

# The ADP application form and how to interpret it

## Index

- Introduction
- Evaluating the application form
- Condition history
- Key information about an individual's condition
- Medication
- Functional questions

## Introduction

To be able to make consistent and fair determinations for all individuals applying for Adult Disability Payment (ADP), case managers need to understand and evaluate each section of the ADP application form.

## Evaluating the application form

Part one of the ADP application form collects information on basic eligibility criteria which is required to determine eligibility.

Part two of the ADP application form gathers more specific detail about the client's needs and has five sections:

- conditions
- medications
- treatments and therapies
- contacts and supporting information
- functional questions

To make a determination, a case manager should review each section of the individual's application.

## Conditions

This section is for information about an individual's current condition(s). This includes details of:

- the approximate length of time they have been experiencing the condition(s)
- any symptoms they are experiencing and the severity of these symptoms
- how often they experience symptoms
- any treatment and / or care input they receive

## Condition history examples

### Depression and anxiety: diagnosed 2014

Currently seen by a consultant psychiatrist every six months at Parkhead hospital. Supported by my family who visit me twice a day to make sure I am getting up in the morning and eating.

I have been attending counselling once a week for the last six months. Symptoms of low mood and lack of motivation to do things. I don't like to leave the house. I have panic attacks where I am short of breath and get dizzy. I have panic attacks every time I have to speak to someone I don't know.

### **Stroke: happened in 2018**

I was hospitalised for six weeks due to the severity of the stroke.

I have reviews now once a year with a neurologist.

I currently have paid carers to help me twice a day to get up in the morning and to go to bed, and my family help out in between.

Symptoms: I have a constant weakness down my left side. I find it difficult to lift my left arm or leg and have lost my ability to grip in my left hand.

### **Autism: first diagnosed aged five.**

I currently don't see anyone, but previously was under the autism support team and an educational psychologist.

I now attend an adult autism support group once a week.

Symptoms: I find it difficult to interpret what people are saying to me, and this makes work and personal relationships difficult. I struggle to make eye contact with people or express emotions, which can lead to people being funny with me. I find it hard to see the need to do things such as washing and putting clean clothes on, so my family have to remind me to do things.

There are key areas of the above statements that a decision maker may use to consider how an individual's functional ability may be impacted by their condition(s).

It is important to consider that each individual's symptoms and lived experience of their condition(s) may be different.

## **Key information about an individual's condition**

To be able to make a consistent and fair decision, the case manager should have information about the individual's condition that may include, but is not limited to:

- the type of condition
- the potential length of the condition, if is likely to improve or deteriorate
- common treatment pathways for the condition
- common symptoms related to the condition and ranges of severity
- areas of functional ability or parts of the body that may or may not be affected by the condition

## **Information on conditions**

Information about conditions is available online to assist a case manager:

- NHS choices website (Health A to Z - NHS ([www.nhs.uk](http://www.nhs.uk)))

- NHS inform website ([NHS inform - Scottish health information you can trust | NHS inform](#))

Operational guidance on specific conditions and disabilities is also available.

The case manager should apply this information and take a person-centred approach to the individual's needs. Every individual's experience of their condition and symptoms may be different.

For example, an individual reports that they have long-standing back pain, for which they receive treatment and support. In daily living component activity 1 (preparing food) they state that they require the use of a stool (an aid.)] The case manager uses the decision-making guidance to decide that the requirement for a stool when cooking is consistent with back pain. This informs their decision when choosing the correct descriptor.

### **Treatments and therapies**

A case manager should understand the treatment and therapies, or lack of treatment and therapies, an individual may have. The relationship between treatment and therapies and likely severity of symptoms may be considered. An individual receiving no treatment or therapies may experience severe symptoms.

Treatment and therapies and levels of each may help the case manager in building a clear picture of an individual's lived experience of their condition or disability.

For example, an individual reports that due to severe back pain they are unable to walk. They have had no diagnostic tests and have only seen their GP. The individual's needs may appear inconsistent with the level of input in terms of tests and treatment. There could be a range of reasons for this, and the case manager would not be able to make a fair and informed decision without more information. The case manager notes the apparent inconsistency and arranges a case discussion with a practitioner.

### **Medications**

Medication information may help a case manager build up a picture of an individual's condition and probability of any symptoms. It may or may not be a guide as to the severity of symptoms. Medication information on its own should not be used to reach a decision. Any apparent inconsistencies should usually be explored with an individual or through supporting information.

