

To answer Making a claim to PIP

Chapter 30.06 Reassessment DLA Helpline

Vulnerable claimants

19. Extensive work has been carried out by the department to clarify the definition of vulnerable claimants. The Social Exclusion Unit has developed a definition and clarified ways to identify claimants in vulnerable situations. The DWP definition of vulnerable customers is:

- ‘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’

20. We must also be aware that younger disabled people learning to claim benefits for the first time may lack the experience and confidence to engage with the benefits process.

21. Claimants with complex needs or who may need additional support to access DWP services and benefits can be identified by anyone at any stage. It is important the Case Manager (CM) considers using DWP Visiting where there are any indications of vulnerability, such as mental health conditions without an appointee.

Chapter 27.03 new claim telephony

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

see Additional Support Script

Chapter 27.06 Telephony new claims PIP Additional Mandatory Text Script

MT: Additional Support only for claimants or 3rd parties not PAB's	
	<p>Please ignore what is on PIPCS for the following questions.</p> <p>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</p>

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 the claimant needs a further explanation :

For example a family member, friend, neighbour, or local support organisation such as Citizens Advice Bureau.

If claimant states no move to [CQ28](#)

If claimant states **yes**

YES: Note down the name, address, telephone number of the support and after submitting the claim in notes under the contact tab record the informal representative.

NB: If the representative is not a health or social care professional.

CQ: Please tell xxxx you have given us their contact details

If the claimant has already given the contact details at health/social care professional section then do not record them again put in notes (for informal rep) See HSCP1 or see HSCP2 details

Then move onto [CQ28](#)

CQ28: Do you have one of the following conditions :

Severe depression, for which you have been hospitalised, psychosis, schizophrenia, severe ADHD?

Pause to allow claimant to answer if they have one of these conditions:

If claimant answers NO

If yes and claimant stated that they can

	<p>complete the form themselves</p> <p>If claimant states YES and has given an informal representative</p> <p>If claimant states YES and they have no informal representative</p> <p>Or: Down's syndrome, Fragile X syndrome, severe autism, severe developmental delay, or any form of dementia*?</p> <p>*help text for example Alzheimer's, Lewy body dementia, or vascular dementia, severe brain injury resulting in cognitive decline.</p> <p>If claimant answers NO</p> <p>If yes and claimant stated that they can complete the form themselves</p> <p>If claimant states YES and has given an informal representative</p> <p>If claimant states YES and they have no informal representative</p> <p>If claimant answer NO: select no to both additional support questions on PIPCS and move onto declaration</p> <p>If the claimant answers YES and has given an informal contact:</p> <p>CQ: You have told me that [informal rep's name] will help you to complete the PIP2 form, is this correct?</p> <p>If the claimant answers YES</p> <p>If the claimant answers NO</p> <p>If the claimant answers YES then on PIPCS select NO to both drop down questions and move onto declaration</p> <p>If claimant insists they (informal rep) will not help, or they need further or additional support, agent to record YES on PIPCS to the</p>
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	<p>top drop down question and move onto declaration</p> <p>If the claimant answers YES but has not given an informal representative.</p> <p>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.</p> <p>If the claimant states no</p> <p>If the claimant states they now have an informal contact</p> <p>If the claimant answers no then record YES to the top drop down question on PIPCS and move onto declaration</p> <p>If the claimant states they do have an informal contact:</p> <p>If claimant provides an informal support, record the name, address, telephone number in Contacts tab, then notes tab, enter in subject box “Informal representative”. Enter contact details in notes box, do not change priority.</p> <p>NB: If the representative is not a health or social care professional.</p> <p>CQ: Please tell xxxx you have given us their contact details</p> <p>If the claimant has already given the contact details at health/social care professional section then do not record them again put in notes (for informal rep) See HSCP1 or see HSCP2 details</p> <p>CQ: Will they help you complete the PIP2 form which will be sent to you?</p> <p>YES</p> <p>NO</p> <p>If the claimant answers YES then on PIPCS</p>
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	<p>select NO to both drop down questions and move onto declaration</p> <p>If the claimant answers NO then record YES to the top drop down and move onto declaration</p> <p>If the claimant has advised they do not need help to complete the form:</p> <p>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?</p> <p>Yes</p> <p>No</p> <p>If the claimant answers yes then record the name, address, telephone number of the support</p> <p>NB: If the representative is not a health or social care professional.</p> <p>CQ: Please tell xxxx you have given us their contact details</p> <p>After submitting the claim in notes under the contact tab record the informal representative. If the claimant has already given the contact details at health/social care professional section then do not record them again put in notes (for informal rep) See HSCP1 or see HSCP2 details</p> <p>On PIPCS select no to both drop down questions and move onto declaration</p> <p>If the claimant answers no then on PIPCS select YES to the drop down box and move onto declaration</p>
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Appendix J - Case Worker Reassessment Outbound Call (OBC)

