

SCHEDULE 4 SECTION 4.12

SERVICE DESCRIPTION

DISABILITY LIVING ALLOWANCE/ATTENDANCE ALLOWANCE

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SCHEDULE 4 SECTION 4.12**SERVICE DESCRIPTION****DISABILITY LIVING ALLOWANCE/ATTENDANCE ALLOWANCE****1. General**

- 1.1 The CONTRACTOR shall adhere to the medical and common business requirements detailed in Section 4.1 of this Schedule 4.
- 1.2 The CONTRACTOR shall provide examinations, reports and medical advice to the AUTHORITY.
- 1.3 The CONTRACTOR shall provide to the AUTHORITY a written medical advice service.
- 1.4 The CONTRACTOR shall provide to the AUTHORITY a daily face to face medical advice service as required by the AUTHORITY, on the AUTHORITY's premises in agreed areas.
- 1.5 For the avoidance of doubt the CONTRACTOR shall provide a written response to the face to face advice request as required.
- 1.6 The CONTRACTOR shall provide to the AUTHORITY appropriately completed Examining Health Care Professional's Reports upon request.
- 1.7 The CONTRACTOR shall provide an audiogram report with relevant advice upon request.
- 1.8 The CONTRACTOR shall provide MSRS access to ESA 85 medical reports. If the ESA85 is not viewable by the AUTHORITY in MSRS, the CONTRACTOR shall provide electronic copies as requested by the AUTHORITY.

2. Advice**2.1 General Advice**

- 2.1.1 The CONTRACTOR shall provide advice on any aspect of the Claimant's medical condition, claimed needs or on the existing medical evidence held when requested to do so by the AUTHORITY. The CONTRACTOR shall in all instances have regard to the Decision Maker's (DMs) support guidance available to DMs.
- 2.1.2 The CONTRACTOR shall provide a complete response to the questions posed in that request which shall include but not be limited to:
- (a) an interpretation of medical evidence;
 - (b) whether the claimed needs match the evidence;
 - (c) what is the Prognosis;
 - (d) a description of the usual effects of a particular medical condition;
 - (e) deciphering medial jargon or difficult handwriting;
 - (f) resolving conflicts in evidence;
 - (g) any other medical issues raised;

- (h) whether Further Medical Evidence is required and if so the most appropriate source;
 - (i) whether the questions posed are relevant and complete; and
 - (j) details of drugs prescribed in relation to the medical condition(s) as stated in the claim form.
- 2.1.3 The CONTRACTOR shall provide the advice in writing or verbally as specified by the AUTHORITY.
- 2.1.4 If the CONTRACTOR is unable to give advice to the AUTHORITY based on the documentary evidence available, the CONTRACTOR shall be explicit in advising the type of Further Medical Evidence that may be required. The CONTRACTOR shall give clear advice to the AUTHORITY as to where the Further Medical Evidence may be obtained.
- 2.2 Advice On Suspected Fraud
- 2.2.1 Where the AUTHORITY requires advice on cases of suspected fraud the CONTRACTOR shall give advice, solely on the medical issues, based on all the evidence presented.
- 2.3 Advice On Cases Referred Under The Special Rules Provision
- 2.3.1 The CONTRACTOR shall provide the AUTHORITY with advice as to whether the Claimant is Terminally Ill as defined by Disability Living Allowance or Attendance Allowance legislation.
- 2.3.2 The CONTRACTOR shall establish the date that the Claimant became Terminally Ill and shall advise the AUTHORITY of that date on the appropriate documentation.
- 2.3.3 In cases relating to a Disability Living Allowance claim while considering the effect of the medical condition on the care aspect of a claim, the CONTRACTOR shall advise the AUTHORITY whether the medical conditions identified are likely to cause the mobility problems as stated in the available information.
- 2.3.4 The CONTRACTOR shall identify on a separate form if appropriate, any Harmful Information contained in the documentation being returned to the AUTHORITY.
- 2.4 Severely Mentally Impaired (Deeming Provision)
- 2.4.1 The CONTRACTOR will receive from the AUTHORITY the appropriate Referral Documents that shall include but not be limited to all the relevant documentary evidence available.
- 2.4.2 The CONTRACTOR shall provide the AUTHORITY with advice as to whether the Claimant is suffering from a severe mental impairment and displays severe behavioural problems as defined in the relevant Disability Living Allowance Regulations and Case Law.
- 2.4.3 If the CONTRACTOR advises that additional medical information is required in order to respond in full to the requirement question(s), the CONTRACTOR shall advise the AUTHORITY of the most appropriate source for gathering the information required.
- 2.5 Advice on Cases referred under Special Rules (Terminally ill Pilot)
- 2.5.1 The CONTRACTOR shall provide the AUTHORITY with advice as to whether current medical evidence supports a decision that the customer meets the Special Rules Provision.

