DISABILITY LIVING ALLOWANCE

Disability Living Allowance is a benefit that is paid to people who are severely disabled and who, as a result, need help with either personal care and with getting around or both. The benefit is intended to help meet the extra costs of people with severe disability and entitlement is based on how much help is needed with care and/or mobility.

DLA comprises two components:

the **care component** - payable at one of three rates(high, middle or low) - for those who need help with personal care;

and the **mobility component -** payable at one of two rates (high or low) - for those who need help in getting around, which can include supervision outdoors.

Eligibility

There are certain conditions that must be met before help with personal care and mobility may be considered.

Age

DLA cannot be claimed on or after the 65th birthday. If a person already gets DLA when he or she reaches 65, he or she can still get it as long as they qualify.
The high rate mobility is not payable before the age 3, the low rate mobility is not payable before the age of 5. These age restriction s doe not apply to the care component.

Living alone

Entitlement is based on the amount of help needed, not the amount actually received, so it is not affected by whether a person lives alone or has someone on the premises.

When benefit can be claimed

Neither component is payable until a person has needed help for 3 months (qualifying period), and the person must be expected to need help for a further 6 months (prospective test).

Special rules

Special rules apply to those who are not expected to live longer than 6 months because of a terminal illness. The special rules means that the person will qualify for help with personal care at the highest rate automatically, even if no help is needed.

The Care Component

Lowest rate:

needs attention with bodily functions, for example - eating, washing, dressing and using the toilet- for a significant portion of the day

or if aged over 16 unable to prepare a cooked main meal.

Middle rate

needs frequent attention with bodily function throughout the day
or needs continual supervision throughout the day to avoid substantial danger to themselves or others
or needs prolonged and repeated attention at night in connection with bodily functions
or needs someone to be awake during the night for a prolonged period or at frequent intervals in order to avoid substantial danger to themselves or others.

Note; there are special conditions for some people on renal dialysis.

High rate

Satisfies both a day time and a night time condition as listed above

The Mobility Component

Lower rate:

Able to walk but needs someone with them to provide guidance or supervision for most of the time when they are outdoors on unfamiliar routes.

Higher rate:

Unable or virtually unable to walk due to a physical disability

or has had both legs amputated at or above the ankle

or born without legs or feet

or both deaf and blind and needs someone with them outdoors

or severely mentally impaired, with severe behavioural problems and qualifying for the highest rate of the care component

or the effort required to walk would cause a danger to life or cause deterioration in health

How claims are decided

Entitlement to Disability Living Allowance is decided by non medical staff of the Benefits Agency who are known as Decision Makers. Decision Makers collect evidence in order to decide on the claim. This may include factual reports from general practitioners, hospital doctors and health care professionals in conjunction with the claimant's self assessment of their disability completed in the claim pack. In a proportion of cases a specific medical examination is undertaken by a doctor contracted by the Benefits Agency.

The role of the claimant's doctor in Disability Living Allowance.

As the patient's doctor you may be asked to provide some of the following types of information to assist the Decision Maker.

DS 1500 - Special Rules

You should issue form DS1500 if requested by your patient, or their representative, if you consider that the patient may be suffering from a potentially terminal illness.

The DS1500 asks for factual information and does not require you to give a Prognosis.

The report should contain details of:

- the diagnosis
- whether the patient is aware of their condition and, if unaware, the name and address of the patient's representative requesting the DS 1500
- relevant current and proposed treatment
- clinical findings

Claim Pack

Your patient may ask you to complete a statement at the back of the claim pack (section 2). A brief note on your patient’s disabling condition(s) is all that is required.

Factual Reports

The Benefits Agency may request a factual report with details of your patient's medical condition. This report can be completed from the medical records and from your knowledge of the patient, an examination of your patient is not necessary

ATTENDANCE ALLOWANCE

Attendance Allowance is a benefit which is paid to people over 65 years of age who need help with personal care or who need supervision to avoid substantial danger to themselves or others.
The entitlement is based on how much help is needed with bodily functions and/or supervision, and the benefit is intended to help meet the extra costs of people with severe disability.

Attendance Allowance is paid at two rates - high rate and low rate. High rate is paid to those who need help both by day and at night; low rate is paid to those who need help by day or at night.

Care conditions:

> needs frequent attention with bodily functions, for example - eating, washing, dressing and using the toilet - for a significant portion of the day and/or night
>
> needs continual supervision throughout the day or needs someone to be awake during the night for a prolonged period or at frequent intervals to avoid substantial danger to themselves or others.

Eligibility

Living alone

Entitlement is based on the amount of help or supervision needed, not the amount actually received, so it is not affected by whether a person lives alone or has someone on the premises.

When benefit can be claimed

The claimant must have needed help with personal care and/or supervision for at least six months.

Special rules

Special rules apply to those who are not expected to live than six months because of a terminal illness. The special rules mean that the person will qualify for attendance allowance at the highest rate automatically, even if no help is needed.

How claims are decided

Entitlement to Disability Living Allowance is decided by non medical staff of the Benefits Agency who are known as Decision Makers. Decision Makers collect evidence in order to decide on the claim. This may include factual reports from general practitioners, hospital doctors and health care professionals in conjunction with the claimant's self assessment of their disability completed in the claim pack. In a proportion of cases a specific medical examination is undertaken by a doctor contracted by the Benefits Agency.

The role of the claimant's doctor in Attendance Allowance

As the patient's doctor you may be asked to provide some of the following types of information to assist the Decision Maker.

DS 1500 - Special Rules

You should issue form DS1500 if requested by your patient, or their representative, if you consider that the patient may be suffering from a potentially terminal illness.

The DS1500 asks for factual information and does not require you to give a prognosis.

The report should contain details of:

- the diagnosis
- whether the patient is aware of their condition and, if unaware, the name and address of the patient's representative requesting the DS 1500
- relevant current and proposed treatment
- clinical findings

Claim Pack

Your patient may ask you to complete a statement at the back of the claim pack (section 2). A brief note on your patient’s disabling condition(s) is all that is required.

Factual Reports

The Benefits Agency may request a factual report with details of your patient's medical condition. This report can be completed from the medical records and from your knowledge of the patient, an examination of your patient is not necessary.