PIP Invite issued – Claim to PIP not made – Additional Support Needed

1. The purpose of this call is to establish why the claimant (or representative) hasn't yet made a claim for Personal Independence Payment (PIP), check they received the letters, ensure they understand what they have to do and in what timescales, and that they understand the implications of not making a claim to PIP (covered in the 'Case Worker supporting narrative' at point of contact).
2. You will have undertaken all the necessary checks on both Disability Living Allowance computer system (DLACS) and Personal Independence computer system (PIPCS) before making this call and will have considered whether there are possible reasons for non compliance.
3. You must attempt an OBC to obtain completion of a PIP claim for all claimants who have a phone number on DLACS/CIS to complete a PIP claim.
4. Before any outbound calls are made to claimants who live in Wales, the language preference of the claimant must be checked. If it is noted on the system that the claimant wishes to be dealt in Welsh, the call must be made by a Welsh speaking member of staff. See: 'Welsh Claimants' guidance.
5. You must log into an IPCC enabled phone to make the OBC. This is to ensure that the call is recorded for legal or training purposes.

Note: PIP1 data capture must be supported by IPCC and CAMLite security smart script

See: New Claim Outbound Telephony IPCC Enabled Agent Claimant / Caller requests immediate callback

6. Once the outbound procedures have been completed read the following Case Worker supporting narrative:

Script: 'As we have previously written to you about starting your claim for Personal Independence Payment you must claim within the dates on the letter so that you can claim Personal Independence Payment in good time. If you do not claim Personal Independence Payment within the dates shown in the letter you will not be able to continue getting Disability Living Allowance'.

7. You must confirm if the claimant has understood the implications of not claiming PIP.
8. If the claimant has understood ask if they want to make a claim for PIP. If the claimant agrees take the claim and include the script for DLA Medical Evidence later in this Appendix. See: New Claim Telephony Guidance I want to claim Personal Independence Payment for myself.

9. If the claimant states they understand but do not want to claim PIP defer the task and consider termination action upon maturity. If the claimant states they cannot make a claim to PIP at this time, redirect the claimant to the PIP New Claims Line.

Note: If you are unable to contact the Claimant by telephone and there is no appointee or legally appointed person acting on their behalf complete a 'PIP claim completion' referral to DWP visiting services. We will not suspend DLA in these instances until the outcome of the visit is known.

PIP Invite issued – claimant does not wish to claim PIP – Additional Support needed notified in writing or via telephony

10. Where the claimant has phoned to say they have decided not to claim PIP and the implications have been explained for not making a claim for PIP a task will have been sent to the back office, check for additional support. You must log into an IPCC enabled phone to make an OBC. This is to ensure that the call is recorded for legal or training purposes.

11. Before any outbound calls are made to customers who live in Wales, the language preference of the claimant must be checked. If it is noted on the system that the claimant wishes to be dealt in Welsh, the call must be made by a Welsh speaking member of staff. See: 'Welsh Claimants' guidance and New Claim Outbound Telephony IPCC Enabled Agent Claimant / Caller requests immediate callback

The following Case Worker supporting narrative will be used:

Script: 'I need to advise you that if you decide not to claim Personal Independence Payment then your Disability Living Allowance will be stopped two weeks after your next payday and won't be reinstated. This will affect any agreement you may have under a Motability scheme and it could also affect any other benefits you and a carer may be entitled to.'

If you choose to make a claim for Personal Independence Payment your Disability Living Allowance will continue until a decision is made on your Personal Independence Payment claim. You should have already received a letter about making a claim for Personal Independence Payment and you should ensure that you make the claim within the timescales shown in that letter'.

12. You must ask the claimant:

Script: 'Do you understand what this means?'

13. If the answer is no – repeat the Case Worker supporting narrative and refer to Social Justice Integration Vulnerable Claimants.

14. If the answer is yes the following Case Worker supporting narrative will be used:

Script: 'Thank you I will now note on your record for Personal Independence Payment and take action to stop your Disability Living Allowance. You will receive a letter about this shortly. Do you understand what this means if you do not make a claim for Personal Independence Payment?'

15. Once the claimant has understood the implications ask the claimant again:

Script: 'would you now like to claim Personal Independence Payment?'

