable, send the claimant written notification of the outcome of the determination, and

(b) except where paragraph (2) of regulation 13 applies to the claimant, the claimant’s entitlement to disability living allowance shall terminate

(i) where paragraph (1B) applies, on the earlier of

(aa) the last day of the payment period during which the assessment determination is made, or

(bb) the first Tuesday after the making of the assessment determination;

(ii) in any other case, on the last day of the period of 28 days starting with the first pay day after the making of the assessment determination.”

Where the appeal is against a negative determination then the tribunal should be told the earliest day PIP can be considered from will be the day following the last day of payment for DLA. Referring them to The Personal

Independence Payment (Transitional Provisions)
Regulations 2013 reg 17(2) (b).

Note: Where there has been a negative determination the run-on period is 14 days for the next DLA pay day.
Refer to PIP transitional regulations Reg 13

See: Preparing the appeal response in this chapter

03 Reassessment DLA Helpline

Vulnerable claimants

9. At all times you must consider if a claimant is vulnerable.

Note: DWP definition: 'Vulnerable claimants are defined as someone who has difficulty in dealing with procedural demands at the time when they need to access a service. This includes life events and personal circumstances such as a previous suicide attempt, domestic violence or abuse or bereavement. It should be noted that in the context of PIP the definition of Vulnerability differs from that of Additional Support, which relates to a defined range of health conditions'.

10. You must also be aware younger disabled people claiming benefits for the first time may lack the experience and confidence to engage with the benefits process.

11. Claimants with complex needs or who may need additional support to access Department for Work and

Pensions (DWP) services and benefits can be identified by anyone at any stage.

15 New Paper claim (PIP1) received - (Case Worker)

About You

Have they provided all information about themselves, for example, full name, NINO, DoB, Gender, address, mailshot preferences and so on?

Working and Living Abroad

Have they answered all the Residence and Presence questions, for example, Nationality, No recourse to public funds, time spent abroad, and so on.

Hospital or hospice

Have they answered all the hospital or hospice questions, for example, if they are in hospital/hospice now, date they went in, and so on?

Residential or nursing care

Have they answered all the residential/care home questions, for example, type of accommodation they are in now, date they went in, who pays for the cost of the stay, and so on. See Appendix 3 - Being in residential or nursing care.

Medical information

If claiming under the Special Rules for Terminally Ill, have they answered all questions about Special Rules for Terminally Ill.?

Consent

Have they signed and dated the Consent.

Additional support

applicable, have they answered the additional support questions.

How we pay you

Have they provided the full bank account details?

Motability Mailshot

Have they indicated a preference?

telephony data gather script must be used to input the PIP claim data on PIPCS. Therefore it is important that you scrutinise the claim form to make sure all of the mandatory questions have been answered.

See: Appendix 1 - Mandatory Questions

Appendix 2 – Conditional Mandatory Questions

Appendix 3 – Hospital, Hospice and Care Homes questions

Appendix 4 – Additional support questions

33 Split Rate decision / 01 Split Rate decision

Review/Mandatory Reconsideration/Appeal Split Rate

This step and action must be completed on the same day

Note: Before inputting your split rate decision into PIPCS check if the claimant has a Motability agreement. If you are removing enhanced rate mobility from a Motability claimant See: Motability cases

Step	Action
------	--------

1	navigate to the Benefit Delivery Case, select the Action button in the top right hand corner and select 'suspend case'
---	--

2	navigate to decision assist and modify the appropriate determination Modify determination - paragraph 14 step & action
---	--

3	complete the assessment questionnaire as appropriate for the event - Award Review, Change of Circumstances Review, Reconsideration, Appeal - inputting earliest period determination descriptor scores
---	--

4	Input the following text in the reasons tab on PIPCS 'Full reasons for decision provided at the determination with effective date of **/**/20**'
---	--

Note: For a split rate decision this date will be for your second decision or decision with the latest effective date

4	complete the determination using the effective date of the earliest split rate decision period
---	--

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

5 navigate back to the evidence summary, complete any evidence action as necessary e.g. hospital dates and apply any changes to evidence.