3 EXAMINING HEALTH CARE PROFESSIONALS'S REPORTS

- 3.1 The CONTRACTOR will receive from the AUTHORITY the appropriate Referral Documents.
- 3.2 The CONTRACTOR shall not make arrangements for an EMP examination without the explicit approval of the AUTHORITY.
- 3.3 The CONTRACTOR shall provide a fully completed EMP report in the format required by the AUTHORITY which provides the AUTHORITY with a full response to the specific questions raised within that report with full justification of all opinions given.
- 3.4 The CONTRACTOR shall ensure that Claimants who are invited to attend examinations in the examination centres are selected in accordance with criteria agreed with the AUTHORITY (See Appendix 1 to this Schedule for current applicable criteria)
- 3.4.1 The CONTRACTOR shall ensure that where a Claimant declines the invitation to attend an examination in an examination centre and requests a Domiciliary Visit that such a request is complied with".
- 3.5 Where the CONTRACTOR is unable to gain access to the Claimant's notified address on the second occasion, the CONTRACTOR shall deliver to the Claimant at the second abortive visit, a form for the Claimant to complete giving reasons for the Claimant's non-availability.
- 3.6 The CONTRACTOR shall consider the needs of the Claimant and if the Claimant is under the age of sixteen (16) years or unable to manage their own affairs, then the CONTRACTOR shall ensure that arrangements for the medical examination are conducted via the legal guardian, or in the case of Claimants over the age of sixteen (16), a suitable representative.

4 DEAFNESS CASES – AUDIOGRAM REQUIRED

- 4.1 The CONTRACTOR will receive from the AUTHORITY the appropriate Referral Documents that shall include but not be limited to the Claimant details and request for an audiogram
- 4.2 The CONTRACTOR shall perform audiometric tests where appropriate which shall be conducted by qualified audiometric technicians.
- 4.3 The CONTRACTOR shall provide the AUTHORITY with the written results of the audiometric test and the audiogram, performed when the Claimant is wearing any artificial aid which is usually worn or is suitable in their case, which shall show the average overall hearing loss in both ears at one (1), two (2) and three (3) KHZ.
- 4.4 Upon completion of the audiometric test the CONTRACTOR shall provide the AUTHORITY with an interpretation of the audiogram and an assessment of the Claimant's percentage overall hearing loss occurring in both ears.

Appendix 1

Below is a list of conditions deemed unsuitable for calling to a MEC for a DLA/AA Examination.

- Terminal illness [if an assessment for mobility component is required]
- Age under 12 years or over 75 years
- Agoraphobia [if confirmed by corroborative evidence]
- Tetraplegia, paraplegia, or dense hemiplegia*
- Severe involuntary disorders of movement or ataxia (eg cerebellar ataxia)*
- Severe and progressive neurological disease (eg multiple sclerosis, muscular dystrophy, Parkinson's disease – at the stage where there is significant disability)*
- Severe and persistent limitation of effort tolerance as a result of a cardiorespiratory condition (eg COPD)*
- Dementia [other than very early stages]
- Double amputees
- Blind **and** deaf
- Severe learning disability*
- Multiple severe impairments

* Suggest that HCP advice is sought to confirm if these conditions should be excluded.