16. If the claimant has understood ask if they want to make a claim for PIP. If the claimant agrees take the claim and include the script for DLA Medical Evidence later in this Appendix. See: New Claim Telephony Guidance I want to claim Personal Independence Payment for myself

17. If the answer is no and the claimant states they don't want to make a claim to PIP use the following Case Worker supporting narrative:

Script: 'Thank you I will now note on your record for Personal Independence Payment and take action to stop your Disability Living Allowance. You will receive a letter about this shortly'. See: Wrap up Smartscrip - New Claim Telephony Guidance and Reassessment Case Manager

To answer Failure to return PIP1 or PIP2 claim packs

Chapter 25.05 General - Claims completion support

Background

1. Personal Independence Payment (PIP) is designed to be simpler and more straightforward to claim and should therefore require less support to complete the claim. The claim is made by telephone and is then supported by an evidence gather form (PIP2 How your disability affects you). This guidance is about the support that will be provided by PIP with the PIP2 form.

2. From April 2013 general information about PIP will be available online. A full electronic service will be developed online over time and will be easily accessible, comprehensive and usable. It will be available for claimants to help themselves and for support organisations to assist them.

3. Whilst providing an accessible service to our PIP claimants, DWP recognise that people with different conditions and disabilities have specific needs and the department will not try to impose a "one size fits all" approach to claimants. Claimants in vulnerable situations and without their own support network will be provided with the support they need to make their claim to PIP promptly and effectively. See: Vulnerable customers

Levels of support

4. Claimants will be provided with the level of support they need, depending on their individual needs, to be allowed to complete the PIP2 How your disability affects you form themselves. The PIP2 support service will initially be given by PIP Enquiry Line (Levels 1 and 2) and the regional benefit centre (Level 3).

Level 1 General enquiry

5. The claimant asks about PIP2 How your disability affects you form completion, for example ““Do I need to complete this form?”; “Is it complicated / can I do it myself?”

6. Lines to Take:

- yes, you must complete the form
- the form is a mixture of tick boxes and free text to enable ease of completion
- guidance is available on the type of answers you need to give within the free text area for each question
- most people will be able to complete the form themselves. Some may need a bit of help, perhaps from friends or family.

Level 2 Specific Support 1 or 2 questions

7. Specific support where the claimant has basic enquiries (1 or 2 questions), for example “I don’t understand what you mean by question 6...”

8. Lines to Take:

- help is available in your information booklet
- help is available online
- telephony agents should be able to help claimants with basic enquiries (this is BAU practice for the enquiry line agents).

Level 3 Full claims completion support

9. Where claimants need help with all the PIP2 How your disability affects you form, for example “I need help with all these questions...”

10. Lines to Take:

- support and encourage completion, consider friends and family
- signpost to greater support via local support organisations. Claimants may have to book an appointment (remind the claimant they have 1 month to return form).

11. When all of the above options have been exhausted / not suitable for the caller, establish:

- if the caller is able to complete the form with some help over the telephone
- if the caller is unable to complete with telephone help, face to face support required.

Providing claims completion support

12. It is the claimant’s responsibility to complete the form, sign it and return it to DWP. The PIP telephony agent / case worker should not attempt to complete the form for the claimant. Your role is not to complete the form on behalf of the claimant by offering exact wording, but to give them an indication of the type of information they need to enter.

13. It is NOT your role to ‘lead’ the claimant in what words to put on the form, but it IS your role to give them an understanding of the type of information required on the form.

14. You will support the claimant through particular question(s) by referring to the PDF version of the PIP2 How your disability affects you form and information booklet that are available in the Knowledge Base.

15. Claimants may need some time to write the information on the form – dependant on their ability. If the claimant is finding this difficult and it is taking a long time, it may be more appropriate to offer support from DWP Visiting.

16. The action to take depends on how the claimant makes contact with DWP.

17. Claimant calls the PIP Enquiry Line 0345 number:

Step	Action
1	PIP Enquiry Line answer Level 1 support
2	PIP Enquiry Line answer Level 2 support
3	PIP Enquiry Line answer Level 3 support
4	if the claimant has no support network, PIP Enquiry Line should establish the best method of support depending on the claimant’s needs, that is an outbound call or DWP visiting
5	PIP Enquiry Line telephony agent will create a task in CamLite. See: PIP Telephony Enquiry This will include a topic entitled CAMLite tasks and handovers
6	PIP case worker will action the task as either a call back or request for a visit as appropriate
7	PIP case worker helps the claimant to complete the form, over the telephone, by asking questions and prompting the claimant to give answers. No help is provided with form entry
8	if the claimant is not able to complete the form with some help over the telephone, PIP case worker refers to DWP Visiting to provide face to face support. See: DWP Visiting

18. Claimant calls 0800 PIP New Claims Line:

Step	Action
1	PIP New Claims Line push the claimant towards Self Serve (Online information / Info booklet / friends and family / support organisations)
2	if the Self Serve is not appropriate, PIP New Claims Line signpost the claimant to the PIP Enquiry Line 0345 number
3	action as from Step 1 in ‘Claimant calls the PIP Enquiry Line 0345number’ see paragraph 17 above.

