

Assessing Mobility Allowance (MOB) claims 008-05020000

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Background

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This document outlines the information relating to assessing Mobility Allowance (MOB) claims.

Assessing medical information for MOB

The medical report assists in assessing if a customer's disability, illness or injury meets the medical criteria for MOB. To be eligible for MOB, the customer must have a disability that prevents them from using public transport, without substantial assistance, permanently or for an extended period (1 year or more). The customer's inability to use public transport is assessed using both information supplied by the customer and their treating doctor. For people from rural or remote areas who may have limited access to doctors, a community nurse can complete medical evidence.

If a person is claiming MOB because they are permanently blind or have a visual impairment which prevents them from using public transport without substantial assistance, the treating doctor's report (MA002) may be accepted from an optometrist and/or ophthalmologist to support the claim. If completed by an optometrist, the report must clearly state that it has been supported by the treating ophthalmologist.

If the customer's disability or any information held about the disability clearly indicates they require substantial assistance to use public transport, no further information is required. When assessing a customer's medical condition for MOB, they may be rated on a physical disability, a psychiatric or intellectual disability, or both.

Coding a new claim for MOB

Coding information from the MOB claim is a part of the assessment process. Code all information relating to the claim. This includes:

- Details of any medical condition.
- Work, training or study the customer is undertaking, and
- Any income from employment including hours worked. It is important the type of employment income
 is recorded correctly

This information is needed to determine whether a customer is eligible for the standard or higher rate of MOB. Income from employment may also affect any income tested Centrelink payment received by the customer.

If the customer fails to meet one or more of the qualification criteria for MOB, the claim is rejected automatically when the details are coded.

Rejecting a MOB claim

A customer's claim for MOB must be rejected if MOB eligibility criteria is not met. Send a letter to the customer advising them of the reason for the rejection, as well as their review and appeal rights.

Record all information provided with the claim to ensure the correct rejection code is used and the customer receives the correct letter.

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Background

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This document outlines how to assess if a customer's disability, illness or injury meets the medical criteria for Mobility Allowance (MOB).

Requirements of claiming MOB or completing a review

Customers claiming MOB are required to provide a completed <u>Medical Report – Mobility Allowance (MA002)</u>, unless there is pre-existing medical information (for example, rehabilitation report) on their record which indicates a substantial difficulty in using public transport.

Customers must:

- complete their details as per Step 1 of the MA002
- ensure the remainder of the form is completed by the their treating doctor

Customers who have been selected for a review must organise for their treating doctor to complete the <u>Medical Report – Mobility Allowance Review (MA002RM)</u>. Pre-existing medical information on the customer's record can be used to assist in determining ongoing medical eligibility.

The treating doctor provides information about the customer's illnesses, injuries or disabilities and their ability to use public transport (buses, trains, trams or ferries). The completed medical report can be:

- lodged or uploaded by the customer, or
- mailed by the doctor directly to Services Australia

Public transport

To be <u>eligible for MOB</u>, the customer must have a disability, illness or injury that prevents them from using public transport, without substantial assistance, permanently or for an extended period (1 year or more).

The inability to use public transport is assessed using information supplied by the customer and their treating doctor.

Medical evidence

Generally, customers claiming MOB will be asked to provide a <u>Medical Report – Mobility Allowance Review (MA002RM)</u>.

If a person is claiming MOB because they are permanently blind or have a visual impairment, which prevents them from using public transport without substantial assistance, a Medical Report - Mobility Allowance (MA002) may be accepted from an optometrist and/or ophthalmologist. If completed by an optometrist, the report must clearly state that it has been supported by the treating ophthalmologist.

If the customer's disability or any information held on the customer's record about the disability clearly indicates they require substantial assistance to use public transport, no further medical evidence is required. For example, a customer's Disability Support Pension claim or review may show the extent of a customer's disability and the permanent or long-term need of an aid to assist mobility, such as a wheelchair, walking stick or frame.

For people from rural or remote areas who may have limited access to doctors, a community nurse can complete medical evidence.

Medical condition

When assessing a customer's medical condition for MOB, check for:

- **physical disabilities**. For example, their ability to walk 400 metres, stand or sit in a bus or train with the usual movement and confines experienced in public transport, or cross the streets and negotiate the kerbs, and
- **psychiatric or intellectual disabilities**. For example, their ability to relate to others, money handling or recognising landmarks and areas

Information in a current and valid assessment of the customer's work capacity (such as an Employment Services Assessment (ESAt)/Job Capacity Assessment (JCA) report), can also be used along with all other medical evidence to indicate possible eligibility.

If more information is required to assess the inability to use public transport, a Medical Report - Mobility Allowance (MA002) or Medical Report - Mobility Allowance Review (MA002RM) must be completed.

If there is insufficient medical information to make a determination, contact the customer or their treating doctor to provide additional evidence.

Other assistance

Customers who receive MOB may also be entitled to receive assistance under the <u>Continence Aids Payment Scheme (CAPS)</u> and the Essential Medical Equipment Payment.

The Resources page contains links to Mobility Allowance (MOB) forms.

Related links

Online Claim for Mobility Allowance

Eligibility for Mobility Allowance (MOB)

Processing claims for Mobility Allowance (MOB) in Process Direct

Change of circumstances for Mobility Allowance (MOB) customers

Accepting paper Mobility Allowance (MOB) claims, reviews and claims for MOB Advance Payment

Process

For Mobility Allowance National Team (AMW) only. This page contains the process for assessing medical information for Mobility Allowance (MOB).