Note: A warning message will display advising the benefit delivery case is suspended this can be ignored

6 Then check and, if necessary, edit the Medical Details evidence to ensure both the AS indicated and the AS determined fields reflect the AS status of the claimant and apply the medical details evidence only.

If the claimant is AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'Yes' in the most recent medical details evidence

If the claimant is not AS then both the 'Additional Support determined' and 'Additional Support identified' fields must be 'No' in the most recent medical details evidence

7 navigate back to decision assist and modify the determination that was completed at step 4 Modify determination - paragraph 14 step & action

8 change descriptor scores as appropriate for the latest/second determination period

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

9 input reasons for decision

10 complete the determination using the effective date of the latest split rate decision period

Note: If there are more than two award periods input the determinations in effective date order from earliest to latest

11 navigate back to the evidence summary and apply changes to the evidence again

Note: A warning message will display advising the benefit delivery case is suspended this can be ignored

12 repeat steps 9 to 11 as required for more than two award periods

13 navigate to the Benefit Delivery Case, select the action button in the top right hand corner and select 'un-suspend case'

14 select reason 'New Evidence' when un-suspending the case and select 'Save'

15 using the same action button select 'Edit'. Input comments 'Event type – split rate decision' and update review and end of award dates, if required, then select 'save'

16 conclude the intervention, reconsideration or appeal record

17 using the same action button select 'Check Eligibility' tick the box 'Use Active Evidence only' and select 'Save'

18 using the same action button select 'Submit for Approval'

'Are you sure you want to submit this case for Approval?'

select 'Yes'

19 using the same action button 'Activate' the benefit delivery case (if activate is greyed out press the refresh button or close and then re-open the tab)

Note: If 'Activate' button remains greyed out go to 'Tasks' Tab and see if there's a management check. Your supervisor **MUST** approve the check and return the case to you to 'Activate'

20 A single payment correction case will be created for the correct amount and the latest payment will be recalled, if appropriate

Note: If the determinations were applied within 2 days of the regular 4 weekly payment PIPCS will automatically recall the payment and input a nominee suspension. CMs must consider deleting the recall payment and removing the nominee suspension.

Note: If the determinations were applied within 3 to 7 days of the regular 4 weekly payment PIPCS will generate a task to a CW Manual payment recall. The CM must consider grabbing and deleting this task if appropriate.

21 navigate to the Open Intervention / Reconsideration / Appeal record and conclude with the appropriate conclusion reason

22 suppress the notification with the dropdown value of system notifications unsuitable and add a comment

****Split Rate****

23 manual notifications will be required for the decision to include Certificate of Entitlement and Vehicle Excise Duty if applicable for enhanced rate awards

PIP1 PIPCS navigation

Form Field Navigation Historical Notes

About You

surname or family name Person Record > Home tab

Person Record > Identity tab

other names Person Record > Home tab Person
Record > Identity tab

title Person Record > Home tab Person Record >
Identity tab

name you want us to use Person Record > Identity tab
> Alternative Names

previous surname Person Record > Home tab
 Person Record > Identity tab

NINO Person Record > Home tab

date of birth Person Record > Home tab

gender Person Record > Home tab

address Person Record > Home tab Person Record
> Contact tab > Addresses

address we can write to Person Record > Home tab
 Person Record > Contact tab > Addresses

phone number Person Record > Home tab
 Person Record > Contact tab > Phone numbers
 the Home tab will only show the primary telephone
number