19. Claimant writes in asking for support:

Step	Action
1	Workflow Team sends a task to the PIP case worker
2	PIP case worker calls the claimant and pushes the claimant towards Self Serve (Online information / Info booklet / friends and family / support organisations) Every attempt should be made to contact the claimant by telephone, including making three attempts, if no reply
3	if the claimant has no support network, PIP case worker should establish the best method of support depending on the claimant's needs, that is an outbound call or DWP visiting
4	PIP case worker helps the claimant to complete the form, over the telephone, by asking questions and prompting the claimant to give answers. No help is provided with form entry
5	if the claimant is not able to complete the form with some help over the telephone, PIP case worker refers to DWP Visiting to provide face to face support. See: DWP Visiting

Chapter 30.05 Reassessment – Reassessment case worker action appendix j

Appendix J - Case Worker Reassessment Outbound Call (OBC) Copied above.

Chapter 30.04 Reassessment – Reassessment Case Manager Action

PIP1 claim not received 4 weeks after PIP invite letter issued

39. If the PIP1 claim still hasn't been received within 28 calendar days a task ('PIP1 not received') will prompt the second reminder/consider suspension process. This task will also indicate if the claim has a Special Rules (SR) flag in DLACS to ensure appropriate sensitivity.

40. The action for the CW receiving the task is to check PIPCS to see if a paper claim has been received but not entered on the system yet. If it has the CW will close the task and follow the reassessment claims process.

41. If a paper claim has not been received the CW will check DLACS/CIS for any possible reasons for the delay in claiming, for example, hospitalisation, the CW will defer the 'PIP1 not received' task for a further 28 days.

Note: If **P** code held on DLACS the CW will task the CM to action. The CM must take normal suspension/termination action.

42. If there is no reason for the delay in claiming the CW will take suspension/termination action. However, if there is reason for the delay, for example, additional support, vulnerable, etc. the CW will task to the CM to action.

43. Where the claimant does not have an appointee/CPAB/PAB, the CW will check the disability codes in DLACS. If the claimant has a disability code listed in Appendix F – Disability codes indicating additional support may be required then the claimant should be treated as though they may require additional support.

44. 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 DWP visiting.

Note: If we are still unable to get a PIP1 claim completed suspend DLA and issue PIPR11 in DLACS.

45. If the claimant does not have a disability listed in Appendix F the CW will suspend the claimant's DLA from the 29th day after the invite was issued and defer task for 28 days.

46. If additional support is appropriate the CW will make an Out Bound Call (OBC) to the claimant to capture a claim to PIP.

Note: PIP1 data capture must be supported by Internet Protocol for Contact Centres (IPCC) and CAMLite security smart script.

47. If the OBC is unsuccessful, for example no contact made or no PIP claim taken, refer to DWP Visiting so that a claim can be taken. See: Additional support required – DWP referral to the Visiting Services – CM action.

Chapter 30.04 Reassessment – Reassessment Case Manager Action

CM considers additional support needs

58. A claimant with additional support needs may be a person with a disability code listed at Appendix F – Disability codes indicating additional support may be required

59. You can view the codes recorded in DLACS for a particular claimant as follows:

Step Action

1. access DLACS dialogue DA500: Pick list

2. in the “Earliest Change requiring Decision Enquire From” date field enter today's date

3. enter 'Y' in the Entitlement field

4. select 'Enter'

5. DLACS will then show you the Entitlement screen

60. The 'Entitlement' screen in DLACS will show you both the Mobility reason code and the Care reason code on the right hand side of the screen. It also shows the primary and secondary disability codes.

Additional support required – DWP referral to the Visiting Services – CM action

61. If you assess that the claimant has additional support needs make a 'PIP claim completion' referral to the DWP Visiting Services. A Visiting Officer (VO) will then visit the claimant to complete a PIP1 and PIP2 and or BF56.

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

62. You should defer the task 'PIP1 not received' on PIPCS for 28 days which is aligned with the expected turnaround time from DWP visiting services. You must not suspend DLA in these instances until the outcome of the visit (and possible BF56 action) is known.

See: 'How to Defer an Existing Task'

Chapter 30.04 Reassessment – Reassessment Case Manager Action

Action required - claimant fails to return PIP2

67. 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 calendar month if they get in touch before the end of the calendar month and the CM accepts good reason.

See: Extension for return of PIP2 guidance for more information.

68. Where the PIP2 isn't returned within a calendar month (or agreed extended period) the claimant isn't contacted again after the issue of the reminder. If the PIP2 hasn't been returned within the allocated timescale, the system determines if additional support is requested from the Medical Evidence details in the PIP application.

