

Background

1. The disability decision making process for PIP involves the case manager (CM) acting on behalf of the Secretary of State, considering and deciding:

- 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’) and,
- the claimant’s entitlement to PIP on the basis of the scores resulting from descriptors selected by the CM in the activities for the PIP daily living and mobility component.

2. A Health Professional (HP) in the Assessment Provider (AP) organisation undertakes an assessment and evaluation of the impact of disability on a claimant’s ability to carry out activities of daily living and mobility for us. The AP provides a detailed assessment report and requests any medical evidence.

3. The claimant also provides details about how their disability affects them in the PIP2 ‘How your disability affects you’ questionnaire. However Special Rules for Terminally Ill (SRTI) claimants who meet the SRTI provisions will not complete a PIP2.

4. On receipt of PIP2 covering letter (not TI), the associated PIP2 covering letter (non TI) task will not be created. The original rationale for these tasks was to confirm that the Claimant had not written any evidence on the covering letter, but in reality, very few Claimants write additional evidence on the PIP2 covering letter.

5. This change does not affect DRS and therefore the PIP2 covering letter will still display on DRS.

6. Claimants who fail to return the PIP2 within a calendar month but who have indicated they need ‘Additional Support’ will have an assessment without having completed a PIP2.

7. The disability decision making process involves the CM making decisions on behalf of the Secretary of State, ensuring they give due weight to:

- the findings from the HP assessment
- evidence in the claimant’s PIP2
- any other evidence.

The CM makes a reasoned decision on entitlement, level of award, length of award and period for a review (known as a planned intervention).

8. The process for decision making on other matters relevant to PIP including all lay conditions and payability aspects is covered separately in specific topics of the guidance. Part 2 of ‘Decision Making Process’ guidance deals with cases returned from the AP without the assessment having been completed, for example where the claimant has failed to attend an appointment for a consultation.

See: 'Advice for Decision Making' (ADM) guidance - Chapter A1 - Principles of Decision Making and Evidence and 'Advice for Decision Making' guidance - Chapter P2 - Assessment for PIP guidance.

See: 'Assessment Provider Process' guidance –for CMs 'Additional Support', 'The role of the assessor', 'AP report content'. In this guidance see Case returned from the AP – Assessment Completed later. See also 'Decision Making Process Part 2' guidance.

Overview of decision making process assessment descriptors reasons PIPCS action

9. The assessment criteria for PIP focuses on the impact the claimant's health condition or impairment has on their daily lives, reflecting variable and fluctuating conditions.

10. The assessment descriptors are designed to be objective. The descriptors are assessed as being satisfied if they can be done safely, to an acceptable standard, repeatedly and within a reasonable time period –See - ADM - Chapter P2 - Assessment for PIP includes guidance on reliably carrying out activities and 'PIP Assessment Guide' - reliably carrying out activities. See: 'PIP Descriptors log'

11. Disability decisions are made by the CM on:

- claims to PIP
- interventions on existing awards both planned and unplanned
- reconsiderations where there has been new evidence
- reconsideration and appeal requests.

12. The process also involves the Quality Assurance Manager (QAM) liaising with the AP as necessary on behalf of the CM, to resolve any issues on the assessment report or clarify any other matters in connection with the assessment.

Daily living and mobility components overview

13. Entitlement is based on the degree of impact of their health condition or impairment upon their ability to carry out daily activities. There are 10 activities for the daily living component of PIP and two activities for the mobility component.

14. Each of the activities has a series of descriptors that define increasing levels of difficulty in carrying out the activity.

15. Only one descriptor can be chosen for each activity. The CM should make their selection carefully based on all the relevant evidence and taking account of the HP's descriptor choices and justification.

16. Each descriptor attracts points, apart from those indicating no difficulty in that activity. The number of points for a descriptor is according to the level of difficulty indicated by the descriptor. See: ADM, Chapter P2, Appendix 2' - Daily living and Mobility Descriptors.

Rates of entitlement

17. Entitlement to the daily living component and/or the mobility component depends on the total number of points reached from:

- all the daily living activity descriptors
- both the mobility activity area descriptors.

18. The rate of entitlement depends on whether the claimant has limited (standard rate) or severely limited (enhanced rate) ability to carry out daily living activities and or mobility activities. An award of PIP may be at either rate for each component or an award of one component but not another.

19. The standard rate applies for daily living and or mobility if a score of between 8 and 11 points inclusive is reached. The enhanced rate applies for daily living and or mobility if the points scored reach 12 or over See: 'Advice for Decision Making' guidance - Chapter P2 - Assessment for PIP guidance.

Reasons and explanation overview

20. The CM is responsible for providing reasons for their decision in PIPCS and drafting decision notification letters. The issue of a decision notification is prompted by action taken in PIPCS - See: 'QAF Making a Decision Checklist' guidance.

21. Where the disability decision is a disallowance or a reduced rate of award, the CM must call the claimant to explain the decision. This is a mandatory step in the disability decision making process. An explanation is not a mandatory step for claims disallowed on lay conditions or award reductions due to payability decisions. See: QAF checklist 'Making an outbound explanation call

22. The CM uses the notification to help explain the decision and the claimant must have received and ideally read the notification before the explanation is attempted - See: 'Decision Maker's Reasons

23. Cases disallowed PIP on disability or reduced award cases are tasked back to a CM 7 working days after the notification is issued. This is to allow for the claimant to receive it and for bank holidays before the explanation call - See: 'Claimant Decision Explanation' guidance- See: 'QAF Making a Decision Checklist' guidance.

Action in PIPCS overview

24. The CM uses all available evidence to decide entitlement including:

- the claimant's completed PIP2 where they can say if they can undertake daily living and mobility activities:
 - safely
 - to an acceptable standard
 - as often as they need to, and
 - in a reasonable time
- any additional evidence the claimant provides

- any supporting evidence requested by the AP
- the contact history form if relevant (only where the AP has contacted the claimant, usually before a consultation it will say when, how and if successful)
- the report completed by the HP
- the corresponding answers from the HP in the submitted assessment questionnaire in PIPCS.

25. When the CM has considered all the evidence, provided there are no queries that need resolving, the CM:

- completes the assessment questionnaire and determination and records the reasons for their decision in PIPCS
- checks eligibility, that is runs the legislative and business rules to make the final decision
- views and checks the eligibility result
- goes on to award or disallow
- if awarding, sets a recommended review date and/or end date.

26. An award or disallowance as appropriate, decision notification letter is generated through Ex Stream.

The above paragraphs are overviews only, please see the following links for more details on each section:

See: [‘Completing the assessment questionnaire in PIPCS’](#).

See: [‘Completing the Determination in PIPCS’](#).

27. A PIPCS disallowance based on ‘Failure to Supply Requested Information’ allows the user to disallow PIPCS applications/case without having to utilise the existing withdraw functionality. If the information is then received at a later date, the user can use the existing re-open application/case functionality if applicable.

Case returned from AP Assessment Completed

28. From October 2013 the PIP Assessment Tool (PIPAT) a computer system for APs to support the assessment process will be available to APs. PIPCS and PIPAT are linked and this means that assessments and reports can be completed and returned through PIPAT into PIPCS. Following go live APs may continue to access PIPCS directly in some cases as APs can choose a phased approach to PIPAT. APs are still using PIPCS rather than PIPAT for most cases.. This means that for a while DWP will receive information from the AP either using PIPAT or directly through PIPCS. See: [‘Assessment Provider Process’](#) guidance for more information.

29. When all AP action is complete, if the AP is accessing PIPCS direct the assessment is submitted into PIPCS and the completed report form is sent to Mail Opening Unit (MOU) for scanning into DRS. Receipt of the form automatically creates a task to the CM work queue. If PIPAT is used by the AP once the assessment questionnaire is submitted in PIPCS through

PIPAT the report is uploaded automatically into DRS and automatically tasked to the CM work queue.

30. The attachments for a case and PIPCS assessment case details can be minimised on screen to allow for movement between documents to view as necessary.

NOTE: It is important to check all attachments for the case before any action is taken to ensure that you're aware of all relevant evidence. For example there will be cases where the claim wasn't made or assessed under the SRTI provisions but a DS1500 is received before the decision is made. See: [SRTI New Claims](#) guidance. Also check the application list page in PIPCS before going any further. This is to ensure there are no outstanding applications or existing awards for PIP that weren't previously identified. If there is See: [Duplicate paper and telephony claims](#) guidance in PIPUG

31. Select the task from my tasks the PIPCS home page or application case home page. On the 'Person home page open the attachments:

- Select: the Contacts tab
- Select: the Attachments link on the left hand side of the screen. Open each dynamically numbered document individually. Every time the single session is closed, and then re-opened, the attachments will be dynamically numbered again – for example, they may be different to the previous session. The numbers will not display alongside the attachments when viewing in DRS.
- Select: 'View' from the Action button next to the document - See: [Mail Opening Unit](#) – Access to DRS guidance for more information including access the DRS portal. All the associated and relevant scanned or uploaded evidence is viewable in DRS

32. When PIPAT is in place for APs and is running parallel with PIPCS there may be a clerical report **and** a PIPAT system version available in DRS. If there are two reports you should check if the content:

- is the same and if it is you can proceed with the case as normal
- is different and if so contact the AP to ask them which report is valid and make a note of this in assessment notes for the case.

Checking assessment case status in PIPCS

33. To access the case in PIPCS the user will go to Search Results and select Decision Assist. The user will then click on the determination number (in blue).

34. The assessment shows in the Determination tab and the status shown should be 'Report outstanding'. It stays at 'Report outstanding' until the CM completes the determination, after they complete and submit the questionnaire. The status then changes to 'Report complete' See **Completing the determination in PIPCS** later in this guidance.

Note: A quick assessment case status check can be made by viewing the context panel in PIPCS Decision Assist against the 'Progress field'. One of four options displays in the context panel to indicate the status of the assessment. They are:

Assessment with Provider this means:

- case is with the AP either Capita or ATOS
- assessment status is Report Outstanding
- determination status either Report Outstanding or AP Advice Requested

Assessment with Case Manager this means

- case with CM awaiting their action
- assessment status Report Outstanding
- determination status either AP advice requested, In Progress, Cancel.

Assessment completed awaiting decision this option is not often viewable, once the determination is completed the CM usually completes the decision immediately after, it means:

- case with CM awaiting their action
- assessment status Completed
- determination status Completed
- application status Submitted

Completed this means

- Determination and decision completed

35. To view the completed HP questionnaire from the 'Assessment case' home page:

- Select: the appropriate assessment for the claim (latest on top line)
- Select: Determinations tab (the questionnaire and reasons for decision are held in the determinations section of Decision Assist in PIPCS)

36. The latest determination is on the top line. The effective date and the determination status shows beside the determination. The status of the determination at this stage should be 'In Progress'. The 'Current Assessment Owner' indicator should be 'with DWP'.

Note: PIPCS only allows the CM to complete the assessment questionnaire when the determination status is 'In progress'. PIPCS only allows the AP to answer the questionnaire if the determination is either 'Report Outstanding' or 'AP advice requested'. If the determination status is 'Report Outstanding' or 'AP Advice Requested' the AP has **not** completed and submitted the assessment questionnaire into PIPCS directly or via PIPAT - See: Report received - no assessment in PIPCS in this guidance for the action to take.

37. As long as the status of the determination is 'In progress' then the AP questionnaire has been completed and the active submission is available. To view the HP's answers to the assessment questionnaire in PIPCS:

- Select: toggle next to the relevant determination to expand and see the details.

38. When the determination is expanded you will see three tabs.

- **Questionnaires:** this is the tab to select when you are ready to answer the assessment questionnaire. When the AP selects to answer the questionnaire it will be blank.

- **Submissions:** this contains all submitted questionnaires, that is, all questionnaires that have been completed for a case and submitted into decision assist. Only the latest questionnaire submitted is 'active'. Each questionnaire shows who answered it and it's status.

For example: **Made By**.....Assessment Provider.....**Status**.....Active

- **Reasons:** This is where you will record reasons for your decision - See: Decision Maker's Reasons

39. To view the HP's answers:

- The CM will click on the answer button and select 'answer'

40. Check for evidence that may have been sent by the AP in page 3 'Evidence' of the HP's PIPCS assessment questionnaire. The 'number of documents sent' field is for the AP to record any documents they send with the report. This doesn't include the report itself or any evidence already scanned into DRS including any further evidence (FE) the HP received before the consultation.

41. All the evidence used is also noted by the HP in the report form PA3 'Review Report' paper based' or PA4 'Consultation report (face to face consultation)'. If evidence is missing you will need to ask the QAM to contact the AP to chase it up before you can proceed.

NOTE: Ensure you check CIS before taking any further action on the case to see if the claimant is either receiving DLA/AA, awaiting a decision on DLA/AA or if there has been a recently closed claim. If there is a recently closed DLA/AA claim you'll need to phone the relevant BC to check if there is a reconsideration or appeal outstanding on the case. You may not be able to proceed to award PIP at this stage depending on the result of your CIS check. See: Completing the – telephony claims and Outstanding DLA claim and PIP claim received, and Claim in the Alternative guidance in PIPUG.

Report received no assessment in PIPCS

42. The CM may receive a task to consider a case when the report PA3 - 'Review Report' PA3(paper based) or Consultation report - PA4 (face to face consultation)' is held but then find that the PIPCS assessment hasn't been completed by the AP. (This is not the same as a case where it wasn't possible to complete an assessment, for example failed to attend (FTA) - see '**Note**' below).

43. It will be evident in PIPCS if the questionnaire has not been completed when the CM should:

- Select: Assessment tab from the Application case
- Select: the appropriate assessment – this opens Decision Assist
- Select: Determinations tab

44. The last active submission for the case should be the recent AP submitted questionnaire and the determination status should be 'In Progress'.

45. If there is no current active submission from the AP and the assessment and determination status is 'Report outstanding' this indicates the AP hasn't submitted the assessment questionnaire.

46. As there has been a completed assessment report (paper based - PA3, consultation PA4 or supplementary PA6) received for the case an assessment has taken place. The AP should be contacted to complete and submit the questionnaire in PIPCS.

47. The CM should refer the case to the QAM to contact the AP to explain and ask them to answer and submit the assessment questionnaire straight away.

48. The task will need to be deferred until later that day or the following morning if the call to AP was made late in the day.

49. On accessing the case later the CM should check the determination status is now 'In Progress' and the AP's active submission is available. See '**Completing the Assessment Questionnaire**' later in this guidance

Note: The report received in DRS may not be an assessment report. If the report is for example a 'Review File Note' PA1 only or 'Supplementary Advice Note' PA5 and the assessment status is 'Report Outstanding' but the determination status is 'In progress' check the status history in PIPCS. The AP may have returned the case without an assessment because it wasn't possible to complete. In that case the AP will return it using the 'return assessment functionality' in PIPCS or via PIPAT. For example if the claimant failed to attend (FTA) a consultation, or the AP has returned a case with supplementary advice. Check status history by clicking the 'Status History' tab in the assessment case home page, this shows 'Report outstanding' and the reason for return on the line below, for example FTA. The task will also note the return reason. See: Advice from HP required later in this guidance. See: 'Assessment Provider Process' guidance and 'Decision making process Part 2' guidance for information including FTA action.

Considering the evidence

50. When the CM has viewed and read all the documents and evidence they should carefully consider the evidence and facts. Particularly how the evidence and facts relate to the descriptors selected by the HP and the claimant.

Checking PIP2 signature

51. The CM should check the PIP2 to see if it was signed by the claimant or appointee. If the PIP2 was signed by someone other than the claimant or PAB and a face to face consultation took place then the CM can continue action.

52. If the PIP2 wasn't signed by the claimant or their PAB and the report and assessment was paper based, the CM should print off a copy of the PIP2 and return it to the claimant to be signed. A 14 day task should be set for reply and on return of the signed rescanned PIP2 the CM can continue action to make a decision. See PIP2 signed by someone other than the claimant guidance for action to take if the PIP2 isn't returned.

NOTE: The CM should ensure CIS is checked before taking any further action on the case to see if the claimant is either receiving DLA/AA, awaiting a decision on DLA/AA or if there has been a recently closed claim. If there is a recently closed DLA/AA claim the CM should phone the relevant BC to check if there is a reconsideration or appeal outstanding on the case. The CM may not be able to proceed to award PIP at this stage depending on the result of the CIS check. See: Completing the – telephony claims, see Outstanding DLA claim and PIP claim received and Claim in the Alternative in the PIPUG.