#### **Medication information examples:**

Ibuprofen 200mg - Take 2 tablets four times a day  
Co-codamol 30/500mg – Take two tablets twice a day  
Indapamide 2.5mg - Take one tablet once a day  
Metalazone 0.5mg – Take one tablet daily  
Haliperadol 100mg – Injection every four weeks

When considering medication information, it is useful to understand:

- The name of the drug which may be the brand name (name given by the company) or the generic name (name of the medication as it was originally produced). This may be used to support confirmation of any conditions described by an individual. It can also help a case manager to explore any conditions an individual may not have described in their application.
- Dose describes the strength of the medication being taken by an individual. This may or may not support confirmation of the severity of any symptoms described by the individual in their application. Any apparent inconsistencies should usually be explored with an individual or through supporting information.
- If the medication is prescribed by a health professional
- The method that an individual uses to take medication, for example, orally or via an injection. This information will be particularly useful in assessing a person's ability to manage therapy or monitor a health condition in applications, where a lack of detail has been provided for the corresponding functional needs question.
- The frequency that the medication is taken

If a case manager is in doubt about interpreting medication information may seek support, via the case discussion process.

A practitioner will be able to advise on:

- whether medication is consistent with stated needs
- likely side effects
- how combinations of different medications interact with one another and resulting effects

## **Functional questions**

The functional questions give an individual an opportunity to tell us about how their condition or disability impacts them in their daily life.

A case manager needs to consider the information provided by the individual and use this to support appropriate descriptor choices for each of the daily living and mobility component activities.

There are twelve functional questions in the ADP application form:

1. Preparing food
2. Taking nutrition
3. Managing therapy or monitoring a health condition
4. Washing and bathing
5. Managing toilet needs or incontinence

6. Dressing and undressing
7. Communicating verbally
8. Reading and understanding signs, symbols and words
9. Engaging socially with other people face to face
10. Making budgeting decisions
11. Planning and following journeys
12. Moving around

For every functional question, the individual is invited to give a detailed account of their functional ability for that activity.

To make a fair and consistent decision, the case manager should consider the following information about an individual's functional ability:

- how are they currently completing the activity, if at all?
- do they use any aids or appliances, to complete the activity?
- do they need any assistance or support to complete the activity?
- do they need prompting to complete the activity?
- if a restriction is identified in the above what condition or symptom is related to the restriction?

In all cases, the case manager must also consider:

- are there any effects after completing the activity, for example, fatigue or pain?
- are there any safety risks associated with completing the task?
- how long does it take to complete the task?
- if it is normal to do so, would they be able to repeat the task?

The case manager needs to decide which descriptors the client satisfies on a given day in the required period, and then apply the scoring rules to decide which descriptor they are to be scored for overall.

### **Example of an individual having one condition**

Due to my cerebral palsy, I need help to cook. I can get my own breakfast and lunch, as I usually have toast or cereal for breakfast and a sandwich at lunchtime. However, I have limited movement in my left hand which makes it hard for me to hold things while chopping and trying to peel things, so I have help to do this. Once things are chopped, I can use my right arm to do the cooking, but my carer will help me if I have to lift heavy things. I have weakness in my legs so I will use a stool to sit while I am cooking. I cook for myself every day with the help of my carer. I really enjoy cooking Italian food, and it usually only takes me twenty to thirty minutes to cook my main meal. Once I have cooked, I will usually have to sit down for about half an hour as my legs get very stiff and sore, even though I am using a stool.

Using the above framework of questions, a case manager can break the individual's answer down into the information needed to make a decision:

- the individual reports that they cook every day

- the individual reports that they use a stool due to weakness in their legs
- the individual informs us they require the help of their carer to be able to complete parts of the activity
- no prompting needs have been described
- the individual informs us that they have to sit down for half an hour after completing the activity due to fatigue
- there are no safety risks noted or suggested in the individual's report of how they complete the activity
- the individual informs us it takes twenty to thirty minutes to complete the activity
- the individual reports that with help they are able to repeat the activity when they need to
- the restriction present is related to their condition of cerebral palsy

### **Example of an individual having more than one condition**

I find due to my depression I don't see the point in changing my clothes, maybe once a week. I just don't have the motivation to do it, as I am not going anywhere. When I do get changed, my partner has to help me as I had an accident six months ago and had to have my spine fused.