Home, Mobile or Work Person Record > Home tab
 Person Record > Contact tab > Phone numbers
 the Home tab will only show the primary telephone
number

another phone number Person Record > Contact tab
> Phone numbers

Home, Mobile or Work Person Record > Home tab
 Person Record > Contact tab > Phone numbers
 the Home tab will only show the primary telephone
number

textphone number Person Record > Contact tab >
Phone numbers

preferred method of contact Person Record > Home
tab Person Record > Contact tab > Communications
Exceptions

alternate format Person Record > Home tab no
historical information Check the Notes tab in the
Person Record there may be some historical
information input by a CW

communicate in Welsh Person Record > Home tab
no historical information

Signing the form for someone else

are you signing form for someone else? Person Record
> Background tab > Relationships check the date
of any representative on the claim if it matches date of
claim select 'Yes' on PIP1

why are you signing for them Person Record >
Background tab > Relationships tick the
appropriate relationship on the PIP1

I want to be appointed to act on their behalf Person
Record > Background tab > Relationships

claiming under special rules this could be a
3rd party

surname or family name Person Record >
Background tab > Relationships Person Record >

Background tab > Relationships > select link in the Related Party column > Identity tab

other names Person Record > Background tab > Relationships Person Record > Background tab > Relationships > select link in the Related Party column > Identity tab

title Person Record > Background tab > Relationships
Person Record > Background tab > Relationships > select link in the Related Party column > Identity tab

name you want us to use Person Record > Background tab > Relationships > select link in the Related Party column > Identity tab > Alternative Names

address Person Record > Background tab > Relationships Person Record > Background tab > Relationships > select link in the Related Party column > Contact tab > Addresses

address we can write to you at Person Record > Background tab > Relationships Person Record > Background tab > Relationships > select link in the Related Party column > Contact tab > Addresses

phone number Person Record > Background tab > Relationships Person Record > Background tab > Relationships > select link in the Related Party column > Contact tab > Phone numbers this will only show the primary phone number

Home, Mobile or Work Person Record > Home tab
Person Record > Contact tab > Phone numbers
the Home tab will only show the primary telephone number

another phone number Person Record >
Background tab > Relationships > select link in the
Related Party column > Contact tab > Phone numbers

Home, Mobile or Work Person Record > Home tab
Person Record > Contact tab > Phone numbers
the Home tab will only show the primary telephone number

textphone Person Record > Background tab >
Relationships > select link in the Related Party column >
Contact tab > Phone numbers

preferred method of contact Person Record >
Background tab > Relationships > select link in the
Related Party column > Contact tab > Communications
Exceptions

alternate format Person Record > Background tab >
Relationships > select link in the Related Party column >
Home tab no historical information

communicate in Welsh Person Record >
Background tab > Relationships > select link in the
Related Party column > Home tab no historical
information

Nationality

what is your nationality Person Record > Home tab

no recourse to public funds Person Record >
Application tab > select link to PIP application case >
Evidence tab > Evidence Flow > Lay Evidence > select
link for information if there is no link with same
date as date of claim then the claimant answered
'British' and no further questions were asked.

restrictions on leave to remain

when does leave to remain end

when did you apply for extension to your leave to remain

About time spent abroad

which country do you normally live in Person Record
> Application tab > select link to PIP application case >
Evidence tab > Evidence Flow > Lay Evidence > select
link for information if there is no link with same
date as date of claim then the answer to this question
was; England, Scotland, Wales or Northern Ireland. And
no further questions were asked.

have you been abroad for more than 4 weeks at a time
in the last 3 years Person Record > Application tab >
select link to PIP application case > Evidence tab >
Evidence Flow > Lay Evidence > select link for
information if there is no link with same date as

date of claim then the claimant answered 'No' and no further questions were asked.

which country did you go to

when did you go

from and to dates

why did you go

did you intend to return

tick box

check the comments box

are you or family member receiving pension/benefit from EEA country or Switzerland

are you or family member working or paying insurance to another EEA country or Switzerland

Being in hospital or a hospice

are you in hospital/hospice as an in-patient now

Person Record > Application tab > select link to PIP application case > Evidence tab > Evidence Flow > Payability Evidence > select link for information if there is no link with same date as date of claim then the claimant answered 'No' to this question.