53. The CM should decide the facts from the evidence and apply the law to the facts to make a decision. Any contradictions or inconsistencies in the evidence should have been addressed by the HP in their report, if not the CM will need to discuss them with the QAM with a view to contacting the AP or sending the case back for rework.

See: When a case may need Rework later in this guidance.

Note: A claimant can ask for previous Disability Living Allowance (DLA) medical evidence to be used at any stage in their PIP claim. Previous DLA medical evidence may only be used at the claimants request and the claimant should identify which evidence they wish to be used. Once the claimant identifies the previous evidence and it's received it is submitted to the HP for consideration. See: Reassessment guidance 'Re use of DLA medical evidence which includes details of action to be taken to retrieve evidence as appropriate.

54. The HP's assessment includes medical evidence which can be both fact and opinion and there may also be medical evidence with the case from the claimant's Health and Social Care Professional (HSCP).

Fact and opinion

55. A fact is either a relevant circumstance or an occurrence which exists at the time the decision is given and is from direct experience or observation:

- known
- accepted or
- proved to be true.

An opinion is either

- a judgement or belief not founded on certainty or on proof, or
- an evaluation or judgment given by an expert.

Medical Evidence

56. Medical evidence can be:

- factual or opinion or both
- clinical findings, diagnosis, treatment, investigation findings, observations of function, and customer's reported functional ability as recorded in their medical records, information about treatment and response
- first hand from the claimant or reported by a relative or carer for example diagnosis, medication.

Medical Fact

57. A medical fact is something that is:

- objectively verifiable such as a new diagnosis, amputation, pulse or blood pressure measurements, treatment and results of tests
- based on direct observations (for example of getting up and walking around).

Medical opinion

58. A medical opinion:

- usually involves some interpretation of facts and expert interpretation to answer a given question. An opinion is more robust if justified using facts
- is an expert evaluation or judgement based on established fact.

59. Whether a medical opinion can be regarded as fact depends on if the opinion is supported by sufficient established facts. Medical opinion may establish fluctuating needs despite medical and observable facts only applying at the time of a face-to-face consultation.

60. In the consultation report the better the physical findings and observations from the HP that is clinical findings and observations of function, then the more reasons to accept them as fact.

61. The ADM contains detailed guidance on evidence, including types of evidence.

See: ADM guidance - Chapter A1 - Principles of Decision Making and Evidence.

62. When considering the HP's report and descriptor choices, the CM expects the HP to clearly justify how they reached their opinion and selected descriptors and that all information obtained is addressed.

63. The HP should include key evidence in support of their descriptor choice in their report. It should include fact-based evidence and or well supported opinion from all the evidence, for example claim form, medical evidence, informal observations from the face-to-face consultation and formal functional assessment.

See: 'PIP Assessment Guide' the guidance for the AP and 'Assessment Provider Process' guidance for the CM – 'The Consultation and Assessment' for more information about what to expect.

Selecting a descriptor where more than one applies in one activity

64. There will be cases where more than one descriptor in an activity area applies to a claimant but **only one descriptor** can be selected in any activity area.

See: 'PIP Assessment Guide' and See 'Assessment Provider Process' guidance.

65. In such cases the highest scoring descriptor that applies to the claimant for the majority of the days (defined as over 50% of the days) should be selected for the activity. For example, in

the daily living activity 'Dressing and Undressing' the claimant meets both of the following two descriptors for the majority of the days:

- 'Needs prompting or assistance to be able to select appropriate clothing' this is the case for the majority of the days, this attracts 2 points, and
- 'Needs assistance to be able to dress or undress their upper body', and this is also required for the majority of days and this attracts 4 points.

The higher scoring of the two descriptors should be selected.

66. The HP considers the claimant's likely ability over a year before selecting the most appropriate descriptor for each activity area.

67. Guidance (and examples) where more than one descriptor applies but none of them apply for 50% of the days is covered in ADM -

See: Chapter P2 - Assessment for PIP

68. When the CM has considered all the evidence and is satisfied there are no issues that need to be clarified or discussed with the AP (by the QAM) they should record their reasons for decision using the DMR tool. The CM can then proceed to complete the PIPCS assessment questionnaire (selecting descriptors and so on) record reasons, complete the determination and make the decision.

See: 'Completing the assessment questionnaire in PIPCS', 'Decision Maker's Reasons' and 'Completing the Determination in PIPCS'.

PIP1 Initiative Cases - Empowering CM's

Decision Making

Amending AP Descriptors

69. When considering a case the CM must decide whether the descriptors selected by the AP accurately reflect the actual needs and abilities of the claimant taking into account all the evidence. This is no different to the standard process. However, if after reviewing both the evidence and the selected descriptors, the CM identifies descriptor(s) that should be changed; they may do so without seeking advice from either the QAM or AP. The normal rules of evidence apply See: ADM A1300 and ADM A1520

70. The CM is permitted to change any number of descriptors where appropriate, providing there is sufficient evidence and they are confident in doing so.

71. If a decision can be made, the CM will follow current guidance for completing the PIPCS Assessment Questionnaire and recording Reason for Decision. The CM will record justification for descriptor change(s) in Decision Assist Notes.

72. If the CM is unsure about any of the descriptors provided and does not feel they can make a robust decision from the evidence to hand or they require clinical information, they must still discuss the case with their QAM.

The QAM will decide if re-work or advice from the AP is required and will follow the current BAU process.

73. It may be appropriate for the QAM to contact the AP to:

- ask for further explanation or clarification of the HP’s answers in the assessment questionnaire in PIPCS and or in the report
- ask for further evidence if after careful consideration you think that further evidence is needed before you can make a decision
- discuss any additional evidence received in DWP since the assessment was completed, this may mean a further referral to update the HP’s assessment.

Note: Remember if a report isn’t ‘fit for purpose’, (that is the CM is unable to make a decision) it should be returned to the AP for Rework.

It would be appropriate to discuss with the QAM for them to contact the AP for clarification.

See: Rework guidance later in this topic

See: Request AP advice action in PIPCS

CM and QAM Referral and return process

74. If the CM requires advice from the QAM they need to manually task the case to the QAM recording full details of the query in the Decision Assist Notes for the case. They should keep the ‘AP report received’ task open pending return from the QAM with their response.

See: also Assessment notes in PIPCS below for more information

CM to QAM

Step	Action
1	CM inputs details of the query in the Decision Assist Notes in PIPCS
2	CM creates a manual to do task to their QAM i.e. NINO – Action Required - AP report query
3	CM keeps the ‘AP report received’ task open to await QAM response

QAM to CM

Step	Action
1	QAM records answers/explanation in Decision assist Notes
2	response - Advice only: QAM forwards original task back to CM adding in task notes ‘see Decision Assist Notes
3	response - Refer back to AP for further

	<p>advice/clarification/evidence/supplementary report/AP rework</p> <p>QAM selects the relevant determination in PIPCS to refer the case to the AP</p> <p>QAM selects the appropriate 'Request AP advice' option.</p> <p>See: <u>Referring cases to AP for advice or further evidence</u></p>
4	QAM records that they have referred the case to the AP in the 'AP report query' task notes and returns the task to the CM.

CM action on return from QAM

Step	Action
	<p>response is Advice only</p> <p>CM opens deferred task 'AP report received' and takes appropriate action as advised to clear the case</p>
	<p>response is Referral to AP</p> <p>CM closes the 'AP report received' task and closes any other associated/cleared tasks.</p> <p>Note: when a further report or advice is received from the AP it will go to the CM work queue.</p>

Note: If the AP is using PIPAT they will not be able to view the assessment notes in PIPCS. If there is information or detail that the CM/QAM wants the AP to know about they should record it in the task notes.

Contacting the AP

Why the Quality Assurance Manager QAM may need to contact the HP or AP

75. There are various reasons why you may need the QAM to contact the AP on your behalf. Contact should be made before you complete the PIPCS assessment questionnaire and decision on the case.

76. When a questionnaire is submitted and the CM goes on to complete the determination, the determination is retained as completed in PIPCS. A completed determination can be:

- modified and a new determination from a different effective date created, (for example where there is an intervention or as a result of a reconsideration)
- replaced by a different determination covering the same period (for example if an error is found in the CM's submitted questionnaire).

77. The CM should take care to answer the PIPCS assessment questionnaire accurately to avoid the need for replacement activity. Although we can refer a case back to the AP in

PIPCS for the questionnaire to be amended, if at all possible it's better to resolve issues before the CM completes the questionnaire.

78. The AP expects the QAM to get in touch on behalf of the CM where there is an issue to be resolved or discussed, this is an essential part of the process.

For example, in their PIP2 in daily living activity 'Preparing food' a claimant said 'No' to:

- 'Do you need help from another person to prepare or cook a simple meal',

but recorded in the extra information section that they are

- 'unable to cook or eat anything when having a bad day'.

79. In this case the HP would be expected to have addressed the issue of variability in their report. If there is no mention of bad days or variability at all, then it would be appropriate to discuss with the QAM for them to contact the AP for clarification.

Spare paragraphs 80 – 89

Preparing for the call

90. Whatever the reason for contacting the AP the QAM should fully prepare for the call. It will be helpful to look at the - See: 'PIP Assessment Guide' as it includes details about what the HP should provide for the CM, what is needed at consultation, and so on.

91. Before the QAM makes the call they should check the CM has:

- thoroughly considered all the evidence and facts, (QAM reads referral notes in assessment case notes, if appropriate discusses the case with the CM before the call)
- explained exactly what needs to be asked (the CM may make a note of questions for the QAM to use if necessary)
- clearly explained what and why evidence supports their descriptor choices if different from the HP.

92. If the CM disagrees with any of the HP's descriptor choices, they should show and explain this clearly. The QAM explains to the AP why the evidence and facts support the CM's alternative descriptor choices.

93. The QAM does not need to task the case to the AP before they make their call. The AP can access the case in PIPCS using quick search and via PIPAT. The telephone contact numbers which are **only for the QAMs** use are:

ATOS: 0300 3300125

Capita:-

Admin enquires only: 0300 303 8795

HP direct line: 0300 303 8543

Action after call to the HP

94. The action to take after the call depends on the outcome of the call. It may be necessary to refer the case to the AP in PIPCS for advice, clarification or for further evidence, which generates a task to the AP advice work queue.

AP or HP clarifies issues with QAM

95. The AP/HP may clarify the issues raised by the QAM on behalf of the CM.

For example the CM can accept and agree where the AP or HP:

- explains the HP's descriptor choices in further detail
- clarifies any other relevant question, for example recommended review.

Record discussion in assessment notes - refer to CM

96. In that case the QAM should:

- make a note of the discussion in the Decision Assist Notes of the case for future reference, See Decision Assist Notes in PIPCS
- refer to the CM to complete the PIPCS assessment questionnaire and make the decision - See: Completing the assessment questionnaire in PIPCS.

Decision Assist Notes in PIPCS

97. Decision Assist Notes can be automatically created by the system or recorded by the CM or QAM.. That is the comments and reason recorded by the CM when the advice was requested or determination modified is transferred by the system into the assessment notes for the case.

98. The CM or QAM should create an assessment case note where appropriate. For example to provide more information about a re referral to the AP or about a discussion with the AP. Assessment notes can also be edited or deleted by selecting the appropriate option. If a note is edited or deleted the originally created note is retained for future reference.

The assessment notes are accessed from the assessment case:

Step	Action
1	select the notes tab from Decision Assist Notes
2	select the New button system displays the New note dialogue box
3	input the appropriate detail
4	select Save

HP agrees amendment needed

99. If as a result of the call, the HP accepts and agrees to change their descriptors or other text in the PIPCS assessment questionnaire, the next step depends on what is affected.

100. If the issue is straightforward, it will be enough for the QAM to return the task to the CM. The CM can then go on to complete the assessment questionnaire selecting their amended descriptor(s) and make the decision.

101. If a supplementary report is needed or the case needs to go back to the HP for clarification the case is tasked to the AP through PIPCS - See: Referring cases to AP for advice or further evidence below in this guidance. When the case is received by the AP the:

- HP completes a Supplementary advice note – (PA5) for clarification or Supplementary advice note – change of advice – (PA6) report to confirm the details.
- AP returns the case via PIPAT using the Return Assessment Functionality (RAF) selecting the option ‘Supplementary Report’ and:
- the PIPAT RAF system notification automatically loads into DRS and auto tasks to the CM complex work queue
- AP returns the case directly through PIPCS RAF selecting the option ‘Supplementary report’ and:
- The AP sends the report form to MOU to be scanned into DRS which results in the creation of an auto task to the CM work queue.

102. The AP return assessment functionality RAF in PIPCS is not accessible by a DWP user. It can **only** be used by the AP and only when the assessment case status is ‘Report outstanding’ and the determination status is either ‘Report outstanding’ or ‘AP advice requested’. The system action taken by the CM or QAM to ‘Request AP advice’ ensures the case is in the correct status for the AP when it generates the task.

See ‘Assessment Provider Process’ guidance for CMs for more information about the AP PIPCS ‘return assessment functionality’.

Referring cases to AP for advice or further evidence

103. A case can be tasked to the AP for their further action either before or after the CM completes and submits their assessment questionnaire and completes the determination and decision. If the case needs to be discussed with the AP first this is done by the QAM on the CM’s behalf.

See: Contacting the AP guidance and See: CM and QAM Referral and return process for information about tasking to the QAM and to the CM.

104. Before referring the case to the AP the QAM or CM as appropriate should record in the assessment notes:

- details of any discussion that’s taken place including any agreement reached
- further information as appropriate about the advice, clarification or further evidence being requested.

105. The case is tasked to the AP by the CM or QAM for advice, clarification of advice or for further evidence using the 'Request AP Advice' function in PIPCS. The task details are populated with the comments captured when requesting advice. The system automatically creates an assessment note by transferring the information from the advice reason and comments. This adds to assessment note already created by the QAM after their phone call to the AP.

See also Modifying the Determination later in this guidance.

Request AP Advice action in PIPCS

106 Select the Determinations from Decision Assist

Step	Action
1	<p>select the action drop down button on the right hand side (RHS) of the relevant determination.</p> <p>Other options available include 'Complete determination', 'Cancel determination' 'View history'.</p>
2	<p>select the option 'Request AP Advice'</p> <p>System displays a dialogue box.</p>
3	<p>select the appropriate reason from the drop down options (Note not all may be available, it depends on the status of the determination):</p> <ul style="list-style-type: none"> • AP Rework - Contradictory • AP Rework - Not legible/concise • AP Rework - Legislative error • AP Rework - Not comprehensive/insufficient info • AP Rework - Not in plain English/unexplained medical jargon • AP Rework - No evidence to support decision/selected descriptor • AP Rework - Not fair/impartial • Evidence needed • Clarification needed • Advice needed • Reconsideration • Planned Intervention • Unplanned Intervention – Non SRTI • Unplanned Intervention - SRTI • Appeal
4	<p>select the appropriate option from the 'Requested For' list, that is:</p> <ul style="list-style-type: none"> • HMCTS • Claimant • CM • DWP Advisor (this means the QAM)

	<ul style="list-style-type: none"> • Other.
5	input details in the Comments field as appropriate for example: ‘What does abbreviation ‘ABV’ in PA4 report page 6 mean?’
6	select ‘Save’.

107. When the CM refers a case to the AP where the determination is complete using the ‘Request AP advice’ function, the system:

- modifies the last completed determination which
- creates a new determination status ‘AP advice requested ’ changes the Assessment case status to ‘report outstanding’ which
- allows the AP to answer a new assessment questionnaire pre populated with answers from the last active submitted questionnaire (active submission)

108. Where the CM returns a case for AP advice or rework and the current determination is ‘In progress’ a new determination is not required because the current determination was returned before the CM completed the determination.

Spare paragraphs 109 - 110

111. The system saves the data entered in the ‘Determination history’ and updates the Assessment case status to ‘Report Outstanding’ and the determination status to ‘AP Advice requested’.

112. PIPCS generates a task to the AP Advice work queue (or the SRTI referrals work queue if the case is SRTI ‘high priority’) with the information input in PIPCS requesting further evidence or advice.

113. The deadline date for the ‘AP Advice requested’ task is two working days (this includes SRTI referrals) so if the case is with the AP for over two working days a reminder is referred to the case worker and the task is escalated if reminder is not actioned. See: ‘SRTI New Claim’ guidance for more details.

Requesting advice or evidence for Reconsideration, Intervention or Appeal

114. The ‘Request AP advice’ action in PIPCS is also used to task a case to the AP if clarification, further advice or evidence is required following a Reconsideration, Intervention (planned or unplanned) or Appeal.