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Assessing medical information for MOB

Table 1

Step	Action
1	Customer cannot use public transport without substantial assistance + Read more
	If the customer has a current and valid ESAt/JCA report, go to the <u>Referral summary workflow</u> and <u>select</u> the relevant ESAt/JCA report to view in the customer's record.
	For example, a Disability Support Pension claim or review may show the extent of a customer's disability and the permanent or long-term need of an aid to assist mobility, such as a wheelchair, walking stick or frame.
	Does the customer's disability, or any information about the disability already held such as a <u>current and valid assessment of the customer's work capacity</u> , clearly indicate the customer's medical condition prevents them from using public transport without substantial assistance permanently or for an extended period?
	 Yes, the customer is medically qualified for MOB. Go to Step 9 in Table 2 No, go to Step 2.
2	Medical Report + Read more
	Has the customer provided a current Medical Report - Mobility Allowance (MA002) or Medical Report - Mobility Allowance Review (MA002RM) form?
	 Yes, go to Step 4 No, go to Step 3

3	Assess the customer's condition + Read more
	Does the customer's disability or any previous information provided by them (for example in the customer's electronic MIFE), clearly indicate they require substantial assistance to use public transport?
	 Yes, go to <u>Step 5 in Table 2</u> No, issue <u>Medical Report - Mobility Allowance Review (MA002)</u>. Procedure ends here
4	Examine the MA002 or MA002R + Read more
	If a person is claiming MOB on the basis that they are permanently blind or have a visual impairment , which prevents them from using public transport without substantial assistance, a Medical Report - Mobility Allowance (MA002) from an optometrist and/or ophthalmologist may be accepted to support the claim. If completed by an optometrist, the report must clearly state that it has been supported by the treating ophthalmologist.
	Does the treating doctor's assessment of the medical condition match with the customer assessment of the nature and severity of the disability?
	 Yes, go to Step 1 in Table 2 No, go to Step 5
5	Clarify the customer's condition + Read more
	If the nature and/or severity of the customer's condition is not clear, discuss the customer's condition with the treating doctor whose name and phone number are included on the MA002 or MA002Rm.
	After further investigation or discussion with the treating doctor, is the customer assessed as being unable to use public transport without substantial assistance?
	 Yes, clearly document level of difficulty as per discussion with the treating doctor. See <u>Step 4 in Table 2</u> No, go to <u>Step 6 in Table 2</u>

Determining rate of difficulty and making assessment

Table 2

Step	Action
1	Consider the rate of difficulty + Read more
	Has the doctor given the customer a rating of much difficulty or above for at least 2 of the skills and abilities listed in either schedule?
	 Yes, go to Step 3 No, go to Step 2
2	Moderate difficulty + Read more
	Has the doctor given the customer a rating of moderate difficulty or above across a range of skills and abilities listed in either schedule?

To define 'range', judgement must be used - that is, it may be across 2 or more skills and abilities, however consider the overall impact. Yes, go to Step 3 No, go to Step 6 3 Severe difficulty + Read more ... If the customer has much difficulty performing more than 1 activity or moderate difficulty performing a wider range of skills and activities, an overall assessment of the nature of the disabilities and their impact on the customer's mobility indicates they are generally unable to use public transport without substantial assistance. 4 **Permanent or temporary inability to use public transport** + Read more ... Has the doctor stated on the MA002 or MA002Rm or verified by phone that the inability to use public transport is likely to last for an extended period (1 year or more)? Yes, go to Step 9 No, go to Step 5 5 Existing medical evidence + Read more ... Is there existing medical evidence, for example, in the customer's electronic MIFE that indicates the inability to use public transport is likely to last for an extended period (1 year or more)? Yes, go to Step 9 No, go to Step 8 6 Making an assessment + Read more ... According to the medical evidence, has the doctor taken the full range of disabilities into account when making their assessment? Yes, go to Step 8 No, go to Step 7 7 Doctor has not taken the full range of disabilities into account when making their assessment + Read more ... In this event, contact the: treating doctor for clarification. Discuss the extent of the illness, injury or disability, and the likely duration of the inability to use public transport, or customer to provide further evidence After discussion, or receipt of the requested evidence, is the Service Officer satisfied the customer has a disability and because of their disability, the customer is unable to use public transport without substantial assistance permanently or for an extended period (1 year or more)? Yes, go to Step 9 No, go to Step 8

8	Customer does not meet medical criteria + Read more
	Code the new claim for Mobility Allowance (MOB) to reject the claim:
	 if the customer is already receiving MOB, complete the <u>review</u> to cancel the payment record the details on a DOC tell the customer of the outcome
	Procedure ends here.
9	Customer meets medical criteria + Read more
	If the customer meets the medical criteria for MOB:
	 code the new claim for Mobility Allowance, or complete the Mobility Allowance (MOB) review

References

Policy

Social Security Guide, 1.2.5.40, Mobility Allowance (MOB) - Description

Social Security Guide, 3.6.6.10, Qualification for MOB

Social Security Guide, 3.6.6.30, Assessment of Medical Criteria for MOB

Legislation

Links to the Federal Register of Legislation site go to a 'Series' page. Select the 'Latest' version.

Social Security Act 1991

- part 2.21, division 1, Qualification for and payability of mobility allowance
- section 19, Mobility Allowance definitions

For standard rate, see <u>Social Security Act 1991, section 1035, Qualification for Mobility Allowance (rate specified in subsection 1044(1))</u>

Resources

Forms

Claim for Mobility Allowance form (MA001)

Medical Report - Mobility Allowance Review (MA002RM)

Services Australia website

Medical Report - Mobility Allowance form (MA002)