have you been in hospital/hospice in last 4 weeks

this question is worded differently at date of claim. Question is 'Were you in hospital yesterday'. If there is no link with same date as date of claim then the claimant answered 'No' to this question.

when did you go in this question is not asked at date of claim. Type 'Not applicable' in field.

if you're in hospital are you paying your own costs

address of hospital or hospice

Being in Residential or nursing care

are you living in care home etc. Person Record > Application tab > select link to PIP application case > Evidence tab > Evidence Flow > Payability Evidence > select link for information if there is no link with same date as date of claim then the claimant answered 'No' to this question.

have you been living in care home etc. in last 4 weeks this question is worded differently at date of claim. Question is 'Were you in care home etc. yesterday'. If there is no link with same date as date of claim then the claimant answered 'No' to this question.

when did you go in

address

are you paying all the costs yourself

who is paying for the cost of your stay

do you have an agreement with local authority to repay costs

name of local authority etc. that is paying

The main health and Social care professional who supports you

what is their job Person Record > Application tab > select link to PIP application case > Evidence tab > Evidence Flow > Supporting Evidence > select medical evidence link for information

what is their name

address

phone number

consent provided

signature this will be name of who made the claim

date duration date should have start date of date of claim

How we pay you

name of account holder FOR SECURITY
PURPOSES THIS SECTION MUST NOT BE
COMPLETED type 'For your security this section will be left blank'

sort code

account number

building society number

special rules (SR) for terminally ill people

do you want to claim under SR Person Record >
Application tab > select link to PIP application case >
Evidence tab > Evidence Flow > Supporting Evidence >
select medical evidence link for information check
the Terminally Ill Provisions section of the screen

what is your illness

name of health and Social care professional etc

address

phone number

sending in a DS1500

need someone else to plan a journey check
need someone else field

able to follow route of a journey check able to
plan a journey field

walk up to 50 metres

walk up to 20 metres

The next stage of claiming

do you have a condition like this Person Record >
Application tab > select link to PIP application case >
Evidence tab > Evidence Flow > Supporting Evidence >
select medical evidence link for information > additional
support indicated this section is to ascertain if the
claimant is vulnerable and may need additional support.

Do you see a psychiatrist etc. this is not asked on the script. Leave blank.

Declaration

date Person Record

print your name remember this could be a recognised representative or 3rd party if SRTI

24 Notifications

PIP.1002 a	Clerical	Confirmation of withdrawal of claim by claimants requiring additional support
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34 Failure to Attend (FTA) 06

Action in PIPCS - good reason not shown (FTA)

15. Action is taken in the medical evidence details screens in PIPCS when the:

- PIP.6000 isn't returned and additional support isn't indicated See: No Additional Support Marker Identified
- PIP.6000 has been returned and you decide the claimant hasn't shown good reason See: Considering the evidence for FTA and Good Reason

Additional Support

(AS) Marker Identified

25. The context panel of the PIPCS case home page (application or integrated case as appropriate) will display 'Additional Support Indicated' if additional support had been identified or indicated when the claim was made. It will display 'Additional Support Determined' if appropriate where there has been a previous assessment and decision on the case.

Note: Should the AS 'indicated' status of the claimant change from 'No' to 'Yes' at any point following the new claim you must update both the 'Additional Support determined' and 'Additional Support identified' fields to 'Yes'. You must update the most recent medical details evidence.

26. Check medical evidence details in PIPCS for other information on the case, including the comments box on the page. If the claimant has previously failed to supply information, for example didn't return the PIP2 this displays in medical evidence details.

27. Where a claimant has been identified as potentially requiring additional support it may be difficult to establish reasons for FTA. There may be no PIP2 and they may not return form PIP6000. Enquiries will need to be made of any third party representative for the case before making a decision on good reason for FTA.