Agreement not reached

115. If the QAM on behalf of the CM cannot agree with the HP the QAM should:

- thank the HP for their explanation and advise them agreement has not been reached
- tell the AP they will discuss the case with the CM and may send a request for FE and end the call.

116. After discussing the case with the QAM and receiving the task, the CM either:

- completes the PIPCS assessment questionnaire and makes the decision, or
- requests FE if it is decided FE is needed before a decision can be made

Note: Action to refer to AP for advice or evidence can only be taken if the status of the determination is ‘In Progress’ or ‘Completed’. So if the determination status is ‘Report outstanding’ or ‘AP advice requested’ the PIPCS case is already in the AP workspace for their action. See: ‘Assessment Provider Process’ guidance.

See: ‘QAF Making a Decision Checklist’ for standards expected when engaging with HP’s and others and See: ADM - Chapter A1 - Principles of Decision Making and Evidence.

Spare paragraphs 117 – 119

Completing the assessment questionnaire in PIPCS

Where the assessment questionnaire is held in PIPCS

120. The assessment questionnaire is in the Decision Assist section of PIPCS. This is where all assessment information and activity is recorded by the CM and AP or HP. The CM should have already viewed the HP questionnaire when considering the evidence before accessing it to answer.

121. When the CM is satisfied with the evidence and have resolved any issues they should complete the assessment questionnaire in PIPCS - See: ‘Case returned from the AP – Assessment completed’.

122 After an assessment from the AP the questionnaire the CM opens to answer, is pre populated with the HP’s answers. The CM must go through the pages selecting their own answers. The CM is able to answer an assessment questionnaire on an active submission which has been answered by the AP or the CM.

123 The questionnaire opened by the CM will always be pre populated with answers from the last submission. That is unless a new determination has been created by selecting ‘modify the determination’ due to a CM mistake. It will usually be the AP who completed the last active submission. However it may be necessary in some circumstances to complete the questionnaire without referral to the AP again, for more information See Modifying the determination

Opening the assessment questionnaire

124. Navigate to the assessment or application case homepage:

Step	Action
1	select the Assessments tab to open the Assessments homepage.
2	select the Determinations tab to display the following three tabs in a line:

	Questionnaires Submissions Reasons.
3	select the Questionnaires tab.
4	select 'Answer' from the actions button on the right of the relevant 'assessment questionnaire'. This opens a new questionnaire for CM to answer, pre populated with HP's answers.

125. When completed and submitted your questionnaire is saved as the active submission for the case.

What is recorded in the assessment questionnaire

126. The PIPCS assessment questionnaire consists of 8 screens or pages which, when opened sit on the PIPCS Determinations tab.

127. Some of the information in the CM's submitted questionnaire feeds into the notification.

128. The information that feeds into the decision notification from the CM submitted questionnaire is the:

- evidence recorded in the evidence pages
- descriptors the CM has selected and the associated scores.

Note: The 'reasons' text input by the CM also feed into the decision notification but though 'reasons' screens are within PIPCS decision assist they are not part of the assessment questionnaire itself - See: Decision Maker's Reasons, Descriptors in reasons and decision notification and 'Assessment Provider Process' guidance for information about the HP's completion of the assessment questionnaire either directly in PIPCS or via PIPAT. Reasons must be drafted by the CM in a word document first See: Drafting Reasons in Word for guidance.

129. When the CM questionnaire is completed and submitted, the HP's submission is retained in PIPCS to view and the CM's questionnaire becomes the active submission. That is, it becomes the latest completed assessment questionnaire for the case.

130. Each questionnaire completed and submitted for a case by the AP and by the CM, is saved in PIPCS. Where there are multiple questionnaires completed, each version is saved and available to view in PIPCS.

131. Only the first assessment questionnaire on a new claim (which is the AP submission/assessment) opens blank. After this, answers from the previous active questionnaire pre populate the next questionnaire opened. So the CMs questionnaire opens populated with the responses from the AP. The CM selects their own answers based on their

consideration of all the evidence. The CM's answers may or may not agree with the AP's answers.

Progressing through the Questionnaire: Overview

132. Once you have selected to answer the questionnaire:

- progress through each page by selecting Next
- select your own answers throughout
- select the Back button in any page to return to previous pages to check or amend your answers
- select Save and Exit in any page if for example you need to check something out or you are called away. This saves the answers so far until you can return
- check that all information shown in the summary pages is correct.
- only if all is correct should you then select Next on the final Summary to complete and submit your responses.

Note: It is essential you check very carefully before submitting the questionnaire, making sure it is fully completed and includes all the correct detail and descriptors. Once you've selected 'Next' to submit, on the final summary page you won't be able to amend and re submit. If the assessment questionnaire needs to be completed again because for example the CM has made a mistake, the CM may have to modify the determination. If the case needs to go back to the AP to re answer, this may also be done by modifying the determination or by referring using the Request AP advice route. Exceptionally a case may need a new determination creating by the CM and if so is then manually tasked to the AP. For more information see guidance later - [See: Request AP Advice](#), [See: Modify Determination](#) and [See: Creating a new Determination](#)

133. Selecting 'Next' on the final summary page submits your completed CM questionnaire and it becomes the active submission for the case.

134 When the assessment questionnaire is submitted PIPCS adds up the points for each descriptor in the daily living and mobility activities and gives a total score for each component - **See: 'Daily living and mobility components - overview selection'**.

Assessment questionnaire pages

Page 1 - Introduction:

The page covers the following:

Type of Assessment: this is a mandatory field for the AP and the two options are:

- Consultation or
- Paper Based Review

TI Provisions Claimed: Display only for both AP and CM.

The field displays Yes or No depending on the answer input in Medical evidence details screen in PIPCS to the question 'TI provisions requested'. It is a mandatory question in Medical evidence details, completed when the claim is taken. It can be amended if appropriate at any stage in a claim for example where a change of circumstances is reported.

TI provisions Met: The check box here is defaulted blank. If the claim was made under SRTI and the HP's opinion is the provisions are met the AP will select the check box.

If the check box has been selected by the AP **and** the claim has been made under SRTI the CM should:

- omit the daily living activities page and
- be aware when completing the mobility activities page, the QP/PT for mobility are not required.
- When the CM completes the determination in PIPCS the 'TI Provisions Determined' field in the Medical evidence details screen displays 'Yes'. Once the determination is complete and this field is populated in Medical evidence details by either Yes or No the answer cannot be amended by a user. The start and end date of medical details evidence can be amended however if necessary.

ID Verifications field (IDV) this displays an IDV option according to what the claimant provided at the consultation. The field isn't completed by the AP if the assessment was paper based. The option selected may be 'other' and if so the details are input by the AP in the Identity verification – other screen.

Page 2 - Identity verification:

- **Identity verification number page:** This page opens to display the reference number input by the AP for the IDV type selected on the Introduction page.
- **Identity verification – other:** This page opens if the IDV selected by the AP in the Introduction page was 'other'. It displays the details of the IDV provided and a reference number – See: Assessment Provider Process guidance.

Page 3 - Evidence:

- The AP will have completed this and should have included all the evidence the HP considered. The CM checks the evidence in DRS and checks the appropriate responses for each question.
- The CM responses may just confirm the evidence fields already completed by the AP unless there is evidence to be included that the CM has considered but isn't included.
- Evidence selected is included in the decision notification to the claimant when the CM completes the determination and makes the decision in PIPCS. Specific forms for example form DS1500 (SRTI cases) are not included in the available options but may be selected as a report from the author for example a GP report. If evidence is harmful it must not be included as this information is uploaded into the decision notification. See: 'SRTI New Claim' guidance.

Note: The CM must record health professional consultation report for a face-to-face consultation or health professional review report for a paper based review as evidence

used or additional evidence used, so the type of assessment will appear in the notification.

- **Harmful Information Present:** A mandatory question and the AP's answer displays either Yes or No. If 'Yes' details are provided by the HP in the PA7. This also alerts the CM to check the PA7 and details in DRS although at this stage the CM should have considered all the evidence - See: 'Subject access requests SARS' guidance in PIPUG.
- **Supporting evidence:** A mandatory field, there must be at least one option selected from the drop down list here or the CM can't select 'Next' to move on.
- **Additional supporting evidences:** A mandatory field options Yes or No. If 'Yes' is displayed as selected by the AP the details show on an additional page for the CM to view and check. If No displays and the CM agrees there is no additional supporting evidence, the details page is not available.
- **Other supporting evidence:** A free text field and displays any evidence the HP has considered which is outside the listed options available.

Note: For a future release of PIPCS there will be an optional date box to include a date where two or more of the same type of evidence is recorded.

- **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 HP assessment report or the PIP2.

Note: If the CM finds a discrepancy between the documents held in DRS and number recorded here they should refer to the QAM to contact the AP if necessary.

Page 4 – Disability:

- The first page is headed 'Primary Disability' for the claimants main health condition or impairment to be recorded. The CM completes answers to the same questions or agrees the AP answers as appropriate.

The page includes the disability code, category, sub group and disease with linked drop down options.

- **Disability code:** all fields beside this are mandatory and the following includes an example:
 - **Category:** Respiratory disease
 - **Category:** subgroup: Asthma T17-T20
 - **Disease:** Asthma
- **Record additional disability? :** A mandatory question options Yes or No. If Yes is selected the next page opens to record the next disability code details and this question is repeated. There is no limit to the number of disabilities that can be recorded.

Page 5 – Daily Living:

This is the heading on the page for daily living activities, the page includes:

- separate questions for the AP and the CM about the QP and PT for daily living activities
- all daily living activity descriptors.
- If the claim was made under SRTI and the HP decides the SRTI provisions are met, this page should be missed by the AP and CM. That is, if the check box is ticked against the field '**TI provisions Met**' and the '**TI Provisions Claimed**' displays '**Yes**' in the **Introduction page** of the assessment questionnaire.

Note: The HP may receive evidence during the consultation to decide that in their opinion the claimant is terminally ill, but the claim hasn't been made as a SRTI claim. If so, the HP continues to consider the daily living and mobility descriptors in the standard way. The HP should record all details including anything the claimant has said about their health condition or prognosis in the report. When the CM receives the case they need to decide if the claim can be treated as made expressly under SRTI. If there is no evidence the claimant has said anything about terminal illness the CM makes a decision under normal rules - See: 'PIP Assessment Guide', also 'SRTI New Claim' guidance and 'Assessment Provider Process' guidance in PIPUG.

Subheading QP/PT

- The HP gives advice and detail in their report form about their opinion on the functional restriction in daily living activities. That is, whether in their opinion the functional restriction has been in place for 3 months and or is likely to remain for 9 months. The date the HP gives is based on their findings and opinion at the date of assessment.

HP questions about QP/PT for daily living activities

- The first question is mandatory for the AP only and relates to the QP:

'The functional restriction affecting the daily living activities identified in this report is likely to have been present for?' Answer options:

- at least 3 months
- less than 3 months
- not applicable.
- 'Not applicable' is appropriate for claims made and accepted by the HP under the SRTI provisions.

The second question is about the PT and is mandatory for the AP:

'The functional restriction affecting the daily living activities identified in this report is likely to remain for?' Answer options are:

- at least 9 months
- less than 9 months
- not applicable.

‘Not applicable’ is appropriate for claims made and accepted by the HP under the SRTI provisions.

CM questions and decision on QP/PT for daily living

- The CM decides on the QP/PT based on all the evidence including the HP’s advice. There is more detail in the report form PA3 or PA4. If for example the HP’s opinion is the functional restriction will remain for less than 9 months it should be fully justified in their report. The date the HP gives is based on their findings at the date of assessment. It is for the CM to decide the QP/PT taking into account the claimant’s health condition or impairment, the HPs advice and the evidence supporting the claim.
- **‘Was the qualifying period satisfied before the date of claim?’** Option Yes or No. If ‘TI provisions claimed’ and ‘TI provisions met’ are both Yes in Introduction page, this whole page should not be answered.
- **‘Will the Qualifying period be satisfied?’** If the CM answers ‘No’ to the previous question they must complete this field, Yes or No as appropriate.
- **‘When will the Qualifying period be satisfied?’** If the CM answered ‘Yes’ to the previous question they should record the date the QP will be satisfied having made their decision based on all the evidence. The date to be recorded will be the first date from which the claimant will satisfy the QP. - See: ADM - Chapter P1 - PIP ‘Conditions of Entitlement’ for guidance on deciding the QP/PT (required period condition).
- **‘Will the prospective test be met?’** The CM selects Yes or No as appropriate. If ‘Will the qualifying period be satisfied?’ is answered ‘No’ and the CM attempts to answer this question an error message will display.

The daily living descriptors

- As in previous pages the fields are pre-populated with the AP answers and the CM should be particularly careful to check all the descriptor choices they are answering.
- Each of the descriptors in the 10 daily living activities are available to select from a drop down button next to the activity. The scores for each are not shown in the questionnaire screens.
- If the CM checks through the HP’s descriptors and then selects ‘Next’ on the screen the CM should be aware this indicates agreement by the CM so the same choices as the HP are included in the CM’s questionnaire responses for daily living.
- There must be a descriptor selected in each daily living activity.
- Care should be taken when selecting an option from the drop down menu options to make sure the correct option for each line is entered.
- An example of the daily living questionnaire page lay out follows. Note the drop down arrow for the options on the right. The score for the descriptors is not displayed.

For further information on the PIP descriptors and common questions see: The PIP Descriptors Log

Daily living activities and descriptors

Preparing food.	d. Needs prompting to be able to either prepare or cook a simple meal ▼
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Taking Nutrition.	d. Needs prompting to be able to take nutrition	▼
Managing therapy or monitoring a health condition.	a. (ii) Can manage medication or therapy or monitor a health condition unaided.	▼
Washing and bathing.	a. Can wash and bathe unaided.	▼

See: ‘[Assessment Provider Process](#)’ guidance - ‘Completing the questionnaire in PIPCS’ for more details of the questions for the AP.

Page 6 - Mobility:

The first two questions are for the CM and are checkboxes to be selected to indicate if mobility shouldn’t be considered in future.

It is important the CM considers the consequences before they tick either of the checkboxes for the first two questions - **See Note** below.

For example, if the claimant is recently over 65 years at review date and mobility difficulties are present on review that arose before age 65 years, a mobility assessment is required and it wouldn’t be appropriate to tick the checkbox when the award is made.

The two questions are:

‘Can’t be considered for mobility’

- this applies to certain people such as those living abroad

‘No mobility – Over 65’

- this applies for certain people over 65 years.

If the CM selects either of the above check boxes then the rest of the mobility questions should not be answered.

Note: If either of the check boxes for the first two mobility questions are ticked the functionality to be available in PIPCS (later release) includes:

- when the PIP2 is issued it has no mobility questions
- on return of a PIP2 without mobility questions (or non-return where claimant is marked as needing additional support) the HP:
- doesn’t consider mobility in their assessment and
- completes a report without mobility questions – See: ADM - [Chapter A2 - Claims](#) and [Chapter P4 - 'linking rule' and 'relevant age'](#) and See: [‘Claim in the Alternative’ guidance](#).

Sub heading QP/PT

- The HP gives advice and detail in their report form about their opinion on the functional restriction in mobility activities. That is, whether in their opinion the

functional restriction has been in place for 3 months and or is likely to remain for 9 months.

HP questions about QP/PT for mobility activities

- The questions mirror those in the daily living activity pages
- The first question is mandatory for the AP only and relates to the QP:

‘The functional restriction affecting the mobility activities identified in this report is likely to have been present for?’ Answer options:

- at least 3 months
- less than 3 months
- not applicable.

‘Not applicable’ is appropriate for claims made and accepted by the HP under the SRTI provisions.

The second question is about the PT and is mandatory for the AP:

‘The functional restriction affecting the mobility activities identified in this report is likely to remain for?’ Answer options are:

- at least 9 months
- less than 9 months
- not applicable.

‘Not applicable’ is appropriate for claims made and accepted by the HP under the SRTI provisions.