69. If additional support is requested, the system creates an assessment and triggers a task for Assessment Provider (AP).

70. If additional support is not requested and case is a reassessment case PIPCS will create a task for you to complete the claim disallowance from the 2 week safe date. The name of the task is 'PIP2 Not received'.

71. The CM should consider if there is a good reason, for example, hospitalisation, for the claimant not returning the PIP2. If there is no reason a negative determination is the appropriate action for failure to return the PIP2 and the DLA will be terminated. It is important to Note the correct reason in the 'comments' box of the medical details evidence.

72. If reasons are accepted then defer the task for 14 days.

Chapter 2 New claims process - PIP2 late return

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.

Chapter 2 New claims process - PIP2 late return

Action in PIPCS – Good reason accepted for late return

15. If the PIP2 was returned after the system disallowance and the CM decides good reason has been shown, the case is referred to the AP for an assessment to be carried out. Although a reconsideration record is created as the late PIP2 is treated as a reconsideration the case shouldn't be referred to the AP using the reconsideration referral process. This is because there has been no previous assessment by the AP in this case so if referred as a reconsideration it would be directed incorrectly with incorrect results.

16. To refer the case to the AP the CM should:

- record in the 'Medical evidence details' screen in PIPCS that good reason is accepted
- task the case manually to the AP for an AP assessment checking the Person case in PIPCS to ensure the correct AP lot queue is selected. Task Type: 'AP - Assessment required', Subject: 'NINO - New assessment required' and Work queue: AP new referrals or AP TI referrals as appropriate.

Note: If for some reason the interface between PIPCS and PIPAT isn't operative before tasking the case to the AP the CM will need to create an assessment case in PIPCS.

See: Cancelling a determination and Manually creating a new determination in PIPCS

17. If an assessment case does need to be created manually in PIPCS this is done **before** the case is tasked manually and before good reason accepted is set in PIPCS. To create the assessment case from the Application home page:

Step	Action
1	select the New action button This opens a New assessment dialogue box with three mandatory fields
2	Amend Claimant name field only if displayed incorrectly
3	select 'PIP Assessment' option in Assessment Name field
4	input the Assessment Date (date of claim)
5	select 'Save' The system returns to the List Assessments page and displays the assessment in the list.

18. To set 'Good reason accepted' to 'Yes' in PIPCS before a referral to the AP the CM should navigate to the Application case homepage:

Step	Action
1	select 'Evidence' tab
2	select 'In Edit' option from the left hand navigation panel 'In edit evidence list' page opens
3	select toggle next to 'Medical Details type' evidence to expand Note if medical evidence has already been activated, expand 'Modify medical details evidence' option to amend
4	select 'Continue editing' from the action button on the right hand side (RHS) of the expanded details System opens the 'Edit Medical Evidence Details' page, refer to the 'Failure to Supply Information' section on this page.
5	select 'Yes' option from drop down arrow to the question: 'Part 2 Not Returned – Good Reason Accepted'
6	record details in Comments box at the bottom of the page Example comment: 'PIP2 now returned, good reason accepted for lateness'
7	select 'Save' System 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, check evidence shown in dialogue box is correct
10	select 'Save' to validate evidence and return to evidence dash board

Good Reason – Advice for Decision Makers (ADM) Chapter P6

Section 21 of the Freedom of Information Act allows us to direct you to information which is already reasonably accessible to you. Some of the information you requested is available on the Department's website Gov.uk:

Guidance on applying Good Reason is in the ADM Chapter P6 which can be accessed at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/473399/admp6.pdf

Chapter 8a Decision Making

CM Phones the Claimant

4. You should confirm the claimant's phone number from PIPCS, identifying any Appointee, Representative or nominated person if appropriate:

- access the call Deskaid – See: Case Managers script for explanation phone call and 'Vulnerable Claimant's' guidance
- perform Identity Verification (IDV). If the claimant fails the Identity Verification process, you should end the call and update the Communication Record.

5. On successfully passing Identity Verification, you will explain the decision.

6. You should note as the decision notification informs the claimant of their reconsideration rights, you don't need to complete the 'Remind Claimant of Reconsideration Timescales' field in PIPCS. This is because it may encourage claimants who are satisfied with the explanation to request a Reconsideration.

7. The explanation is to help the claimant understand the decision and to clarify any areas of dispute.

8. You should ensure the explanation:

- is personalised
- given in a clear and understandable manner
- avoids departmental acronyms and medical terminology
- summarises all the evidence used to make the decision
- explains contradictions in the evidence if there are any and why some evidence is preferred to other evidence
- is based on fact, in context of the PIP legislation and not based solely on opinion

- recognises the existence of all their conditions and you're sympathetic towards the claimant
- addresses all the claimant's concerns so they fully understand the reasons for the decision
- fully reassures the claimant that all the evidence received was considered when making the decision.