28. If the claimant is identified as requiring Additional Support (AS) then;

it is clear that the claimant has tried to comply with the request but was unable to attend, for example was in hospital, then the CW should resubmit the case to the AP See: Action in PIPCS – good reason shown (FTA)

where it is not clear, the CW should make 2 attempts to contact the claimant/ appointee by phone to obtain details as to why they did not attend

once the CW has successfully gathered this information they should pass the case via the complex case work queue to the CM for consideration of good reason

If the CW is unable to contact the claimant by phone they should;

issue a PIP.6000 to obtain reasons and defer the FTA task for a calendar month to await its return

Note: PIP.6000 is only issued when additional support is required.

when the task matures or the PIP.6000 is received (whichever is sooner) the CM should consider the good reason provided or whether to disallow

Note: The claimant may phone and give good reasons for their failure to attend instead of returning the PIP6000. The communication record will indicate if there has been a call. Details of the call will be recorded in the history and comments tab of the task referred by telephony. If this is the case and the CM accepts good

reason See: Considering the evidence for FTA and Good Reason

Step	Action
------	--------

1	Select 'Evidence' tab
---	-----------------------

2	Select 'Active' or 'In Edit' evidence from the left hand navigation panel as appropriate for the case. The 'Active' or 'In Edit' 'Evidence List' page opens
---	---

3	Select the toggle next to 'Medical Details' type to expand
---	--

4	Select 'Continue editing' option from the action button on the right hand side of the expanded details. System opens the 'Edit Medical Details Evidence' page, pre populated with the previously recorded details
---	---

5	Select: 'No' option from drop down in 'Failure to attend – good reason accepted' field
---	--

6	Record details of the reason in the 'Comments' box at the bottom of the page, for example 'claimant failed to attend – no additional support and good reason not accepted'
---	--

Note: If you are completing FTA action on any event, other than a new claim, you must edit the medical details to ensure both the AS indicated and AS determined fields reflect the AS status of the claimant.

7	Select 'Save'. PIPCS saves information, and returns to the medical evidence details list page
---	---

- 8 Select 'Evidence dashboard' to view all evidence
- 9 Select 'Validate Changes' option from action drop down
- 10 Check evidence shown in dialogue box is correct
- 11 Select 'Save' to validate evidence and return to 'Evidence dash board'
- 12 Select 'In edit evidence'
- 13 Select 'Apply Changes' from the action drop down button. This opens a dialogue box and displays a list of all evidence not applied
- 14 Select 'Medical details evidence' to apply changes
- 15 Select 'Save'

No additional Support (AS) Marker identified

37. On receipt of the AP contact history task, the CW will check the returned contact history/ PIPCS Decision Assist, to understand the actions taken on the case prior to being returned by the AP as FTA. For example;

has the appointment letter been sent to the correct address,

was the appointment letter sent more than seven calendar days before the appointment,

the claimant was allowed to reschedule their appointment once if requested, this is in addition to an alternative appointment which may have been offered to

some claimants under the “60 minute drive time” initiative.

that the failure to attend was as a result of the claimant or appointee/ representative not attending and not that the AP was unavailable etc.

38. If the contact history/ PIPCS Decision Assist doesn't show the actions the AP has taken, or the actions taken are incomplete/ incorrect, then the case should be returned to the AP as per normal procedures.

Note: If the CW/ CM have concerns around AP compliance with procedures then this should be raised with the Local Operations Performance Manager/ QAM as per current process.

39. Where the AP has applied the process correctly and there has been no effort to comply on behalf of the claimant and the case does not have an Additional Support (AS) marker the CW will disallow the case, update PIPCS accordingly and issue the notification See: Considering the evidence for FTA and Action in PIPCS – good reason not shown (FTA)

40. If this is the third time the case has returned from the AP for FTA, then do not return the case to the AP but refer to CM

41. Where it is clear that the claimant has tried to comply with the request but was unable to attend, for

example was in hospital, then the CW should resubmit the case to the AP See: Action to take

42. Where you are uncertain please refer the case to your team leader for advice

43. If the AP actions were correct and no reason has been provided the CW should then check to see if the claimant has an Additional Support Marker See: Additional Support

Case returned from the AP where assessment could not be completed due to Failure to Attend (FTA) or Failure to comply (FTC)

67. Where a case was referred to the AP for an assessment but completion hasn't been possible, the AP returns the case to DWP with details. The AP uses the returned assessment functionality (RAF) to do this.