CM questions and decision on QP/PT for mobility activities

- The CM decides on the QP/PT based on all the evidence including the HP’s advice. There is more detail in the report form PA3 or PA4. If for example the HP’s opinion is the functional restriction will remain for less than 9 months it should be fully justified in their report. The date the HP gives is based on their findings at the date of assessment. It is for the CM to decide the QP/PT taking into account the claimant's health condition or impairment, the HPs advice and the evidence supporting the claim.
- **‘Was the qualifying period satisfied before the date of claim?’** Option Yes or No. If ‘TI provisions claimed’ and ‘TI provisions met’ are both Yes in Introduction page, this whole page should not be answered.
- **‘Will the Qualifying period be satisfied?’** If the CM answers ‘No’ to the previous question they must complete this field, Yes or No as appropriate.
- **‘When will the Qualifying period be satisfied?’** If the CM answered ‘Yes’ to the previous question they should record the date the QP will be satisfied having made their decision based on all the evidence. The date to be recorded will be the first date from which the claimant will satisfy the QP. See: [ADM Chapter P1 - PIP Conditions of Entitlement](#) for guidance and examples on QP/PT (the Required period condition)
- **‘Will the prospective test be met?’** The CM selects Yes or No as appropriate. If ‘Will the qualifying period be satisfied?’ is answered ‘No’ and the CM attempts to

answer this question an error message will display. See: [ADM Chapter P1 - PIP Conditions of Entitlement](#)

As in the daily living page, the HP will have completed their descriptor choices and answered the QP and PT questions as appropriate in this page.

- Each of the descriptors in the two activities of mobility are available to select from a drop down button next to the activity area. The scores for the descriptors are not shown.
- If the CM checks through the HP's descriptors and then selects 'Next' on the screen the CM should be aware this indicates their agreement with the HP's choices of descriptor. So the same choices as the HP are included in the CM's questionnaire responses for mobility.
- Care should be taken when selecting an option to ensure the correct option for each line is entered.
- An example of the mobility questionnaire screen layout follows, note the drop down arrow for the options on the right.

For further information on the PIP descriptors and common questions see: [The PIP Descriptors Log](#)

Mobility Activities and Descriptors

Planning and following journeys.	a. Can plan and follow the route of a journey unaided.	▼
Moving around.	f.(ii) Cannot, either aided or unaided, move more than 1 metre.	▼

See: ['Assessment Provider Process'](#) guidance and ['ADM' - Chapter P2 - Assessment for PIP.](#)

Page 7 - Recommendations:

- The HP advises when they consider the claim should be reviewed based on their medical knowledge and the circumstances of the case. The detail will be in the PA assessment report but PIPCS also contains some information on this screen including their recommended review date. The date they record is from the date of the assessment (face to face consultation or paper based).

Additional Support question

- The first question is about the claimant's health condition or impairment in relation to needing additional support for future claim processes.
- When the claim was made the claimant may indicate they have a mental health or behavioural condition, learning difficulty, developmental disorder or memory problems. If they do the context panel in PIPCS case home page displays 'Additional Support Indicated'. The Medical Details Evidence page displays Yes in answer to the 'Indicated' question.
- However, the claim doesn't need to indicate they may need additional support for the HP and or CM to consider this question.

- The HP will answer ‘Yes’ to the question if they consider the claimant:
 - has a mental health or behavioural condition, learning difficulty, developmental disorder or memory problems and as a result
 - may need additional support.
- The HP should provide detail in the report PA3 or PA4 where the same question is answered. That is:

‘The claimant has a mental health or behavioural condition, learning difficulty, developmental disorder or memory problems and may need additional support to comply with future claim processes’.

- It is mandatory to answer Yes or No. The CM would usually agree the HP’s response unless they have evidence to the contrary. If they have the CM should consult the QAM who can contact the AP - See: [Contacting the AP](#)
- The answer recorded by the CM populates the ‘Additional Support Determined’ Yes or No field in the Medical Evidence Details page in PIPCS.
- If the response is ‘Yes’ then ‘Additional Support Determined’ displays in the context panel of the case home page (Application or Integrated case depending on stage of claim).
- If the response is ‘No’ then ‘Additional Support Determined’ does not display (nor does ‘Additional Support Indicated’) in the context panel of the case home page.
- Where the marker was previously set to Yes in the assessment questionnaire, (‘Additional Support Determined’ in case homepage) and the CM responds ‘No’ (in a new assessment questionnaire) the marker will remain at Yes.
- The information displays (or is removed in the case of ‘Additional Support Indicated’) in the case home page only after the CM has:
 - completed and clicked ‘Next’ to submit their questionnaire,
 - recorded their Reasons for the decision in decision assist and
 - selected ‘Complete Determination’ in PIPCS – See: **Completing the Determination in PIPCS**. later in this guidance.

Review recommendations

The review questions are for the HP only. The CM makes a decision on period of award and review date based on all the evidence but records it later in the PIPCS decision making process - See: [Eligibility Result – Eligible - Making an Award and Award period and Reviews](#).

The AP must answer one of the two questions, but it is not appropriate or possible to answer both in PIPCS. The same questions are included in the report and the HP can provide more information in their justification in the report.

Note: there is an additional question about functional restriction at the review point for the HP in the report form - See: [Award period and Reviews](#).

The questions for the HP are:

‘Based on the claimant’s likely future circumstances, it would be appropriate to review the claim in’ The AP records the HP’s recommendation in years and months, using the drop down arrows. The recommendation is from the date of the consultation.

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

- The HP selects the above check box if in their opinion their descriptor choice will continue to apply to the claimant in the future. The HP considers the claimant has a stable health condition, highly unlikely to improve or deteriorate. This response indicates an ongoing award may be appropriate.
- The CM decides the period of award and review date if applicable based on all the evidence for the case.
- Review and or end dates are recorded by the CM in PIPCS when making the award decision – See: **Award period and Reviews, Submit for Approval and Confirm approval to Activate award and Completing the Determination in PIPCS’**. Also see the [PIP Assessment Guide](#) for APs and See ADM - [Chapter P2 - Assessment for PIP section on ‘Duration of award’](#).

Page 8 Summary:

- The final pages give the CM the summary of the answers they have given in the assessment questionnaire.
- They can review their answers and edit on the summary screen if amendments are necessary or click the back button on the summary page to return to the appropriate page to edit.
- The final summary page gives a warning note in red at the top:

‘Important – If you select Next on this page the assessment will be submitted and you will not be able to make any further changes’

Submitting the questionnaire answers

136. When the CM clicks:

- ‘Next’ on the final summary page the completed assessment questionnaire is submitted into PIPCS and becomes the active submission.
- It’s not possible go back into the questionnaire to make changes when the CM has selected ‘Next’ hence the warning at the top of the last screen. It is important before selecting ‘Next’ to submit to:
- check the summary carefully
- be certain all the answers given are correct and as intended.

When ‘Next’ is selected a pop up dialogue box opens to confirm headed ‘Answer questionnaire: PIP Assessment – Name and number’:

‘Answers have been recorded successfully’

- click: close to close pop up box and return to the determinations tab and home page.

- PIPCS calculates the level of entitlement based on the rules using the information in the summary.

Viewing the Rates and Scores

136. When the assessment questionnaire is submitted PIPCS calculates the total scores from the descriptors for each component.

137. The rates are viewed from the Determinations questionnaire home page:

- Select: 'Submissions' tab
- Select: toggle next to the relevant submission, that is the active submission (this will be the last submission) this expands the details.
- The details are under the headings:

Date: date the questionnaire was completed

Type: daily living and mobility

Outcome: rates and total score for each component

- Expanding the details of a selected submission also shows on the first line of text, who completed it (AP or CM) and the status, for example:

Made by Assessment Provider **Status** Active

138. The next step is to complete the reasons for the decision, but before you do so, remember to check CIS to see if the claimant is either receiving DLA/AA, awaiting a decision on DLA/AA or if there has been a recently closed claim. If there is a recently closed DLA/AA claim you'll need to phone the relevant BC to check if there is a reconsideration or appeal outstanding on the case. You may not be able to proceed to award PIP at this stage depending on the result of your CIS check. Also See: [Completing the scrutiny check – telephony claims](#) .

Spare paragraphs 139 - 145

Decision Maker Reasons

146. The next step in the decision making process is to record reasons for your decision. It's important when viewing evidence and completing the questionnaire to give careful consideration about how you will explain your reasoning.

147. Each relevant aspect of the decision on entitlement should be covered. Reasons should:

- address all descriptors selected
- cover issues raised by the claimant that are not directly covered in the descriptors. Explain that such needs are not included in the conditions for PIP for example: claimant says they need help climbing stairs, in reasons include 'help with climbing stairs is not included in the conditions for PIP'

- explain linking issues personal to the case for example why mobility hasn't been considered for a PIP claimant now O/65 who was u/65 when PIP daily living component claimed and awarded
- cover the end date of an award, i.e. include an explanation where the award is for a fixed period and an improvement is clearly to be expected at some point. If the award is fixed but there is no clear indication of improvement explain that PIP awards are normally for a fixed period to ensure entitlement remains correct
- include details and the effective date of any change of circumstances affecting the award
- include details where the QP/PT are not satisfied
- cover why a claim to PIP cannot be backdated if the claimant has requested this. For example: PIP claim made after the claimant states their needs began and they ask for claim to be backdated two months before the claim. Explain the law says a claim for PIP can't be accepted before the date it was made, this means backdating to an earlier date cannot be considered.

See: Reason for decision – maximum award cases

HP justification

148. The HP provides detailed justification for their descriptor choices in the summary justification page of the report. They include justification for their recommendations on review and anything else relevant. If the HP gives a recommended review point they also state whether or not they consider the functional restrictions will apply at the review point.

149. The HP justification should help when you are drafting your reasons, but you should not simply repeat all the HP has said. You should explain your decision in your words. Refer to the evidence and facts contained in the report, in the claimant's PIP2 'How your disability affects you' and any other evidence.

Reasons in the notification

150. The reasons you provide in PIPCS form part of the decision notification, and may be the basis of an appeal response if needed.

151. You or another CM will refer to the decision notification and reasons to help explain the decision to the claimant where a mandatory explanation is needed or where an explanation is requested by the claimant.

152. The better the explanation provided in the reasons, the easier it will be for the claimant to understand and for you or another CM to explain later if an explanation is appropriate.

153. In the decision notification the reasons text is set out under the heading 'Decision Maker's Reasoning' and is followed by an explanation of the daily living descriptors and rates, the descriptors selected, their associated points and total for daily living.

154. The decision notification follows daily living descriptors/rates with the information about mobility that is, an explanation of the mobility descriptors and rates, the descriptors selected, their associated points and total score.

See: 'Claimant Decision Explanation' guidance, Descriptors in reasons and decision notification in this guidance and 'QAF Making a Decision Checklist' in the QAF guidance at chapter 20 of PIPUG for more information about reasons and the decision notification.

Main principles for reasons

Reasons must:

- be personalised and specific, to acknowledge the claimant's condition and situation, so the claimant can recognise evidence:
 - as part of their consultation with the HP
 - they provided separately or
 - included in their PIP2 claimant questionnaire.
- draw on the evidence and information provided by the claimant and by the HP
- fully address any inconsistencies and contradictions in the evidence
- explain if you consider evidence supports the claimant can complete an activity without difficulty, if the claimant has indicated they need assistance or they cannot complete it
- explain where medical opinion differs from the claimant's view
- be based on fact and not solely opinion
- not be based entirely on medical facts but rather on how the facts are interpreted
- focus on loss of function, explaining difficulties and justifying an ability to complete an activity
- not just say that the medical evidence doesn't support the claimant's evidence about choice of the descriptor, that isn't enough
- explain why the medical evidence doesn't support the claimant's selection and why it does support the descriptor you have selected.
- identify the relevant facts correctly and relate clearly to the appropriate descriptors for each activity
- use plain English and short sentences covering only one aspect of your reasoning, evidence and facts
- avoid over elaboration and too much repetition
- include only the detail relevant to the decision, that is specific relevant evidence and facts
- avoid duplicating all justification in the assessment report.

Note: If the claim was made under SRTI provisions:

- don't mention this in your reasons whether or not the claim has been awarded under SRTI provisions
- don't refer to a DS1500 if there is one held
- do ensure you include reasons for the mobility component award if an award of mobility has been made.

See: 'QAF Making a Decision Checklist'.

Reason for decision – component maximum award cases

155. Where you have awarded any component at the enhanced rate you do not need to fully explain your reason behind that award.

156. Where the award is for both enhanced Daily Living and enhanced Mobility, the reasons for decision should be entered for Daily Living Reasons as follows:

- the evidence indicates your medical conditions cause you the substantial difficulties with Daily Living and Mobility shown below.

Note: It would be preferable to specify the main 'medical conditions' which lead directly to the selected descriptors. (See also para's 157 and 158 below)

For Mobility, select the option "No reason required – Mobility".

157. Where an award is for the enhanced rate of the Daily Living component and Mobility is either at standard rate or nil, you must enter the reasons as follows:

- the evidence indicates your medical conditions cause you the substantial difficulties with Daily Living activities as shown below.

You must then continue to provide reasons for the Mobility component as per para 147.

158. Where an award is for the enhanced rate of the Mobility component and Daily Living is either at standard rate or nil, you must enter the reasons as follows:

- the evidence indicates your medical conditions cause you the substantial difficulties with your Mobility as shown below.

You must then continue to provide reasons for the Daily Living component as per para 147.

159. Where the period of award is limited and both components have been awarded at the enhanced rate, choose either of the following:

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

Otherwise refer to para 147 for details of length of award explanation.

Remember: Any aspect not otherwise covered in the notification should also be covered in the reasons, for example, reason why an award wasn't made from the date of a change of circumstance or date of claim.

Split Rate Decisions

160. There may be instances where a CM needs to record split rate decisions on PIPCS, for example, the claimant reports a deterioration in condition, prior to the new claim decision being made.

161. If the CM requires further medical evidence in order to make a decision on the change of circumstances entitlement, the user should follow the current guidance to input the new claim decision with the correct effective date and run the eligibility check. The user would then need to treat the change of circumstances as an unplanned intervention, following the: [DWP S252472#Creating an Unplanned Intervention](#)

162. If the CM can make a decision on both the new claim and the change of circumstances without requiring any further medical evidence, then the user should follow the current guidance to input the original new claim decision with the correct effective date but not run the eligibility check.

163. The user would then need to follow the [DWP S252214#Modifying the determination](#) to record the change of circumstances decision, making sure the effective date is correct for the change of circumstances.

164. A manual decision notification will need to be completed, fully explaining both the new claims and change of circumstances decisions and effective dates.

Reasons and the PIP decision notification

Evidence in the PIP decision notification

160. The evidence input in the PIPCS assessment questionnaire is included in the claimant's notification.

For example:

- evidence selected in PIPCS assessment questionnaire = GP- report, text in notification:

‘the information provided in the report from your general practitioner’

- evidence selected in PIPCS assessment questionnaire = consultant telephone advice:

‘the information provided by the telephone advice from your consultant’

See: [Chapter A1 - Principles of Decision Making and Evidence](#) of the ADM and [Considering the evidence](#) in this guidance.

The award/disallowance in the PIP decision notification

161. The notification advises the claimant of the evidence used to make the decision then gives a brief statement about whether they are awarded or not.

162. A disability disallowance notification on a new claim (PIP.7011) for example says:

‘I’ve decided you’re not entitled to Personal Independence Payment from XX Month YYYY I realise you have a disability or health condition and receiving this decision isn’t the news you were hoping for.

Unfortunately you don't meet the criteria for Personal Independence Payment. I’ll explain in more detail how I reached this decision on the next page.’

163. In a disability disallowance or reduced award notification following the reason text and the descriptors selected by the CM, is a paragraph headed ‘**What happens next**’. This is where the date 7 working days after the date the notification is issued is inserted to tell the claimant the CM will phone them to explain the decision. A further date (5 working days after the first date) is entered in the text ‘If I have been unable to contact you by -/-/ and you want to discuss etc.’

164. An award on a new claim (PIP.7001) says:

I’ve decided you’re entitled to the Daily Living component of Personal Independence Payment at the Enhanced rate of £XX.XX a week from XX Month YYYY to DD Month YYYY (both dates included).

I’ve decided you’re entitled to the Mobility component of Personal Independence Payment at the Enhanced rate of £XX.XX a week from XX Month YYYY to DD Month YYYY (both dates included).

165. The award notification also includes the review period information:

‘Although Personal Independence Payment has been awarded, you’ll only be entitled if you continue to meet the conditions for benefit. We’ll contact you after XX Month YYYY to make sure you’re receiving the right level of Personal Independence Payment.’

Descriptors in reasons and decision notification

166. The daily living and mobility descriptors you select in the PIPCS assessment questionnaire are included in the decision notification in full and in the same order as in the assessment questionnaire.

Note: Although the Reasons text you draft should be without apostrophes and other special characters, the rest of the notification text produced does use apostrophes. This is reflected in the examples of the notification descriptor text that follows.