To answer appointments for assessment whether by fact to face appointment or home visit.

Chapter 7.1 Assessment Provider Overview for CMs

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
- PIPCS 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:

- 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.

Chapter 7.1 Assessment Provider Overview for CMs

61. 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.

The System Assessment Questionnaire

Chapter 7.01 Assessment Provider - Assessment Provider Overview for CMs

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:
 - completes and submits their questionnaire for the case in PIPCS and
 - 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.

Review recommendations

- These questions are for the AP only. They are not mandatory but the AP is required to answer one of the questions. It is not appropriate to answer both.

The AP will answer either:

'Based on the claimant's likely future circumstances, it would be appropriate to review the claim in': The AP enters Years and Months here if the HP has decided a review is appropriate (this information is also in the report form PA3 or PA4) that is:

Year(s)Please Select....	▼
Month(s)Please Select....	▼

For example: **'Based on the claimant's likely future circumstances, it would be appropriate to review the claim in':**

Year(s)	Five	▼
Month(s)	Six	▼

The next question will be answered by the AP instead of the first on review if the HP considers this is appropriate.

I consider there to be no requirement for future reviews of this claim as significant change is unlikely.

- the PIP Assessment Guide indicates where the HP considers the claimant has a stable health condition highly unlikely to improve or deteriorate, they may advise they consider there to be no reason for review and so the above question would be selected

- the assessment report forms for paper review, consultation and supplementary change of advice (PA3, PA4 and PA6 if clerical) give more information as to the HP's recommendation about review. The forms also include a question about whether it is likely the functional restrictions will be present at the recommended point of review, see AP report types for more information
- the CM makes a decision on entitlement including the period of an award and review date, but the decision is not recorded in the PIPCS questionnaire. It is recorded by the CM later in the decision making process when they go on to make an award
- information about award periods and review is included in the Disability decision making process guidance. Guidance about what the CM considers on award duration and review dates, is in the PIP Assessment Guide and the ADM Assessment for PIP chapter.

See: Decision making process part 1 guidance - Award period and reviews.

See: 'PIP Assessment Guide' for further information about Review dates.

See: 'ADM Chapter P2 - Assessment for PIP.

See: **AP Report Content** in this guidance for more information

Section 21 of the Freedom of Information Act allows us to direct you to information which is already reasonably accessible to you. Some of the information you requested is available on the Department's website Gov.uk:

The DWP PIP Assessment Guide can be accessed at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449043/pip-assessment-guide.pdf

To answer passing a PIP claimant's to Atos or Capita for assessment despite no PIP2 claim pack being returned by them

Chapter 2.15 New claims process PIP2 Timer and Extension for Return of PIP2 Requested

5. Any claimants potentially needing 'Additional Support' will be identified from the PIP1 or subsequent claimant contact and a flag recorded on PIPCS. These cases are automatically referred to the Assessment Provider (AP) without the completed PIP2 at the 40-calendar day trigger point. For more information, see: 'Vulnerable Claimants' in this guide, 'JCP Vulnerable Claimants Guidance [ESA]' and 'Vulnerable Customers' on DWP Intranet.

Chapter 2.21 PIP2 late return

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.

Chapter 2.21 PIP2 late return

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.

Chapter 11.02 Interventions - Planned Interventions

PIP2(UI) not returned - additional support identified

8. PIP2(UI) not returned within 40 calendar days, PIPCS will identify claimant's requiring Additional Support (AS) and create a task to the Assessment Provider (AP) to consider a face to face assessment. See: Assessment Provider Process

Chapter 9.02 Reconsideration following a Negative Determination

Referring the case to AP following non-return of PIP2

33. Assessments are created when the PIP2 is returned and automatically tasked to the AP.

34. When a PIP2 is received following a negative determination you will need to create a manual AP task to allow the AP to complete an assessment.

35. The CM will create a manual task Type 'Manual AP – assessment required'. Creating this automatically creates the assessment case in PIPCS.

36. To manually task the case to the AP for an assessment:

- From the Person homepage select 'task' tab

NOTE: it is advisable to note which AP lot the claimant lives in from the Person homepage.

- Select 'new'
- Create a new task with the following details:

- o Manual AP assessment required

- o Priority – select 'standard'

NOTE: in the Assignment details use the 'search' facility. In search Work Queue Name enter the claimant's lot number and select 'search'. The AP lot work queues will appear. Select the AP New Referrals work queue.

NOTE: the deadline of the task will be one month

Chapter 9.02 Reconsideration following a Negative Determination

Reconsideration request – no PIP2 received

8. If the claimant requests a reconsideration and no PIP2 is held, contact the claimant to find out if they've returned the PIP2.