68. A FTA task will be generated for the CW to action and consider good reason. The (CW) will follow appropriate procedures under normal Business As Usual processes.

69. There is no requirement to contact the claimant to gather reasons for FTA/FTC unless the claimant has been identified as requiring Additional Support (AS). In Additional Support cases normal procedures will apply in order to gather the reasons for FTA/FTC if required See: Additional Support Marker Identified

FTA/FTC considered by CW and good reason not accepted

72. Where the AP has applied the process correctly and there has been no effort to comply on behalf of the claimant and the case does not have an Additional Support (AS) marker, the CW will create a manual 'To Do' Task with the subject heading 'Consider Negative Determination action' and forward this to a CM with the right skill set.

Note: If upon receipt of the 'Consider Negative Determination' task the CM disagrees with the CW and decides there is good reason for the FTA/FTC the CM will refer the case back to the AP.

See step actions under: FTA/FTC considered by CW and good reason accepted.

73. The CM must not refer the case back to the CW as this will add unnecessary delay to the claimant journey.

Change of Circumstance FTA

Case returned from the AP where assessment could not be completed due to Failure to Attend (FTA) or Failure to Comply (FTC)

76. Where a case was referred to the AP for an assessment but completion hasn't been possible, the AP returns the case to DWP with details. The AP uses the Returned Assessment Functionality (RAF) to do this.

77. A FTA task will be generated for the CW to action and consider good reason. The (CW) will follow appropriate procedures under normal Business As Usual processes.

78. There is no requirement to contact the claimant to gather reasons for FTA/FTC unless the claimant has been identified as requiring AS

See: Considering the evidence for FTA

79. In AS cases normal procedures will apply in order to gather the reasons for FTA/FTC if required.

See: Additional Support Marker Identified

28 PIP Enquiry Line / 03 SmartScripts and CAMLite Navigation - Enquiry Line

4. Telephony agents must be aware of claimants already identified as needing additional support. They must also be able to identify if a claimant is vulnerable, take appropriate action, and when identified create a To Do Task so PIPCS can be updated to support the claimant. They can signpost claimants for help in completing 'How your disability affects you' form (PIP2), and for extreme cases where a claimant needs face to face support, refer to the Department for Work and Pensions (DWP) visiting or a support organisation. In the very rare case that a claimant may threaten self harm or suicide, each office has a six point plan in place, all staff are aware of it, and are aware of what action

they should take if a claimant threatens this. The agent will own the case for the duration of the incident before handing over to the nominated champion - See: 'Vulnerable Claimants Hub' guidance.

07 Assessment Provider / 07 PIPAT Guidance for Assessment Providers / Introduction

Completing the Opinion Summary

To record your opinion summary of the claimant's prognosis and the justification for your summary take the following action:

Step	Action
------	--------

1	select 'Opinion Summary' on the navigation pane on the left-hand side of the Opinion tab
---	--

the Opinion Summary Details pane will display

Message: "All fields must be completed", will be displayed to remind the user that all the fields in the Opinion Summary Wizard must be completed before the assessment file can be submitted.