167. The descriptors in the decision notification follow the Reasons section under the heading ‘How your decision was reached’. Firstly the daily living selections and scores and the total daily living score. This is followed by the mobility selections, points scored and the total mobility score. The rates for each component are explained followed by:

‘Using all the information provided, I’ve given you the following descriptors and scores for the Daily Living/Mobility component’

For example: in the daily living activity area 10 ‘Making budgeting decisions’ descriptor 10a is worded:

- ‘You can manage complex budgeting decisions unaided.’ This gives you a score of 0.

Descriptor 10d is worded:

- You can’t make budgeting decisions at all. This gives you a score of 6.’

For example: in the mobility activity area “Moving Around”, descriptor 12a in the notification is worded:

- ‘You can stand and then move more than 200 metres’. This gives you a score of 0.

Descriptor 12F is worded:

- ‘You can’t stand or move more than 1 metre’. This gives you a score of 12.

168. It will not usually be necessary to include the full text of a descriptor in the reasons provided what you do include is enough to make it clear which descriptor you are referring to. If there could be any confusion include the full descriptor.

For example:

- ‘You explained you sometimes feel you cannot be bothered to make yourself a meal, but you do not need help and usually manage to do something. I have decided you can prepare and cook a simple meal unaided.’

169. Where a descriptor the claimant has selected is agreed by the CM the reasoning may be simpler.

For example:

A claimant says they need to use a seat when showering, the CM considers this is supported by the evidence, and provides reasons as follows:

- ‘Although you said you can wash yourself, you need a seat in the shower to do this. You tire quickly and you cannot stand for long enough. I have decided you need an aid to wash yourself.’

170. The descriptor selected and agreed in the above case is ‘Needs to use an aid or appliance to be able to wash or bathe’. In this case there is no need to quote the descriptor in full.

171. The reasons section is the personal aspect of the decision and notification for the claimant. You may need to repeat some aspects covered elsewhere in the decision notification to explain your reasons fully and clearly.

172. The decision notification includes only standard paragraph options for the QP/PT. Where the QP/PT affects the decision you will need to explain why in the reasons. More

information on QP or PT reasoning is included at - See: [QP/PT standard text and reasons required](#)

Drafting reasons in Word

173. The reasons for decision are recorded in PIPCS Decision Assist Reasons boxes. There are separate reasons sections for daily living and mobility. The reasons fields in PIPCS are free text but it isn't possible to conduct a full spell check.

174. Reasons must be drafted in a Word document before copying and pasting into PIPCS.

175. Full details on accessing and recording reasons in PIPCS is covered at - '**Recording reasons in PIPCS**' but **briefly** the process is:

- type reasons in the appropriate order (daily living followed by mobility) and format in a word document
- check you won't exceed the maximum number of characters for each component (each 2000 characters or 300-400 words)
- don't insert a blank line for spacing, it transfers into the decision notification as a large gap even though it can't be seen in PIPCS
- complete a spell check when you're satisfied everything is covered
- select to copy all daily living reasons text
- minimise the word document
- expand the relevant Determination and open the Reasons tab in Decision Assist in PIPCS, open a new reason dialogue box, option daily living
- copy the daily living text from your Word document then
- paste using the 4th button on the tool bar in PIPCS into the daily living reasons box, save

IMPORTANT NOTE: It is important that you **do not use** function keys to copy and paste for example don't use control (Ctrl) C and Ctrl V, it won't paste correctly. **Do not use bold, italic or underline formatting** as this will corrupt the text in the notification. **Do not** include any special characters in reasons (they will display incorrectly on the notification), for example do not use: <, &, \, ' , ". Ensure you use plain text only.

- return to Word document and copy mobility reasons text from the Word document
- open a new reason dialogue box select the option for mobility,
- paste using the 4th button on the tool bar in PIPCS into the mobility reasons box, save

NOTE: It is important that you **do not use** function keys to copy and paste for example don't use control (Ctrl) C and Ctrl V, it won't paste correctly. **Do not use bold, italic or underline formatting** as this will corrupt the text in the notification just use plain text.

- delete the word document when text copied successfully.

See: [Recording reasons in PIPCS](#) for detailed information about this.

Recommended layout for reasons

176. The suggested order below is used for the daily living component and again for the mobility component. Issues connected with either or both components (QP or PT) should be included as appropriate. However this layout may not be appropriate for all reasons.

Note: examples below are written in full without apostrophes or other special characters because they won't copy into PIPCS without corrupting the text in the notification, See: Drafting reasons in 'Word'.

- **Opening:** to cover the claimant's health condition or impairment and any other general information. For example:

'You have explained how your diabetes rheumatoid arthritis affects your daily living.

'Your diabetes is monitored by your GP and Diabetic Clinic and is controlled by medication and weekly blood test checks.'

- **Agreed descriptors and other agreed matters:** address what is accepted by the CM, that is, where the descriptors the claimant selects in their PIP2 are agreed by the CM. For example:

'As you cannot use the bath, you use the shower and you said your wife helps you to get in and out. I have decided as your leg may give way, you need help to get in and out of the shower.'

'You said your wife helps you dressing your lower body. I accept you need help dressing your lower body because of pain and difficulty bending and reaching'.

- **Descriptors and other matters not agreed:** address the descriptors and other issues that are not agreed. This includes evidence and facts to explain why the CM does not agree with the claimant's descriptor choice. Could include other relevant issues for example the QP/PT. For example:

'Your meals are prepared for you at home. You said you have difficulty chopping and peeling and you cannot make a meal. At the consultation you were able to bend and retrieve documents from your bag. Your joints moved normally and you said you can knit and crochet. I have decided you can prepare and cook a simple meal'.

'You explained you have difficulty mobilising in the morning, it can take an hour or more before your pain and stiffness ease enough for you to shower. You do a supermarket shop each week, and use a shopping trolley to lean on if you need to. You do not use a walking aid. At the consultation you were able to climb on to the couch and move around unaided. There is stiffness in your lower limbs but you have a good range of movement and no muscle wasting in lower limbs. I have therefore decided you can walk at least 200 metres'.

- **Activities the claimant indicates no restrictions in and CM agrees:** cover any activities where the claimant said they aren't restricted and the CM agrees. For example:

'You said you manage to use the toilet unaided and you do not need help communicating, reading, mixing with others or managing your finances'.

177. After the reasons the decision notification lists the descriptors selected by the CM in the submitted assessment questionnaire. There is no need to repeat the outcome of your decision in reasons that is, PIP awarded or not, as this information is given at the start of the notification - See: [The award/disallowance in the PIP decision notification](#) and [Accessing and recording Reasons in PIPCS](#) for details on how to access and record your reasons in PIPCS.

Decision notification text that follows reasons

178. The text that follows the Decision Maker's Reasoning in the notification gives an explanation of the entitlement conditions and rates for each component.

Followed by:

- 'Using all the information provided, I've given you the following descriptors and scores for the Daily Living component/Mobility component'

There is a separate sentence as above for each component.

Note: Text produced in the notification that is **not** part of the Reasons text includes apostrophes and all other special characters hence inclusion in the examples.

179. Firstly the daily living descriptors and then the mobility descriptors selected follow, and the points scored for each. For example:

- 'You need prompting from another person to eat and drink. This gives you a score of 4.'

The total score for each component is given after the descriptors.

180. You will record reasons for mobility descriptors on the mobility reasons page in PIPCS after you have completed the daily living reasons, but they are printed together in one section in the notification, daily living first - See: [Accessing and Recording Reasons in PIPCS](#), in this guidance and See '[Claimant Decision Explanation](#)' guidance in PIPUG and in the ADM see - [Chapter P2 - Assessment for PIP Appendix 2](#).

QP PT standard text and reasons required

181. Standard options for QP or PT are included in the decision notification depending on the CM's response to the QP or PT questions in the PIPCS assessment questionnaire.

182. The standard text includes the definition of QP or PT and then for example:

- Your needs are likely to reduce so you won't satisfy the disability conditions 'from and to' or 'within the period specified above'. Because of this you are not entitled to (either component or PIP)'from and including date of claim'.

183. The standard text on QP/PT doesn't include enough information in some cases to ensure the claimant receives an accurate decision notification. Additional text should be included in

Reasons for decision if a claim to PIP results in an award of one component and the other is disallowed because:

- the PT is not met or
- both the PT and the QP are not met.

184. This is because the notifications PIP.7001, PIP.7002 and PIP.7003 do not include the text to cover these cases. After recording your reasons for each component, you should add the appropriate text for QP/PT for Daily living or Mobility as follows:

Daily Living PT or PT and QP not met

- To be entitled to the Daily Living component of Personal Independence Payment you must have satisfied the disability conditions for three months and then be expected to satisfy them for another nine months from the date any award could start. Therefore you must need help for at least twelve months. Your needs are likely to reduce so you will not satisfy the disability conditions within the period specified above. Because of this you are not entitled to the Daily Living component.

Mobility PT or PT and QP not met

- To be entitled to the Mobility component of Personal Independence Payment you must have satisfied the disability conditions for three months and then be expected to satisfy them for another nine months from the date any award could start. Therefore you must need help for at least twelve months. Your needs are likely to reduce so you will not satisfy the disability conditions within the period specified above. Because of this you are not entitled to the Mobility component.

Note: If the component isn't met due to QP/PT not being satisfied, you must also include the detail about the descriptors whether or not they meet the required score for an award at any rate.

185. The general text on QP/PT doesn't cover (in notifications PIP.7012 and PIP.7013) a potential change from standard to enhanced rate but for the fact that the QP or PT is not met.

186. If you make a decision on reconsideration or intervention which would have resulted in an increase from standard to enhanced rate but for the fact that the PT is not met, you will need to explain this fully in your reasons.

For example: A claimant receiving a PIP award of daily living component at standard rate:

- reports deterioration in their ability to undertake daily living activities due to a recent knee operation
- following assessment CM decides appropriate descriptors at time of change, assessment and decision would achieve an enhanced rate score, but
- evidence indicates that the claimant's ability will improve within at most two months,
- the CM decides the new descriptors and increased score will not be met for the duration of the PT, and the standard rate award remains unchanged.

187. In the above example all aspects of the decision need to be covered in reasons including:

- the descriptors that would apply but for not meeting the PT
- an explanation and details of the evidence that indicates increased needs will not be met for the period of the PT.

Note: for information, the general text in the decision notification when PT isn't met is:

'To be entitled to the enhanced rate of the daily living component of Personal Independence Payment you must be expected to satisfy the disability conditions for that rate for at least nine months from <when will the QP be met or <date of reported change or claim>. Your needs are likely to reduce so you won't satisfy the disability conditions for the enhanced rate on <end date of PT>.'

See: ADM - [Chapter P2 - Assessment for PIP](#), [Chapter A3 - Revision](#) and [Chapter A4 – Supersession, suspension and termination](#).

See: '[Reconsiderations](#)' and '[Assessment Provider Process](#)' guidance in PIPUG and also the '[PIP Assessment Guide](#)'.

Spare paragraphs 188 – 190

Recording Reasons in Reconsiderations and Interventions cases

191. Reasons are required when you've reconsidered a previous decision and have changed descriptors or other detail in the assessment questionnaire. Where a new assessment questionnaire has been completed as a result of reconsideration or intervention you will need to record reasons for the decision.

192. Where a descriptor has changed but the effect is not to change the rate of award, you will need to explain this in your reasons.

For example: In the activity 'Washing and bathing', there are 3 descriptors that each attracts 2 points. If the claimant's needs change from one to another there is no material difference to the rate.

193. The change in descriptor still needs an explanation including in reasons, particularly if the descriptor now awarded differs from what the claimant has said is appropriate.

Note: where a reconsideration is created or amended and the CM selects the 'Reconsideration referral' tick box, an auto task to the AP Advice work queue is created or the TI referrals work queue if the case is SRTI.

194. In all cases where descriptors change or other information needs changing in the PIPCS assessment questionnaire, you should complete and submit a new assessment questionnaire before you can access the reasons pages in PIPCS. Reasons recorded are transferred to the reconsideration notifications PIP.7012 and PIP.7002 just as they are for an initial award and disallowance notifications.

195. Reasons pages are only available to complete when a new PIPCS assessment questionnaire is completed and submitted. This means unless the decision results in a new assessment questionnaire being completed in decision assist and a new determination the reasons screens will not be available.

196. Where a case is reconsidered and not revised a new assessment questionnaire isn't completed and because a new questionnaire isn't completed in PIPCS the Reasons in PIPCS aren't available. A clerical decision notification PIP.7015 should be completed and a communication record created. The notification should explain why the decision can't be changed and focus on the issues raised or disputed also if appropriate address any errors identified in the original decision.

See: 'Reconsiderations' and 'Unplanned Interventions' guidance in the PIPUG.

Accessing and recording Reasons in PIPCS

197. When you're satisfied with the reasons you've drafted in Microsoft Word you should transfer the text into PIPCS - See: Drafting reasons in 'Word'.

198. The Reasons dialogue box in PIPCS is accessed from the Determination Reasons List screen. To be able to access the Reasons dialogue box from the list screen:

- there must be at least one submission for the determination
- there can only be one active (current) reason for each component and
- the determination cannot have a status of "Cancelled" or "Complete".

199. The assessment questionnaire should have been completed and submitted by the CM and the results viewed in the Determinations section of PIPCS.

200. The determination cannot be completed and so the decision cannot be finalised until the reasons for each component have been entered in PIPCS - See: Viewing the rates and scores.

Spare paragraphs 201-205

Recording reasons in PIPCS

206. The Reasons tab is in the Determinations screen in PIPCS:

- Select: toggle next to the relevant determination to expand and see the details.
- Select: the Reasons tab, under the determination. It is the last tab of three in Determinations. The "Reasons list" for the determination then displays.

Note: 'Reasons' in PIPCS works in a similar way to PIPCS Notes functionality, but what in 'Notes' is the 'subject' field are the 'category' options in Reasons. Also there are 'Sensitivity' and 'Priority' fields as in Notes and as in 'Notes' these fields should be ignored. Sensitivity is defaulted to 1, Priority is defaulted to Medium.

207. Before you open the reasons list, copy the relevant text from your Word document beginning with the daily living reasons. The list of reasons (including cancelled reasons) recorded against a determination is displayed.

- Select: 'New' button on the right of the list screen to open 'New Reasons' dialogue box.
- the category field is mandatory and there are four category options available from the drop down button:
- Daily living activities
- Mobility
- No reason required – Daily living activities (this is not used)
- No reason required – Mobility. (rarely used, see order of reason below)

208. A reason category must be selected in PIPCS for each component. If not, the CM can't complete the determination and finalise the decision.

Order of Reasons in PIPCS

209. Daily living activities should be selected first. The reasons relating to the daily living component, including any explanation about the QP or PT should be input in daily living reasons dialogue box.

210. Mobility category reasons are input next. The reasons dialogue boxes for each component allow the same number of characters, 2000. As there are only two mobility activities there is more space in the mobility reasons box for other reasoning to be added where appropriate.

211. After the mobility component reasons have been input, other reasoning can be added where appropriate for:

- the end date of the award
- the accepted date of claim (where different)
- effective date of change.

This list is not exhaustive - See: 'Reconsiderations' guidance.

212. Although there are 'No reason required' options available, the 'No reason - daily living' is not required and the 'No reason – mobility' only rarely, for example certain exportability claims. The daily living reason text for accepted SRTI cases is covered in - See: 'SRTI – Case manager' guidance.

213. Having selected and copied the relevant daily living activities text from the 'Word' document you should now:

- Paste using the 4th button on the tool bar in PIPCS into the daily living reasons free text field
- Select: 'Save'

NOTE: It is important that you **do not use** function keys to copy and paste for example don't use control (Ctrl) C and Ctrl V, it won't paste correctly. **Don't use** bold, italic or underline

formatting as this will corrupt the text in the notification just use plain text. **Do not** include any special characters in reasons (they will display incorrectly on the notification), for example do not use: <>,&,\, ‘ ’. Ensure you use plain text only. See: Drafting reasons in ‘Word’.

214. After the reason text is saved, PIPCS:

- stores the reason with a status of active
- closes the dialogue box
- returns to the Reasons list page.

215. The list page lists all saved and cancelled reasons for a determination under headings:

- Category
- Last update (this shows part of text)
- Entered by (PIP decision maker)
- Date (date reason created)
- Status (Active if this is the last active reason).

216 To view saved reason text:

- Select: toggle next to the reason to be viewed to expand it.