Due to this, I am unable to raise my arms much and cannot bend from the middle at all. When I do get changed, my partner will put my underpants and trousers on for me and then I stand, and they pull them up for me. I can just about get my hands into a loose-fitting t-shirt but if I am wearing a jumper or a shirt with buttons, my partner has to put these over my arms for me. I have fallen trying to dress a number of times when I tried to do it on my own, so my partner always helps me now. Even with my partner's help, it takes me around twenty minutes to get dressed and I am left with pain in my back and shoulders for the rest of the day.

A case manager can use the framework to understand the individual's report of how they are able to complete the activity.

- informed us they change clothes once a week, due to a lack of motivation
- identified that they are able to use loose-fitting clothes for their top half
- informed us they need their partner to dress their top and bottom half
- identified that due to their depression, they require prompting to change their clothes
- identified that when they dress it leaves them with back pain for the rest of the day
- informed us that they have fallen a number of times when dressing on their own
- informed us it takes them twenty minutes to dress
- identified their depression and spinal injury as the cause of their restriction

For this activity, the individual would only need to dress once a day

## Linking functional questions

When evaluating the functional questions, a case manager should be aware that there are links between the activities. This may lead to apparent inconsistencies. As such, the case manager is advised to look at all twelve activities together to identify any inconsistencies.

For example, for functional question 12 (mobility component activity 2, moving around), the individual states that they find it difficult to stand from a seated position, due to a hip replacement. They say that standing causes them pain and stiffness in their hip joints.

For functional question 5 (daily living component activity 5, managing toilet needs), they report that they are able to sit and stand from the toilet without difficulty.

From the information provided, it seems unclear how the individual may be able to complete one activity and not the other. There could be a number of reasons why this apparent inconsistency may exist.

The case manager should explore this further through:

- supporting information
- asking the individual further questions
- requesting a case discussion or consultation

until they are satisfied they have the information required to make a fair and informed decision.

When considering cross-activity inconsistencies, the case manager should ensure that the activities are similar enough to be compared. For example, cutting food for daily living component activity 1 (preparing food) and cutting food for daily living component activity 2 (taking nutrition) appear similar.

However, the level of grip and dexterity required to chop raw vegetables in activity 1 may not be comparable with the level of grip and dexterity required to cut cooked food. Cooked food may usually be easier to cut than raw ingredients. If the case manager is unsure of how to interpret this, further advice should be sought.

An individual may be unable or unwilling to provide sufficient information in the functional questions for the case manager to make a decision. Where this is linked to a person's disability, the case manager should gather sufficient information through:

- supporting information (which, as well as from the client or a medical professional, could include from a carer/family member if the client gives permission to do so)
- asking the individual further questions
- requesting a case discussion
- where absolutely necessary only, a consultation

Where a person simply refuses to provide further information for the case manager to make a decision on the function questions, they should be made aware that a

decision will have to be made on the basis of the available information only. This conversation should be recorded.

If the case manager has taken all available steps to address gaps in information and has been unable to gather sufficient information to satisfy the relevant criteria, then points cannot be awarded. However, even if information gaps exist for some functional questions, it may be that sufficient information exists for other parts of the application to make an award. The case manager should not automatically make an ineligible determination if information gaps remain in some areas.

## **Symptoms**

Symptoms usually describe how an individual is affected by their condition or disability. They may be experienced differently by every individual. There isn't a specific section of the application form which gathers symptoms, so the case manager needs to gather this information from any parts of the form where this is mentioned.

Symptoms may have a wide range of how they impact an individual across the same condition.

Examples of symptoms may include, but are not limited to:

- pain
- shortness of breath
- fatigue
- tremors
- paranoia
- low motivation
- hearing loss

Decision makers may make assumptions about the probable link between a condition and its likely symptoms as long as this is based on medical information (sources of medical information may include supporting information from a healthcare professional).

For example, an individual reports that due to their heart condition they experience fatigue most days. Medical information supports this statement, as fatigue is a likely symptom of this condition. This may be applied to the individual's report of their functional ability when choosing an appropriate descriptor.

Inconsistencies may be present in an individual's condition history. For example, an individual reports that they have hearing loss linked to their condition of heart failure. Medical information indicates that hearing loss is not usually linked to heart failure. This apparent inconsistency would require further sources of information to support a case manager in choosing an appropriate descriptor.

Where inconsistencies appear to be present, a case manager should explore them until they are satisfied that they can be explained. This will allow them to make fair and consistent descriptor choices.

Where the case manager does not have sufficient information to make an informed decision, they may request a case discussion in order to inform their determination. If

a case manager cannot get sufficient supporting information to make a determination, they can require an individual to attend a consultation with a practitioner.

**End of chapter**