2	select the Opinion Details Wizard star icon at the top right-hand side of the tab
---	---

the Opinion Summary Wizard window will display:

Prognosis

Additional Information

3 record the prognosis in - 1 Prognosis by completing the following:

Review not required / Review period

Justification for Review Period Choice (free-text field)

Functional Restrictions at Review

Additional Support Required for Future Claims

The claimant's Primary Condition is likely to be:

insert medical condition, searched for as follows:

Method 1

select the magnifying glass icon along side the 'Search for a condition' field to display the Medical Condition Search window

type in a minimum of first four letters of the required medical condition in the 'Condition Name' field and select 'search' to display a list of matching search results

select the required medical condition from the results list by clicking on 'Select' under 'Action', the selected medical condition will be populated under:

Condition Category

Condition Subcategory

Condition

in the Capture Condition Selector window

select 'Reset' to clear the previous search entered in the Condition Name field and a new medical search can be entered

if you select 'Cancel' you will return to the Capture Condition Selector window without making any changes

select 'save'

Method 2 for Searching the medical condition:

select:

the Condition Category from the drop-down list *

the Condition Subcategory from the drop-down list *

the Condition from the drop-down list *

'Save & New' if there are further conditions to record

otherwise select 'Save'

the Conditions tab will display the Capture Conditions:

Category

Subcategory

Condition

if you select 'Cancel' you will return to the Conditions tab

Terminal Illness Advice Details

Select the following 'Terminal Illness Advice Details' as appropriate:

In my opinion, the claimant isn't terminally ill under the prescribed definition or

In my opinion, the claimant is terminally ill under the prescribed definition and I have indicated the relevant mobility descriptors below

Note: The user should ensure that the category, sub category and condition details selected are consistent with those selected/populated in the conditions section of PIPAT

select 'Next';

the Opinion Summary Wizard window will display - 2
Additional Information

4 add optional Additional Info in the Additional Information free-text field; For example, if more than one Additional Attendee is present, this information must be captured here

this text field has a limit of 10000 characters

5 select 'Finish' will save the data and return to the Opinion Summary Details window

select 'Back' won't save any data entered and return to the previous window

if you select 'Cancel' or Close icon ('X') you won't save any data entered in the wizard and you will return to the Opinion Summary Details window

Step	Action
------	--------

1 select 'Opinion Summary' on the navigation pane on the left-hand side of the Opinion tab

the Opinion Summary Details pane will display

2 select the Opinion Details Wizard star icon at the top right-hand side of the tab

the Opinion Summary Wizard window will display:

Prognosis

Additional Information

3 record the prognosis by completing the following:

Review not required / Review period

Functional Restrictions at Review

Additional Support Required for Future Claims

The claimant's Primary Condition is likely to be:

insert medical condition, searched for as follows:

Method 1

i. select the magnifying glass icon along side the 'Search for a condition' field to display the Medical Condition Search window

ii. type in a minimum of first four letters of the required medical condition in the 'Condition Name' field and select 'search' to display a list of matching search results

iii. select the required medical condition from the results list by clicking on 'Select' under 'Action', the selected medical condition will be populated under:

Condition Category

Condition Subcategory

Condition

in the Capture Condition Selector window

select 'Reset' to clear the previous search entered in the Condition Name field and a new medical search can be entered

if you select 'Cancel' you will return to the Capture Condition Selector window without making any changes

select 'save'

Method 2 for Searching the medical condition:

select:

the Condition Category from the drop-down list *

the Condition Subcategory from the drop-down list *

the Condition from the drop-down list *

'Save & New' if there are further conditions to record,

otherwise select 'Save'

the Conditions tab will display the Capture Conditions:

Category

Subcategory

Condition

if you select 'Cancel' you will return to the Conditions tab

Terminal Illness Advice Details

Select the following 'Terminal Illness Advice Details' as appropriate:

In my opinion, the claimant isn't terminally ill under the prescribed definition or

ii. In my opinion, the claimant is terminally ill under the prescribed definition and I have indicated the relevant mobility descriptors below

4 select 'Next'

the Opinion Summary Wizard window will display the Additional Information text field

5 add the justification in the Additional Information text field

this text field is optional and has a limit of 10000 characters

6 select 'Finish'

01 Workflow and Task Management / 07 List of Task Type and Task Sub Types

Action required - Additional Support indicated and Part 2 not returned AP - Assessment required

Action required - Additional Support indicated and PIP2
(UI) not returned AP - Assessment required