217 After saving reasons for daily living follow the same process for recording and saving mobility reasons, that is:

- Return to your reasons ‘Word’ document, select and copy the relevant reasons text
- Return to the Determination reasons list in PIPCS
- Select: ‘New’ button again on the right of the list screen to open ‘New Reasons’ dialogue box
- Select: Mobility category
- Paste the text using the 4th button on the tool bar in PIPCS into the mobility category reasons dialogue box ‘free text’ field
- Read through the text to check it’s all correct
- Select: ‘Save’.

NOTE: It is important that you **do not use** function keys to copy and paste for example don’t use control (Ctrl) C and Ctrl V, it won’t paste correctly. **Do not use** bold, italic or underline formatting as this will corrupt the text in the notification just use plain text. **Do not** include any special characters in reasons (they will display incorrectly on the notification), for example do not use: <>,&,\, ‘ ’. Ensure you use plain text only.

218. If you make a mistake and you haven’t already selected ‘save’ you can simply correct it. If you have selected ‘save’, you must delete the reason and then complete it again - **See:** Deleting a Reason in PIPCS.

219. There can only be one ‘active’ reason for each component against each determination although there can be cancelled reasons. Only the active reason for each component feeds into the decision notification.

Deleting a Reason in PIPCS

220. If you identify a mistake in the Reasons text for a component and it has been saved, you must delete all the text and start again. Although the action in PIPCS refers to 'deleting' the deleted text shows in PIPCS as 'cancelled' reason and is retained in PIPCS for reference.

221. A reason on a determination can only be deleted if the CM has not selected to complete the determination. That is, if the determination status is 'Complete' then active reasons for the determination cannot be deleted.

222. The text will not be transferred to the decision notification if it is deleted. Only the last active reason for a completed determination is included in the notification.

223. To delete a reason:

- Select: 'Reasons' tab under the Determination, the last of three tabs to open the 'Reasons list' page
- Select: 'Delete' option from the action button next to the reason to be deleted, a confirmation dialogue box opens
- Select: 'Yes' to answer 'Are you sure you want to delete the determination reason?'

224. On selecting 'Yes' the system:

- Sets the Determination reason status to 'cancelled'
- Closes the delete reason dialogue box
- Returns to the Reasons list page and displays the 'cancelled' reason.

Formatting and checking

225. The free text fields in each of the daily living and mobility reasons dialogue boxes allow for 2000 characters each component (300 – 400 words). PIPCS doesn't give a warning when the maximum is about to be reached. Instead it will simply not allow you to type anything once the limit is reached. Ensure you use only plain text when you're drafting reasons anything else for example bold, or special characters such as '&',',', will corrupt the text in the notification See: [Drafting reasons in 'Word'](#) for more details.

226. When you are ready to paste the text into PIPCS you will know the number of characters for each component having checked this when drafting. A spell check should also have been done in Word. See: [Drafting reasons in 'Word'](#).

227. In the decision notification the 'Decision Maker's Reasoning' is printed together in one section above the list of daily living and then mobility descriptors. The daily living reasons first followed by mobility reasons and any other relevant reasons text input in the mobility reasons.

228. Daily living descriptor reasons shouldn't be input in the mobility reasons category field. PIPCS should show the text specific to each component.

229. When drafting daily living reasons in Word you may find you've used the maximum 2000 characters. If so you will need to look again to try to make the text more focused and concise - See: Main principles for reasons in this guidance.

Spare paragraphs 230-239

240. The font size in PIPCS is Arial 12 for standard and size 16 for large print. Bullets or emboldened text and so on won't transfer from PIPCS to the 'Decision Maker's Reasoning' in the notification.

241. New paragraphs are given with hard returns (that is press the 'enter' key once). In this way text can be formatted to make it easier to read.

242. Don't press the enter key twice in the Word document as that gives a blank line. This is because when pasted into PIPCS this won't show but it transfers into the decision notification as a large gap.

243. Once the reasons have been completed in PIPCS you can go on to complete the determination.

Spare paragraphs 244 – 245

Completing the determination in PIPCS

Completing the Determination and effective date

246. After completing and saving your reasons in PIPCS you're returned to the Determinations screen and the reasons completed status for the determination display as 'active'.

247. Provided you're satisfied the assessment questionnaire and your reasons are complete and correct you can complete the determination. This action is a mandatory step which finalises all action in the decision assist part of PIPCS. To do this, on the determinations list page:

Step	Action
1	select 'action' button on the right hand side (RHS) of the relevant determination which has a status of 'In Progress' The drop down menu options include 'Request AP advice' 'Cancel determination'
2	select option ' Complete Determination '. System displays a confirmation dialogue box text: Step 1 'Are you sure you want to complete this determination?'
3	select 'Next' to confirm, system opens

	Step 2 - Set effective date
	‘Please enter the effective date of the determination’
4	select appropriate effective date for this determination
5.	select ‘Save’

248. The dialogue box closes and the determination status changes from ‘In Progress’ to ‘Completed’. The Assessment status for the case is updated from Report Outstanding’ to ‘Report Complete’

249. When the determination is completed the ‘Medical evidence details’ screens in PIPCS are updated depending on the answers in the CM’s assessment questionnaire.

250. If the submitted questionnaire included a:

- tick in the check box for ‘**TI provisions met**’, then Medical evidence details page changes to ‘**TI provisions determined**’.
- ‘Yes’ in answer to the question ‘The claimant has a mental health or behavioural condition, learning difficulty, developmental disorder or memory problems and may need additional support to comply with future claim processes’ this updates ‘Medical evidence details’ in PIPCS ‘Additional support determined’.

See: [Assessment questionnaire pages](#) for more information.

Applying Changes to validate evidence

251. To progress to the final decision in PIPCS you need to navigate to the evidence dashboard for the case. The next steps are to apply and validate the evidence (that is making sure it is correct) so that legislative rules can be run.

252. PIPCS automatically validates evidence when the option to ‘apply changes’ is selected to the evidence ‘in edit’. However it is advisable to validate the evidence before ‘applying changes’ so you can check evidence is correct. If not and evidence is missing or incorrect, when you ‘apply changes’ the evidence in error will not be validated and you may not be able to proceed.

Accessing Evidence to validate changes

253. Having completed the determination from the ‘Determinations’ screens you need to return to the PIP Case home page, (application or integrated case):

Step	Action
1	select ‘Search Results’ tab at the top of the screen This opens the Search Results page
2	select the Application or Integrated case hyperlink (select integrated case if it’s not a new claim)

3	select 'Evidence' tab.
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254. From the evidence dashboard you can select and view any evidence recorded to check it and update if appropriate. If there is any 'in edit' evidence this is indicated on the right of the evidence by a purple symbol.

Step	Action
1	select 'In edit' option from the options on the left hand panel In edit evidence list page opens
2	select the toggle on the left of the evidence (each evidence type is selected individually to view and possibly change)
3	select 'Continue editing' from the action button on the RHS This opens the in edit evidence page
4	check all evidence displayed change evidence if needed or leave if all correct
5	select save if evidence has been changed or select cancel if evidence is correct without changing To return to the 'In edit evidence' screen
6	select 'Dashboard' from the left hand panel
7	select ' Validate Changes ' option from the action drop down button to open dialogue box.
8	select tick boxes
9	select 'Save' This validates all the evidence, closes the dialogue box and returns to the evidence dash board.

Accessing Evidence to apply changes

256. 'Apply changes' is a mandatory step which is needed to trigger PIPCS to activate all the evidence and later run the assessment (legislative) rules. From the evidence dashboard:

Step	Action
1	select ' Apply Changes ' option from the action drop down button. This opens a dialogue box showing the evidence details.
2	select tick boxes
3	select: 'Save'

257. Action to 'Apply Changes' triggers PIPCS to do one of the following three things, to:

- refer the case back to the user if amendments to evidence are needed (that is PIPCS cannot validate the evidence as for example verification is needed but this won't happen if you check and validate first), or
- create an evidence approval task for a management check which will task to the user responsible for the check, or
- activate the evidence and this means you can complete the decision making process.

258. If amendments are needed to the evidence you should make the necessary changes to the evidence before selecting 'apply changes' again to continue.

259. If an evidence approval task is generated you can't proceed further with the case until the case is checked and tasked back to you by the checker - See: [Evidence approval checks](#)

260. If 'Apply changes' has activated the evidence you can continue to take the next steps to finalise the decision.

Spare paragraphs 261-269

Checking eligibility

270. Once all the evidence is validated PIPCS runs the legislative rules against the information held for the case. This includes initial claim details, payability evidence, QP/PT details (required period condition), and descriptors. PIPCS calculates if the claimant is entitled, if entitled whether benefit is payable, the date payable and so on.

271. Eligibility can be checked on a case at any time after the PIP application has been submitted in PIPCS. However rules are run only on the evidence available at the time a check is made. The check returns an eligible or ineligible result depending on the evidence held.

272. The eligibility check results in the running of the full legislative rules only where the assessment status is 'report complete' and the determination status is 'complete'. The full eligibility check is completed at this stage so that the action to finalise the decision can be taken.

273. After applying changes return to the PIP application case homepage and:

Step	Action
1	select ' Eligibility Checks ' tab, the list of previous eligibility checks displays
2	select ' Check Eligibility ' from the action button drop down menu in the top right-hand corner A 'check eligibility' dialogue box opens to display all available PIP claims for the case
3	tick: 'Use Active Evidence Only' checkbox if not already ticked
4	tick: the current PIP claim check box if not already ticked (there will only be one on a new claim and determination)

5	select: Yes to run rules and return to the eligibility checks list
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Note: An error message will display and the eligibility check will fail if there is no active evidence (Medical or R&P). If so you'll need to return to the evidence screens to check, but validating evidence and applying changes means the eligibility check fail shouldn't occur.

274. The legislative rules are now run and PIPCS will provide a detailed result of each rule and an overall outcome of eligible or ineligible.

275. The eligibility check is added to the check list and shows the date of check and displays the result of the check as 'eligible' or 'ineligible'. From the list page:

Step	Action
1	select toggle on the left of the eligibility check just completed to expand details. The tabs ' Eligible ' and ' Ineligible ' are now available

276. Eligible and ineligible checks are listed together as appropriate under the relevant tab. The eligible or ineligible tab is selected by the CM depending on the outcome of the full eligibility check.

Step	Action
1	select Eligible or Ineligible as appropriate
2	select the toggle on the left of the check to view more details and to view a full summary of results
3	select: blue hyperlink under heading ' eligibility period ' This displays the 'Summary' in the ' Supporting Details ' page for a detailed summary of the check.

277. When eligibility details have been checked the CM can go on to finalise their decision.

Note: Bank account details should be recorded when the claim is made, but if not and the claimant is eligible when you go on to award an error message will display. Check bank account details are held before making an award. If not you'll need to ring the claimant and obtain and then arrange for them to be recorded in PIPCS before awarding.

See: ['Obtaining payment details when making a PIP award'](#) guidance in PIPUG.

Checking Eligibility – existing award

278. Where a decision is already recorded on PIPCS, the updated Evidence Summary may already be in place. In these circumstances, the eligibility check should be done on the Benefit Delivery Homepage:

Step	Action
1.	select action button at top right hand side of screen
2.	check eligibility.

Eligibility Result Eligible Making an Award

279. Where a determination is completed on a new claim, reconsideration or intervention when the details have been checked and the claim is eligible, return to the eligibility checks list page and:

Step	Action
1.	select toggle on the latest eligibility check to expand the details
2.	select eligible tab from the eligible/ineligible tabs available status displays 'full eligibility passed'
3	select: ' Award ' on the action drop down button to open first of two dialogue boxes 'Create Award' this is Step 1 'Confirmation' displays: 'Are you sure you want to Award?'
4.	Select 'Next' to confirm and open the next pop up box Step 2 'Modify Award dates'

Note: The 'Award' option isn't available on Ineligible tab or where 'Lay eligibility passed' only applies. The end date and review date has not been entered on the determination until now so there are no dates to modify. This functionality is only available when the determination is active, the case is eligible and the status is open. So the end date and review date can't be amended at this point.

280. The dialogue box states that the end date is mandatory, this is incorrect. PIPCS will allow an entry in either or both of the fields as appropriate. Depending on the case an end date and/or review date should be recorded. For example an end date will not be needed for an ongoing award where a review date only applies. While for a SRTI award there will an end date but there will be no review date.

See: [Award period and reviews](#) for more information about making fixed awards, end of award and intervention dates.

281. The appropriate dates should have been decided by the CM based on the case evidence and advice. Dates must be entered in the format dd/mm/yyyy. Error messages display if for example the end date entered is before the review date. In the Step 2 dialogue box:

Step	Action
1.	input End of Award Date (calendar options) if appropriate
2.	input Recommended Review Date (calendar options) if appropriate

3	select 'Save' This closes the dialogue box and returns to 'Eligibility Checks' list page.
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282 The status relating to the PIP award showing on the list page should have now changed from 'Full eligibility passed' to '**Eligibility Authorised**'.

283 Selecting Award and save allows for payments to be made and also generates the decision award notification.

See: 'Obtaining payment details when making a PIP award' in PIPUG if an error message displays because payment details aren't held.

284. The start date of an award to PIP is automatically generated in PIPCS. The date is determined by business and legislative rules run on a case based on information gathered at the new claim and on the CM's questionnaire answers about the QP date.

285. When an award is made the status of the Application case changes from 'Action Pending' to 'Award'. The next step for the CM is to activate payment.

See: Submit for approval and Confirm approval to Activate Award.

Before this is described the action to disallow an ineligible award is covered next heading **Eligibility Result Ineligible - Disallowing**

Eligibility Result Ineligible Disallowing

286. Where a determination is completed on a new claim, reconsideration or intervention when the details have been checked and the claim is ineligible, return to the eligibility checks list page and:

Step	Action
1	select toggle on the latest eligibility check to expand the details
2	select ineligible tab from the eligible/ineligible tabs available status displays 'full eligibility failed'
3	select: Disallow using the action button to open a confirmation dialogue box displaying: 'Are you sure you want to disallow?'
4	Select Yes

Note: Disallow is not an option on the 'Eligible' tab.

287. 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.

Disallowance notification PIP 7011

288. A decision notification is generated (PIP.7011) and issued to the claimant or appointee. The decision notification includes information from the CM's active assessment questionnaire and decision assist:

- Type of assessment (consultation or paper based).
- Disability details.
- Supporting evidence (including other supporting evidence).
- QP or PT information recorded.
- Descriptors from the active determination that is, the active submission and the scores for each descriptor selected and the total for each component.
- CMs reasons.

289. The decision notification advises the claimant the CM will contact them to explain the decision. It includes what to do if they think the decision is wrong See: 'Claimant Decision Explanation' guidance in PIPUG

See: 'Reconsiderations' guidance in PIPUG.

Spare paragraphs 290-299

Final steps in a disallowance case

300. When the decision is to disallow there is no provision in PIPCS to make any payments. The next step for the CM is to close all outstanding tasks, apart from the explanation call back task.

301. This task refers the case to the CM for explanation after 7 working days of the issue of the notification. The case is not completed until the explanation of the decision has been delivered (or explanation attempted).

For details of this process - See: 'Claimant Decision Explanation' guidance in PIPUG.

302. The disallowance process is taken in other circumstances, for example when the claim fails the lay rules. Depending on the reason for the disallowance the appropriate decision notification is issued.

303. The decision notification is generated automatically and issued through Ex Stream for disallowance due to not enough points achieved. For certain other disallowances for example failure to attend an appointment without good reason, the notification is issued clerically. See The award/disallowance in the PIP decision notification and See: 'Claimant Decision Explanation' guidance.

Submit for Approval and Confirm approval to Activate Award

Note: You should have already checked by this stage to make sure there is no DLA/AA interest in CIS. If you check now and find that DLA/AA has been claimed, is in payment or

there has been a recently closed claim you may not be able to proceed. If there is a recently closed DLA/AA claim you'll need to phone the relevant BC to check if there is a reconsideration or appeal outstanding on the case. See: [Completing the scrutiny check – telephony claims](#) , also see [Outstanding DLA claim and PIP claim received](#) and [Claim in the Alternative](#) guidance in PIPUG.

304. If the claimant is entitled, the award has been confirmed, saved and the CM has returned to the 'Eligibility Checks' tab. From here the CM should navigate to the benefit case to complete the action to award and activate payment on the case. From the person homepage:

Step	Action
1.	select 'Cases' tab to open the cases screen for the claimant
2.	click the blue case reference number on the left of the page (this opens Evidence summary)
3.	Click the blue case reference again on the Evidence summary screen
4.	select ' Submit for Approval ' from the action button on the top RHS of the screen to open a dialogue box displaying: 'Are you sure you want to submit the case for approval?'
5.	select 'Yes' to confirm and to close the dialogue box and proceed.