9. If the claimant confirms they've returned the PIP2 but this isn't showing on PIPCS, create a 'To Do' task for the WfT to ask them to locate the PIP2 and attach it to the Person record.

10. If the claimant hasn't returned the PIP2 and requests a duplicate, issue a further PIP2 and PIP.3033 asking the claimant to return the PIP2 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 PIP2.

11. When the PIP2 is received and good reason has been accepted, continue with the case as normal.

12. Where the case is a reassessment the DLA cannot be reinstated unless there has been a procedural error. For information about error see ADM Chapter 3 paragraphs A3098 to A3104

13. When the PIP2 is received and good reason has been accepted, continue with Action to take following a Negative Determination.

Reconsideration Failure to Attend

14. If the claimant was disallowed because they failed to attend (FTA) a medical assessment and has since provided reasons why, this is also treated as a reconsideration application. Further action depends on whether or not the FTA reasons are received within the dispute period.

15. When there are repeated incidences of FTA, each incidence of non-compliance and the reasons given, should be considered individually. **For information about good reason see ADM Chapter 6**

16. However, when considering the reasons you should consider patterns and history of previous failures which may impact the credibility of the evidence presented.

17. A lack of credibility in the evidence may mean you:

- maintain the negative determination
- seek evidence (from the claimant or third party) to help inform your consideration

18. If you're considering accepting good reason on a repeated incident of non-compliance its good practice to seek advice from the QAM or HEO.

For example: Janine was asked to a face-to-face consultation but failed to attend.

She gave no reason for her not attending. When contacted, she said she'd lost her letter and couldn't remember her appointment date.

This was accepted and a new appointment was made.

She didn't attend this further appointment and again, gave her reason as losing her letter.

As this was the second time she'd lost her appointment letter, it wasn't accepted as reasonable and a negative determination was made.

Considering good reason

19. The CM will consider whether there is 'good reason' to revise a negative determination.

20. Negative determinations should only be revised where:

- the initial decision was wrong, for example, the claimant returned their PIP2 in time or attended the consultation
- there was 'good reason' for non compliance. **NOTE** where a case is a reassessment, even if good reason is accepted and the PIP claim continues the DLA termination will not be reinstated unless there has been procedural error. For information about official error see ADM Chapter 3 paragraphs A3098 to A3104

21. When considering 'good reason':

- it's the claimant's responsibility to provide reasons and supporting evidence
- the CM should look at the claimant's reasons critically and may seek corroboration of the claimant's reasons/evidence
- repeated failures can affect the credibility of the claimant's evidence

22. Even when the claimant returns their PIP2 after the reconsideration process has started, you must still consider good reason in your decision but it may not be possible to revise the negative determination. See: ADM P6015

23. Where 'good reason' is accepted the claimant will only be notified following the assessment determination; this decision will carry reconsideration rights and the appropriate award (PIP.7002) or disallowance (PIP.7012) notification should be issued giving reconsideration rights.

NOTE: If a decision is made to award PIP the date of the PIP claim should be changed to the day after the date the DLA was terminated.

Good reason not accepted

24. If good reason isn't accepted, the CM will:

- create an explanation record (Claimant response – not applicable etc)
- create a reconsideration record See: Claimant does not have an award of PIP
- link the explanation record to the reconsideration See: Search for an explanation
- record a conclusion of 'Cannot reconsider
- select 'save'

NOTE: there is no need to re-open the application as you are not making any changes

25. Where a decision is made to reconsider but not revise PIP.7024 should be issued to the claimant giving appeal rights.

Lateness not accepted

26. The decision not to accept lateness should only be done in exceptional circumstances as this does not give appeal rights.

27. The CM will then issue a manual PIP.2500 and create a communication record.

Good reason accepted

28. If the claimant complies within the dispute period or lateness is accepted, the reconsideration will continue as detailed below.

Create explanation record

29. Where no explanation has been given you still need an explanation record with a conclusion to link to the reconsideration.

NOTE: where receipt of a PIP2 is being treated as an application for reconsideration, or the claimant says they're now prepared to attend an assessment, there is no need to contact the claimant and action can proceed as normal.