305. If there are no checks triggered the status of the benefit case changes to 'Approved' and this automatically activates payment.

Note: If there is an appointee for the claimant, after payment has been activated through 'submit for approval' an appointee review date should be set - See: ['Appointee Review'](#) within the [PABs and Appointee](#) guidance in PIPUG.

Action after activation of award

307. When payment has been activated the CM should check CIS to see if there are any other benefits in payment including tax credits. If there are tax credits shown as in payment, HMRC tax credits should be advised that an award of PIP has been made. (The same applies where PIP changes or ends)

308. This is because there could be extra amounts or premiums due to the claimant in their Tax credit payment as a result of the PIP award - See: ['Notifying HMRC of an award/change/cessation of PIP'](#) guidance and ['Overlapping Benefits'](#) guidance in PIPUG.

309. The final actions for the CM on a case are to:

- close all outstanding tasks
- if the claimant has an appointee check there is an appointee review date on the relationship screen in PIPCS, if a review date needs to be set or the review date has been reached. See: [PABs and Appointee](#) guidance in PIPUG for how to do this
- check all documents held and categorise as appropriate for supporting and ephemeral See [Data retention management – case manager](#) guide in PIPUG

- call the claimant to explain the decision if appropriate, that is on a disallowance or reduced award when the case is automatically tasked to the CM to make the call.

310. The decision notification is issued to the claimant when the award is activated. If the decision notification is for a disallowance or reduced award on an existing case, it includes when the CM will ring the claimant to explain the decision.

311. If a claimant asks for an explanation of their award decision, an explanation will be given over the phone whatever the outcome of the decision. However where the decision is a disallowance or a reduced award of PIP an explanation is a mandatory step in the decision making process - See: 'Claimant Decision Explanation' guidance in PIPUG.

Award decision notification PIP 7001

312. Details about the content of the decision notification is covered elsewhere in the guidance - See: Descriptors in reasons and decision notification and See The award/disallowance in the PIP decision notification. The guidance here briefly lists the information included in an award decision notification.

Note: a new claim disallowance decision notification (PIP.7011) contains the questionnaire details and includes explanation contact date information - See: Disallowance notification PIP.7011.

313. A decision notification is generated through PIPCS. It contains the relevant paragraphs derived from the running of the Legislative and Payability rules against the application case evidence.

314. The notification includes detail from the CM's active submission (questionnaire) that is:

- Descriptors relating to the active determination on the application
- Determination Reasons - latest active reason created for each component category
- Supporting Evidence used (including Other Supporting Evidence).
- Disabilities in text, (no codes)
- Type of assessment (consultation or paper based)
- QP or PT information recorded in questionnaire will trigger relevant standard paragraphs to be included in the notification.

Note: where QP or PT affects the decision or entitlement, this should be explained in CM's reasons.

315. The decision notification also contains:

- explanation of PIP components
- entitled from date and length of award
- the descriptors selected by the CM and the points scored
- rate of daily living and mobility awarded
- payability restrictions or details as appropriate
- if review date recorded, a paragraph to advise we will get in touch after the this date to make sure they are getting the right level of PIP

- explains we will write 14 weeks before the end date of their award. (letter explains how to claim again if they need to)
- what to do if their condition or circumstances change
- Certificate of Entitlement where this is appropriate, that is, enhanced mobility awarded (used to obtain free Road Tax) and DVLA insert which outlines how to claim.

Viewing Award and Payment details

316. After the CM has completed all action on a case, if they or another DWP user needs details of award, payment or history, the details can be viewed in PIPCS.

317. From the relevant case home page select the Determinations tab:

- Select: 'Determination History' link, the determinations history page displays all determinations listed under headings.
- Select: toggle next to the relevant determination to expand the details

318. When a determination is expanded each separate tab can be selected and expanded to obtain more details including payments for specific periods.

Spare paragraph 319

Pre payment checks

320. Most system generated management checks are triggered earlier in the decision making process, that is when 'Apply Changes' is selected in the evidence pages. Management checks can also be triggered at the pre payment stage. A management check can trigger a quality check. Sometimes a case may have a management check triggered at the apply changes stage before the decision is made and may also have a pre payment check after the decision is made - See [Accessing Evidence to apply changes](#) and [Evidence approval checks](#).

321. The decision is made in PIPCS when the CM checks eligibility and either awards or disallows as appropriate. The pre payment check is triggered at the 'Submit for approval' point which activates payment as they are appropriate for award cases only. A pre payment check may be triggered if for example a large first payment of PIP is involved because of arrears due - **Submit for Approval and Confirm approval to Activate Award.**

322. If a pre payment check is triggered a task is sent to the CM's line manager to review and either approve or reject the case. The status changes to Submitted. The CM doesn't need to take further action on the case at this stage.

323. If the case is checked and approved the checker submits for approval and the status changes to 'Approved' to activate payment. They should also send a manual task to the CM to advise the case is approved. The CM should take any final outstanding action on the case including closing all tasks - See: '[Management Check](#)' guidance for details of the action and process for management checks.

324. If the checker rejects the case submitted for approval the case status returns to 'Open' after they have:

- selected the option 'reject case approval'
- added the reason for rejection in the free text of the dialogue box
- tasked case back to the CM to correct the mistake.

325. Correction of the mistake may involve changing evidence details and if so the CM should return to the evidence screens. After making and applying relevant changes the CM can re submit the case for approval - See: 'Management Check' guidance in PIPUG for details, See Accessing Evidence to apply changes, Evidence approval checks and Submit for Approval and Confirm approval to Activate Award, in this guidance.

Spare paragraphs 326-329

Evidence approval checks

330. These are automatically generated management checks either at random or according to whether or not certain evidence or circumstances apply. PIPCS direct the check automatically to the CM's line manager. Quality checks may be made as a result of an evidence approval management check.

331. All the information has been recorded (apart from end date and review date) at the stage this check can be generated, that is at the 'apply changes' point. The checker ensures all information has been input correctly and all procedures correctly followed.

332. An evidence approval check is triggered when for example reasons are not recorded for daily living activities and descriptors for daily living have been selected.

333. If the checker approves the case they will approve the evidence and save to activate the evidence in PIPCS - See: 'Management Check' guidance in PIPUG.

334. The case is then manually tasked back for the CM to continue action. That is to check eligibility and finalise the decision.

335. If the case is not approved the checker provides rejection reasons and comments and the case is tasked back to the CM with reasons for rejection.

336. When the CM receives the reject evidence task they will need to amend or take corrective procedures. They may need to discuss the case with the checker before taking action but they can't proceed in PIPCS unless evidence is approved.

337. When the CM has amended the evidence and this can include evidence in the active submission (the assessment questionnaire) they will need to 'apply changes' again. The case will then need to go to the checker for evidence approval before the CM can continue processing in PIPCS - See: 'Management Check' for details.

Spare paragraphs 338-339

Award period and reviews

340. The CM decides the period of an award based on all the evidence including the advice from the HP. The CM also decides if a review or ‘planned intervention’ will apply and when the review date should be set for. This should also be based on all the evidence including the claimant questionnaire, (PIP2) other evidence provided and advice from the HP.

See: Chapter P2 - Assessment for PIP Advice for Decision Makers ‘Duration of Award’

341. A review point or ‘planned intervention’ is an opportunity to look at entitlement at set intervals to ensure the claimant continues to get the right amount of PIP. The review point selected should be based on the claimant’s individual circumstances.

342. If the CM decides a planned intervention is appropriate based on the evidence and advice they record the review date in PIPCS when the decision is made. The CM sets the end date of the award for a year after the planned intervention date this is to allow enough time for the intervention to take place.

343. The award period options for the CM to consider and decide are:

- Short fixed term award, (SFT) with or without a planned intervention, these can be for a minimum of 9 months and up to a maximum of two years.
- Longer fixed term award, (LFT) the CM decides the review (planned intervention) point and then sets the end date of the award for 12 months after the review date.
- Ongoing award, where any change is very unlikely and with a planned intervention date no more than 10 years from the award date.

See: ADM Chapter P2 - Assessment for PIP ‘Duration of Award’

344. The HP gives their recommendations and justification for the recommended review date in their consultation report. The review questions for the HP are in the report forms and also in the ‘Recommendations’ screen or page of the PIPCS assessment questionnaire. See: Assessment Provider Process guidance for the CM for more details about what the HP considers. See also Page 7 - Recommendations in this guidance for detail in the assessment questionnaire.

Questions for the HP about review

345. The HP answers one of the following two questions in the report about review either giving a review period or stating review isn’t required.

Note: The same two questions are in PIPCS assessment questionnaire – See: Page 7 - Recommendations.

346. The review period question for the AP is:

‘Based on the claimant’s likely future circumstances, it would be appropriate to review the claim in’: ‘Years and Months’ fields

Date the HP gives recommended date from

347. The recommendation year and month given by the HP is taken from the date of the consultation. If the assessment is paper-based this would be from the date the HP completes the assessment report.

348 The review not required option is:

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

349. If the HP has answered ‘Yes’ to the review not required question above this indicates an ongoing award may be appropriate. The explanation from the HP should give further detail to support the HP’s answer and should be taken into account by the CM when deciding the award period.

350. The consultation report form also contains the further question for the HP:

‘It is likely that the functional restriction identified in this report will be present at the recommended point of review’

351. For the above question the options for the HP are: Yes, No, Not Applicable (no restriction present) and the HP will, select:

- ‘Not applicable’, if they consider the claimant either has few or no functional restrictions
- ‘No’, if they consider the restrictions may not still be present at the time any award made by the CM is likely to end
- ‘Yes’, if they consider the restrictions will stay the same or deteriorate.

Spare paragraphs 352 – 355

Awards reviews and end of award

Short fixed term award

356. A short fixed term award (SFT) with or without a planned intervention may be appropriate for some claimants. To decide which type of award is appropriate the CM should consider all the available evidence.

Note the HP will always provide a review period unless the HP considers the claimant’s condition is stable and highly unlikely to improve or deteriorate. The CM may consider an ongoing award in such cases.

357. The CM would consider a short fixed term award without a review may be appropriate if the HP:

- answers No to the question - ‘It is likely that the functional restriction identified in this report will be present at the recommended point of review’ and
- indicates in the report the claimant’s limitations would be expected to improve to such an extent that they are unlikely to have the degree of difficulty in activities that would result in entitlement at the end date of the award

See: 'PIP Assessment Guide' for how the HP makes recommendations.

358. A SFT award without a planned intervention stops when the award ends. If the claimant considers they still have difficulties with daily living and mobility, they will need to make a new claim.

359. A SFT award with a planned intervention would be appropriate where the HP:

- indicates there will be no functional restriction 'at the recommended point of review' and
- recommends a review date of two years or less.

360. The report should give reasons for the HPs recommendations and if the above applies, unless the evidence is contradictory or conflicting a SFT with or without a planned intervention as appropriate should be made.

For example:

Example 1:

- Claimant assessment consultation on: 07/06/2013
- HP recommends review in one year
- HP answers No to question 'It is likely that the functional restriction identified in this report will be present at the recommended point of review'
- Report clearly indicates that in 9 months to a year the claimant will have improved to the extent that they will have either no functional limitations or very low level.
- The CM makes a SFT award for a year from date of consultation.
- The end date of the award will be recorded as 06/06/2014

Example 2

- Claimant assessment consultation on: 07/06/2013
- HP recommends review in one year
- HP answers Yes to question 'It is likely that the functional restriction identified in this report will be present at the recommended point of review'
- Report clearly indicates that the claimant's condition may improve to some extent but there may or may not be any effect on their functional limitations.
- The CM makes a SFT award with a planned intervention date set for a year after the consultation. That is they set the review (PI) date for one year and add 12 months on to this.
- This gives an planned intervention date of 06/06/2014 and end date of award as 06/06/2015

361. If there are any issues with the report or evidence the CM should try to resolve them via the QAM with the HP See: Contacting the AP.

Longer fixed term award

362. Longer fixed awards with planned interventions are appropriate if it is likely the claimant's level of restriction in daily living and mobility activities may change at a later

stage. That is the claimant may have some improvement or deterioration that could result in a change in the rate of PIP entitlement.

363. For any decision on period of award, the CM should decide as to whether a longer fixed term award (LFT) is appropriate based on all the evidence, including the claimant questionnaire, any other evidence provided and the HP recommendations and advice.

364. A LFT award would be appropriate where the HP:

- indicates the functional restrictions are likely to be present at the recommended point of review and
- also recommends a review date of more than 12 months from the date of the consultation.

365. The HP report should include reasons for the HPs recommendations.

366 The CM should take appropriate action to clarify anything in the HPs recommendation or other evidence that is unclear, or if there has been any relevant evidence received at DWP the HP may not have seen - See: Contacting the AP.

Spare paragraphs 367- 369

Ongoing award

370. Ongoing awards are appropriate where the claimant's restrictions on daily living and or mobility are unlikely to change significantly. If the HP considers no significant change is likely and no requirement for future review it indicates an ongoing award may be appropriate.

371. If the HP considers the claimant's restrictions will continue but are likely to deteriorate they would usually advise on an appropriate review period rather than no review - See: 'PIP Assessment Guide' – 'Prognosis' section.

372. If the CM considers all the evidence and advice and decides an ongoing award applies, they don't record an end date in PIPCS.

373. The planned intervention date will depend on the particular circumstances of the case and the CM will decide the most appropriate date based on the evidence and the advice from the HP. The date will be set from the consultation date. A date may be set for less than 10 years but in any case the planned intervention date should be no longer than 10 years following the consultation date - See: Completing the assessment questionnaire in PIPCS, the See: 'PIP Assessment Guide', and Assessment Provider Process and 'Planned Interventions' guidance.

End of Award

374. PIPCS automatically issues an 'end of award' notification to the claimant (or appointee if appropriate) 14 weeks before the end of award.

375. This advises the claimant their award is ending. It is issued for all cases reaching the end of an award whether or not the award has had a planned intervention or any type of review at any point.

376. The end of award notification advises the claimant how to claim if the claimant considers their needs have continued and it also advises of other benefits.

377. For exportability cases, that is, those identified in PIPCS with a 'Competent State' marker there is a tailored notification - See: 'Residence and Presence' including 'Exportability' guidance in PIPUG.

Spare paragraphs 378 – 380

Further evidence received further HP advice required or received.

Further evidence received in DWP

381. Further evidence may be received from the claimant at any stage in the claim or decision making process. If further evidence is received by phone the details should be recorded in the assessment notes for the case and referred to be considered by the CM. If the case is still with the AP when the phone call is received provided this is recorded in the assessment notes the AP should be able to access and view the assessment notes in PIPCS when checking case details.

382. Separate processes and system action apply for reconsideration and for planned and unplanned interventions. If further evidence is received after the decision has been made the CM decides if the evidence:

- includes a request to reconsider the decision
- involves a change to the claimant's health condition or impairment or the needs arising from it, indicating a change in daily living and or mobility restrictions since the decision was made
- indicates or identifies a mistake in the CM's decision See: Modifying the determination

383. If the CM identifies an error in a previous decision when for example the claimant reports a change in the restrictions they have in daily living or mobility (deterioration or improvement), the process 'Unplanned Interventions' should be followed. For evidence received with or after a reconsideration request of the decision, the Reconsideration process should be followed - See: 'Unplanned Interventions' guidance and 'Reconsiderations' guidance in the PIPUG.

384. If further evidence is received after the AP assessment questionnaire has been completed, the CM decides if this new evidence makes a difference and if it needs referring to the HP for advice.

385. If the evidence is a duplicate of evidence already held and considered by the HP and CM then there will be no need to refer to the QAM to discuss the case or refer to the AP.

386. The CM should record in PIPCS Assessment notes (in addition to communication record if discussed with claimant) why no further action is needed.

Spare paragraphs 387-388

Advice from the HP required

389. If the CM can't decide if the evidence makes a difference they should consult the QAM who may phone the AP/HP on their behalf. Depending on the case and evidence it may be resolved either by phone call (details should be recorded in PIPCS assessment case notes) or by referral for the HP to provide a supplementary advice report (PA5 or PA6)

See: Contacting the AP.

See: CM and QAM Referral and return process for details about tasking to the QAM for advice.

390. Supplementary advice from the HP may involve:

- interpreting and explaining medical terminology and or clinical examination findings
- advising on the significance of special investigations or medication
- advice on whether the claimant may be suffering from 'substantially the same condition' as in a previous claim.
- advice on the nature of surgical or other treatments.