30. To do this:

Step Action

- 1 select 'Application Case' from the homepage
- 2 select the 'Dispute' tab
- 3 select the 'Explanation' tab on the left hand side
- 4 select 'new'
- 5 create an explanation record

31. You will need to note the following:

Step Action

- 1 'start date' – input the date the PIP2 was received or today if FTA
- 2 'type' – enter 'disallowance (other)'
- 3 'area' – select 'Lay conditions'
- 4 'outcome' – select 'claimant response'; select 'satisfied with explanation'
- 5 'conclusion' – select 'reconsideration request'
- 6 'notes' – enter text to state 'no explanation given as this action is result of [late return of PIP2]/[FTA]'
- 7 select 'save'

Create reconsideration record

32. The CM will now need to create a reconsideration record. To do this they will:

Step Action

1 select the 'Dispute' tab

2 select the 'Reconsideration' tab on the left hand side

3 select 'new'

4 record the following on the New Reconsideration screen:

- 'requested date' – input the date the PIP2 was received or today for FTA
- 'type' – select 'disallowance (other)'
- 'requested by' – select 'claimant'
- 'areas' – select 'lay conditions'
 - 'lateness' – select 'lateness accepted' if the application is made outside one month
 - 'associated explanation' – select the search option and link to the explanation record
- 'conclusion' – leave blank at present
 - 'notes' – enter text stating '[PIP2 received on [date]]/[Claimant now attended assessment]'
- select 'save'

Re-open the Application

select 'Application' from the Person homepage

- select 'Benefit' tab
- select action button and 'Re-open'
- in the comments field note - 'EG '[PIP2 received on [date]]/Good reason accepted for late return of PIP2/Claimant now attended assessment]'
- go to Evidence tab:
 - o select Medical Details screen
 - o edit 'Y' in 'Part 2 not returned/FTA – good reason accepted' field
 - o select save

- **Only** where DLA is reinstated following procedural error:
 - o Select 'DLA other benefits'
 - o Select 'delete' from action button
 - o Return to 'Evidence Summary' and 'apply changes'.
- go to Person homepage and ensure the Special Interest (SI) is correct and in a submitted state

Referring the case to AP following non-return of PIP2

33. Assessments are created when the PIP2 is returned and automatically tasked to the AP.

34. When a PIP2 is received following a negative determination you will need to create a manual AP task to allow the AP to complete an assessment.

35. The CM will create a manual task Type 'Manual AP – assessment required'. Creating this automatically creates the assessment case in PIPCS.

36. To manually task the case to the AP for an assessment:

- From the Person homepage select 'task' tab

Chapter 11.1 unplanned interventions

PIP2(UI) received

PIP2 UI not returned

If the claimant is flagged as requiring additional support and the PIP2(UI) is not received within 40 days. The CM should refer the case to the AP via decision assist 'AP – assessment required'.

34. 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. If not, issue notification PIP3012 to the claimant, PAB or CPAB and defer the task for a further 10 days. 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.

35. 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 CPAB has shown good reason for not returning the PIP2 (UI).

Chapter 7.01 Assessment Provider overview for CMS

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
- PIPCS 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:

- 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.

Chapter 30.4 Reassessment Case Manager Action

Action required - claimant fails to return PIP2

67. 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 calendar month if they get in touch before the end of the calendar month and the CM accepts good reason.

See: Extension for return of PIP2 guidance for more information.

68. Where the PIP2 isn't returned within a calendar month (or agreed extended period) the claimant isn't contacted again after the issue of the reminder. If the PIP2 hasn't been returned within the allocated timescale, the system determines if additional support is requested from the Medical Evidence details in the PIP application.

69. If additional support is requested, the system creates an assessment and triggers a task for Assessment Provider (AP).

70. If additional support is not requested and case is a reassessment case PIPCS will create a task for you to complete the claim disallowance from the 2 week safe date. The name of the task is 'PIP2 Not received'.

71. The CM should consider if there is a good reason, for example, hospitalisation, for the claimant not returning the PIP2. If there is no reason a negative determination is the appropriate action for failure to return the PIP2 and the DLA will be terminated. It is important to Note the correct reason in the 'comments' box of the medical details evidence.

72. If reasons are accepted then defer the task for 14 days.

73. If the CM considers accepting a good reason for the late return of the PIP2 they must:

Step Action

1. defer the task for appropriate period
2. put a note in the Comments box as appropriate
3. suppress any notifications from being issued in PIPCS

74. The medical evidence details screen in PIPCS includes a 'Failure to Attend' and a 'PIP 2 not returned field'. When a PIP 2 not returned is set to 'No' in 'Medical Evidence Details' screen PIPCS will display a result of 'ineligible' when check eligibility action is taken.

See: Appendix H – Examples of the Change Effective date – two week safe date

Step Action

1. select the 'Evidence' tab

2. select 'Action'

3. select 'New Evidence'

4. the 'New Evidence' pop up screen appears

5. select 'Add' on the Other Benefits

6. the New "Other Benefits Evidence Details" screen appears

7. input the following details:

- type – enter 'DLA'
- rate – enter the rate of the DLA award
- award date – enter the start date of the DLA award
- payment start date – enter the payment start date
- payday – enter the appropriate DLA payday for example Wednesday
- 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

9. select 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

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'

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

14. 'Validate' the medical evidence and 'Apply'