This list is not exhaustive

See: ADM - Chapter P4 - Exceptions to payability on linking.

See: 'PIP Assessment Guide'.

See 'Linking to previous entitlement' guidance in the PIPUG.

391. The procedure to follow when the case is to be referred to the HP for advice is covered earlier in the guidance

See: Referring cases to AP for advice or further evidence

HP advice received does not change their selected descriptors

392. If the advice request doesn't result in a change to the descriptors the HP previously selected, they will complete a Supplementary advice note - PA5 providing their advice. The AP will return the case using the AP's return assessment functionality through PIPCS or via PIPAT and the report will either be scanned into DRS via MOU or uploaded from PIPAT to DRS. See: Assessment Provider Process guidance for more information.

393. When the report is received in DRS the case is automatically tasked to the CM work queue. The CM should consider whether or not anything further needs to be done, liaising with the QAM as appropriate. When the CM completes their action on the case they must ensure any associated tasks are closed.

394. If further action is needed that involves supersession (for example a decision not to supersede) or reconsideration - See: 'Unplanned Interventions' guidance or 'Reconsiderations' guidance in the PIPUG.

395. If the advice request results in the HP changing their descriptor selection the AP will complete the assessment questionnaire in PIPCS (or via PIPAT). When the AP opens the questionnaire to answer it will be pre populated with the responses that were given by the CM on the last active submission. The AP will submit their completed assessment questionnaire in usual way by selecting Next on the final summary page.

See: CM and QAM Referral and return process for details about tasking to the QAM for advice.

396 The appropriate report form will be uploaded from PIPAT into DRS or completed and sent by the AP for scanning into DRS via MOU as appropriate. When the report is received in DRS a task is created automatically in PIPCS to the CM work queue.

397. When PIPAT is in place and running parallel with the clerical system it's possible for an AP to take action in PIPAT uploading a report to DRS **and** also produce and send a clerical report form for scanning into DRS. If so and the content is the same in both reports the CM should proceed with the case as normal but mark the clerical report as ephemeral. This ensures that only the one report marked supporting is retained. If there is any difference the CM should contact the AP to confirm which of the reports is valid before proceeding.

Modifying the determination (Re answering a completed assessment questionnaire)

398. A completed determination may need to be modified for various reasons. It can be done either automatically by the system or manually by the CM or QAM. The result of action to modify a completed determination is to create a new determination. This in turn allows the assessment questionnaire to be re answered by either the AP or the CM as appropriate. It also allows the CM where necessary to amend the effective date of the determination.

Note: The modify determination function is not available unless the determination status is 'Complete'. If a case is at the determination 'In progress' stage (that is with DWP and not yet complete) and needs to be referred back to the AP the CM uses the 'Request AP advice' function in PIPCS. This is covered earlier in this guidance. See: Request AP Advice action in PIPCS

399. A determination may need to be modified if a referral to the AP is required after an award has been made or after the determination has been completed. For example if a mistake is identified in the last active assessment questionnaire of a completed determination. When the action to modify is taken the system creates a new determination. The CM can re answer the assessment questionnaire and complete the determination correcting any error as necessary.

Note 1 Before accessing the relevant determination to modify, if **there is a current award** on the case the CM should register:

- a Secretary of State (S of S) Unplanned Intervention (UI) in PIPCS (where the CM identifies an error in the CM determination) or
- a Reconsideration if the claimant requests a reconsideration.

Note 2: Where the CM identifies a mistake after the determination is completed and **there is no current award** on the case if the decision:

- has not been made and notified then ‘modify determination’ action is taken. In this case the assessment questionnaire will be blank. The CM should carefully complete all the relevant pages of the assessment questionnaire amending the error and completing the Reasons text as appropriate.
- has been made and notified the CM should register a S of S Reconsideration but suppress the notification before taking action to modify the determination. A manual notification is completed after the determination has been modified and the decision made. See Suppress automated notification and Clerical notifications guidance in the PIPUG. See also ‘Reconsiderations’ and ‘Unplanned Interventions’ guidance in PIPUG.

400. The reason options available to modify a determination are similar to those when using ‘Request AP Advice’ with the addition of ‘Internal review’. The option ‘Internal review’ should **only** be selected when the CM needs to re answer the assessment questionnaire and complete the determination. To modify a determination where the CM needs to rectify a mistake, from the determination list page:

Step	Action
1.	<p>select the action drop down button on the RHS of the relevant determination.</p> <p>Options include ‘complete determination’, cancel and create determination. Note if the determination being modified has already been completed the option to cancel won’t be available.</p>
2.	<p>select the option ‘ Modify Determination’.</p> <p>System displays Modify Determination dialogue box.</p>
3.	<p>select: the reason from the options available (Internal review where CM needs to re answer questionnaire).</p> <p>The options include those for Request AP advice.</p>
4.	<p>select the option CM from the ‘Requested For’ list options:</p> <ul style="list-style-type: none"> • HMCTS • Claimant • CM (this shows DM currently) • DWP Advisor (use this option for QAM) • Other
5.	<p>input any detail if needed in Comments box</p>

	NOTE: The AP won't be able to view comments, so ensure notes for the AP are recorded in the task notes and assessment notes. But the AP has access only to task notes not assessment notes if using PIPAT.
6.	select save System creates a new determination with selected reason and date created.

401. The determination status is saved to 'In progress' and the assessment status is 'Report outstanding'. This allows the CM to take the next step to access answer and submit the questionnaire.

402. From the determinations tab the CM selects Answer on the action drop down of the appropriate questionnaire. The questions will open pre populated with the answers that were last input, saved and agreed by the CM on the last completed determination. See: Opening the assessment questionnaire.

403. The CM completes the questionnaire with the amended data, submitting and checking the summary carefully. Provided all is correct the CM completes the determination adding the relevant effective date.

Note: When the determination is completed the action taken by the CM depends on the result of the modification. In all cases evidence will require validation but if the award or award date isn't affected the current award will remain. The CM will need to complete the Reconsideration or Unplanned Intervention record as appropriate and close any tasks.

404. If the effective date is the same as the determination that has been modified, then the previous determination will be marked as 'Replaced' when the CM has completed the new determination. The new determination will be marked 'Completed'. If the effective date isn't the same the previous determination status will remain as 'Completed'.

Example 1:

- Completed determination effective date 11/06/2013
- Last completed determination modified and new determination created 09/09/2013
- CM re answers and submits questionnaire and completes determination with effective date 11/06/2013.
- Previous determination marked as 'Replaced', new determination marked 'Completed'
- Completed determination may result in arrears or overpayment depending on the result of the new submission

Example 2:

- Completed determination effective date 11/06/2013
- Last completed determination modified and new determination created 09/09/2013
- CM re answers and submits questionnaire and completes determination with effective date 28/08/2013
- Previous determination remains marked as 'Completed'

- New determination marked as ‘Completed’
- New completed determination may result in arrears or overpayment depending on the result of new submission. This will be from the date last paid up to on the previous determination modified 09/09/2013, until the day before the new determination is awarded and paid from.

See: [Applying Changes to validate evidence](#) and [Checking eligibility](#) for further information

Cancelling a determination

405. A determination should only be cancelled when there is no other option to progress the case. It will be appropriate to cancel the determination if:

- the AP submitted the determination in error and requests cancellation, for example the AP recorded details on the wrong case details for the wrong person
- a case needs to be returned to the AP for assessment after the CM has decided good reason is shown for a claimants failure to attend (FTA), failure to comply (FTC) or ID failure.

See: [Action in PIPCS Good reason shown FTA FTC and ID Failure](#) for the action to take.

406. The system will only allow a determination to be cancelled manually if the determination status is ‘In progress’. This means that when a determination has to be cancelled it won’t affect any existing entitlement the claimant may have.

407. The reason options ‘Revised Report required’ and ‘Rework Report required’ in the ‘Cancel determination’ dialogue box should **not** be used. If a revised assessment report is required due to:

- rework,
- further advice or
- further evidence requested, this is requested via the Request AP Advice functionality in PIPCS. **See: Request AP advice action in PIPCS** in this guidance.

408. If it is appropriate to cancel a determination, from the Determinations tab or home page:

Step	Action
1	select the action button on the RHS of the relevant determination The options on this drop down include ‘Complete determination’, ‘Request AP advice’.
2	select the option ‘ Cancel Determination’. System displays Cancel determination dialogue box and asks ‘Are you sure you want to cancel this determination?’
3	select the reason from the drop down options of: <ul style="list-style-type: none"> • Submitted in error

	<ul style="list-style-type: none"> • Revised Report required (this option should not be used) • Rework Report (this option should not be used)
4	<p>input any detail if needed in the Comments box for example 'Determination cancelled new determination created'.</p> <p>Note the AP won't be able to view comments so ensure notes for the AP are recorded in assessment notes and task notes.</p>
5	<p>select 'Yes'</p> <p>The system returns to the list page and the determination is marked 'cancelled'.</p>

NOTE: The reason for a cancellation is viewable in the 'cancellation reason' field of the Determination history in PIPCS.

409. When the determination has been cancelled because it was submitted in error, a new determination may not be needed. It will depend on the details of the submission error.

410. If the AP identifies they have submitted an assessment questionnaire in error they will return the case using the return assessment functionality reason 'Determination cancellation request'. For more information about this - See: '[Decision Making Part 2](#)' guidance and '[Assessment Provider Process](#)' guidance in the PIPUG.

Creating a new determination in PIPCS automatic or manual

412. This section of the guidance covers manual creation of a new determination but a new determination can be created in PIPCS in three different ways. The method of creation depends on what is needed to progress the case and on the status of the case. A determination is created in one of the following ways:

1. When the CM or QAM refers a case back to the AP using the Request AP Advice functionality and the determination is completed. This generates the task to the AP and also automatically creates a determination.
2. When the CM or QAM selects to modify a completed determination because for example a mistake is identified, this action creates a new determination in PIPCS.
3. When the previous determination has been cancelled because a new determination is required to allow the AP access to complete the questionnaire. That is, it was submitted in error or the case needs to be returned to the AP as CM has decided good reason shown. A new determination is created manually by the CM or QAM.

413. Manually creating a new determination is appropriate where there is no other functionality in PIPCS to allow the case to progress. It is only possible where the previous determination has been cancelled. If there is a determination on the assessment case with a status of 'Report outstanding', 'In progress', 'AP advice requested' or 'Complete' this action

isn't possible. The action in those cases if modification or further advice is needed is to request AP advice or to modify the determination.

See: [Request AP advice in PIPCS](#) or [Modifying the determination](#) later in this guidance.

Manually creating a new determination in PIPCS

414. If a new determination is to be created, on the determinations tab the determinations list screen opens:

Step	Action
1	select the 'New' button on the RHS of the list page A 'New determination' dialogue box displays.
2	select the new determination reason (mandatory) from the options: <ul style="list-style-type: none">• Submitted in error• Cancelled in error
3	select the appropriate option from the 'Requested For' list: <ul style="list-style-type: none">• HMCTS• Claimant• CM• DWP Advisor (use this for QAM)• Other
4	input details in Comments as appropriate
5	select 'Save'

415. PIPCS saves the new determination with a status of 'Report outstanding'. The case must be manually tasked to the AP if they need to answer the questionnaire. To ensure the case moves from DWP to AP the manual task must be created from the Decision Assist Tasks Bar. The CM should record notes to explain the action needed in the assessment case notes and task notes (notes in manual tasks aren't retained when the task is closed) - See: [Referring cases to AP for advice or further evidence](#)

416. When AP accesses the case and opens the assessment to re answer (through PIPCS or via PIPAT) it will be a blank questionnaire just as in a new referral as it's in a newly created determination. The AP completes and submits the assessment questionnaire on the new determination and this becomes the active submission. – See also ['Assessment Provider Process'](#) guidance.

417. Where the determination doesn't need to be tasked to the AP to complete the CM selects to answer a new assessment questionnaire. Again this will not be pre populated as it's held in a new determination. The CM considers the last completed AP submitted questionnaire, the assessment report and all evidence when completing the questionnaire.

418. If the creation and completion of a new determination results in a new award the new award may take effect during part of the period of the previous determination. If so and the new award is for a higher or lower rate of PIP than previously an under or overpayment record is created by PIPCS. If there has been an underpayment and arrears are now due payment of arrears must be made manually - See: 'Payment Correction Case - Overpaid' guidance and 'Issuing Manual Payment' guidance in PIPUG.

When a case may need Rework

419. Where the CM and QAM considers the HP report is not 'fit for purpose', that is the CM is unable to make a decision, the report should be returned to the AP for rework. Any rework is undertaken at the provider's expense.

420. A report that is considered not 'fit for purpose' can only be submitted for rework **before** it is used in making the decision. This means the CM will not have completed their questionnaire and determination in PIPCS on a new claim to PIP or on an intervention or reconsideration as appropriate. If the CM is unable to make the decision using the advice in the HP report then it isn't 'fit for purpose' and the CM must consult the QAM.

See: CM and QAM Referral and return process for details about tasking to the QAM for advice.

421. An assessment report or advice should contain everything it should for the CM to make a decision. The Guidance for Providers (PIP Assessment guide) notes that the assessment report or advice must be:

- Fair and impartial, doesn't compromise decision making
- Legible and concise
- In accordance with relevant legislation
- Comprehensive, clearly explaining the medical issues raised, fully clarifying any contradictions in evidence
- In plain English and free of medical jargon and unexplained medical abbreviations
- Complete with no questions unanswered

See: 'PIP Assessment Guide' for more details.

422. However, if the CM considers the assessment report can be used to make the decision but it is not entirely satisfactory, for example includes some medical jargon, it would **not** be appropriate to return for rework.

Spare paragraphs 423 – 435

436. The CM should discuss with the QAM if they consider a report is unsatisfactory and fails to meet the 'fit for purpose' criteria. If a report doesn't meet the criteria to the extent it can't be used to make the decision, it should be identified and referred quickly.

See: CM and QAM Referral and return process for details about tasking to the QAM for advice.

437. The QAM should contact the AP and discuss the case if possible with the HP who assessed the case. Any discussion should be recorded in the normal way in the assessment notes.

438. Returning a case for Rework is the action to take when the CM:

- isn't able to make the decision on the advice in the assessment report because the report isn't 'fit for purpose'
- has discussed the case with the QAM
- action to obtain clarification, further advice or evidence isn't appropriate, or possible or this action has already been taken and it's still not possible for the CM to make a decision.

See: CM and QAM Referral and return process for guidance on tasking to QAM for advice.

439. If the case needs returning to the AP, the CM must give the reasons the report doesn't meet requirements. The appropriate rework criteria should be indicated and the QAM will task the case back to the AP. There are six criteria:

Category	Reason
A	Not fair or impartial and could compromise decision making.
B	Not legible and concise.
C	Not in accordance with relevant legislation.
D	Not comprehensive doesn't explain medical issues.
E	Not in plain English, not free of medical jargon.
F	Not complete. Information missing. Questions unanswered.

Note: If the assessment report isn't entirely satisfactory for example isn't concise and includes some medical jargon but the CM considers the report can be used to make the decision, then it wouldn't be appropriate to return for Rework.

PIPCS action rework required

440. The Request AP Advice functionality in PIPCS is used to return cases to the AP for advice and evidence and also where appropriate for Rework. See Request AP advice action in PIPCS for guidance on how to return a case in PIPCS for Rework.

441. The action taken by the AP will vary depending on the case, but a report will be produced and either uploaded to DRS (if PIPAT is used) or submitted to DRS (if PIPCS accessed) in all cases. If the report isn't returned by the deadline (20 working days or two working days if SRTI case) a task will be referred to the CM to take action to follow this up through the QAM.

442. When the report is returned in DRS and tasked to the CM. The CM should check the 'fit for purpose' criteria are now met and a decision can be made, liaising with the QAM as appropriate.

443. The report documents should clearly identify the case as a 'Rework' case. A Supplementary advice note PA5 report may be completed where the HP doesn't change descriptors, or a Supplementary advice note (change of advice) PA6 or Assessment report form paper or consultation PA3 or PA4 if a new assessment and descriptors results.

444. When the AP submits the assessment questionnaire if appropriate in PIPCS or via PIPAT and the case is tasked to the CM the CM should check all the evidence in the normal way. If there are no questions arising from the evidence or report the CM can proceed to complete and submit their assessment questionnaire, complete the determination and make the decision - See: Completing the assessment questionnaire in PIPCS.