

s22 (Out of Scope)



Australian Government

Services Australia

Cancellation of Disability Support Pension (DSP) 008-03130030

Currently published version valid from 23/01/2025 6:27 PM

Background

s22 (Out of Scope)

This document outlines how to cancel DSP when a customer is no longer qualified or when they request cancellation. The Service Officer must make sure that cancellation is the correct action to take.

When a customer requests cancellation of their DSP

Before starting a customer-initiated cancellation of DSP, Service Officers must ensure the customer/nominee fully understand the outcome of doing so. Once DSP is cancelled the customer may be required to lodge a new claim, provide current medical evidence and undertake new medical assessments to re-test their eligibility for DSP.

If the customer requests to cancel their DSP or submits a claim for another Income Support Payment (ISP):

- Cancelling DSP can place vulnerable customers at risk
- Further actions must occur before cancelling DSP in these circumstances
- A customer-initiated request to cancel DSP is not a decision under Social Security Law, therefore once DSP is cancelled:
 - the decision will not be overturned at review, **and**
 - DSP cannot be restored on request of the customer, unless a Vulnerability Medical Assessment (VMA) has been completed and indicates they can be restored. See [Restoration of Disability Support Pension](#)

Vulnerability Medical Assessment (VMA)

When a vulnerable customer requests to cancel DSP, Assessment Services will complete a VMA. The VMA assesses all the medical evidence on the customer's record and gives a recommendation to staff about whether DSP should be cancelled or continued.

The VMA process:

- prevents vulnerable customers from cancelling their DSP when their medical condition impacts their decision-making capacity, and
- allows restoration of DSP (within 13 weeks of cancellation) when the customer is identified as vulnerable

When DSP may be cancelled

- The customer no longer meets the qualification and/or payability provisions for DSP. Once the record is updated, DSP will auto cancel. For example, a medical review based on a JCA determines the customer no longer meets DSP medical eligibility criteria:
 - DSP does not cancel immediately as a result of a DSP manual medical review or Payment Accuracy Reviews if the customer no longer meets impairment and/or CITW requirements
 - It is cancelled after 42 days from the date the JCA is accepted
- DSP was suspended for 2 years because the customer was imprisoned or in [psychiatric confinement](#) in connection with a criminal charge
- DSP was suspended for 2 years because the customer advised within the notification period a return to work or increase in income which precluded payment, and DSP has not been restored. **Note:** this is an auto cancellation
- The customer fails to comply with the notification requirement and/or customer obligations

- The customer's partner fails to take action to obtain a comparable foreign payment
- The customer has been advised that another pension or allowance is deemed more appropriate. For example, they [reach Age Pension age](#). If a DSP customer reaches Age Pension age, DSP auto cancels in most cases. Customers in the [DSP grandfathered group](#) who elect to transfer to another payment such as Carer Payment will lose their 'Grandfathered Status' if they decide to transfer back to DSP
- The customer dies
- The customer starts work of 30 hours or more per week at award wages and fails to notify within 14 days

When DSP is cancelled with a return to work reason, DSP is deemed suspended. This means payment may be restored if the customer ceases work or reduces hours of work to below 30 hours per week within 2 years.

However, if DSP is cancelled outside the notification period, before the customer notified they had started work of 30 hours a week or more, payment cannot be suspended or deemed to be suspended. It must be cancelled from the day work started.

Effect of PPL on DSP

For children born or entering care:

- from 1 October 2016, Paid Parental Leave (PPL) granted to the customer (and/or their partner) are treated as ordinary income for calculating the rate of payment for DSP
- prior to 1 October 2016, PPL was not treated as assessable income for DSP

PPL will not reduce DSP to nil rate. The customer would need to have other income for their rate to be reduced to nil and cancel. If DSP cancels due to other income, it may be reinstated depending on the customer's current circumstances. See [Restoration of Disability Support Pension](#).

Automatic and manual cancellations

Automatic cancellation will occur following reassessments when no continuing eligibility exists. For example, when a change of income or assets takes a customer over the income or assets threshold. When the income or assets are updated, the system will:

- calculate if the customer has lost eligibility and
- automatically cancel DSP due to income or assets

Payments may also be automatically cancelled when a customer is no longer eligible. For example, when a customer fails to return correspondence or provide a tax file number. In these cases, the system will set up a manual follow up (MFU) activity for action.

If a vulnerable and at risk customer remains without income support payment for a minimum of six weeks due to an automatic suspension or cancellation, the customer may be eligible for [manual intervention](#). **Note:** customers overseas permanently are not eligible for this initiative. Any MFUs generated for customers in this situation should be cancelled.

Manual cancellation is where a Service Officer makes a decision to cancel a customer's payment based on the applicable social security law and codes this as a direct cancellation.

Automatic cancellation is the preferred method. Manual cancellation of records should only occur when automatic cancellation by coding a change in circumstances is not available.

Related links

[Cancellation, suspension and rejection codes for Disability Support Pension \(DSP\)](#)

[Commencing or returning to work or self-employment Disability Support Pension \(DSP\)](#)

[Partner commencing or returning to work](#)

[Customer ceases work or reduces hours of employment within the two year suspension period for Disability Support Pension \(DSP\)](#)

[Disability Support Pension \(DSP\) customer going overseas](#)

[Restoration of Disability Support Pension \(DSP\)](#)

[Eligibility for Mobility Allowance \(MOB\) and rates](#)

[Providing services to customers with disabilities](#)

[Work Bonus and balance for pensioners of Age Pension age](#)

[Transitional rules for pension customers who were on payment at 19 September 2009](#)

[Income Test for single pension customers](#)

[Income Test for partnered pension customers](#)

[Income Test for Disability Support Pension customer who is under 21 years, with no dependent children and with affecting income at 19 September 2009](#)

[Income Test for Disability Support Pension customer who is under 21 years, with no children](#)

[Disability Support Pension \(DSP\) letters and advices](#)

[Manual review after automatic payment suspension and cancellation of vulnerable customers](#)

[Initiating and actioning a manual medical review for Disability Support Pension \(DSP\)](#)

Process

This document outlines how to cancel DSP when a customer is no longer qualified or when they request cancellation. The Service Officer must make sure that cancellation is the correct action to take.

On this page:

[Cancelling DSP](#)

[DSP cancellation and follow up action](#)

Cancelling DSP

Table 1

Step	Action
1	DSP cancellation reason + Read more ... When DSP is being cancelled for one of the reasons below, see Table 2 > Step 1: • The customer no longer meets the qualification and/or payability provisions for DSP • DSP was suspended for 2 years because the customer was imprisoned or in psychiatric confinement in connection with a criminal charge • DSP was suspended for 2 years because the customer advised within the notification period a return to work or increase in income which precluded payment, and DSP has not been restored • The customer failed to comply with the notification requirement and/or customer obligations • The customer's partner failed to take action to obtain a comparable foreign payment • The customer has been advised that another pension or allowance is more appropriate • The customer starts work of 30 hours or more per week at award wages and fails to notify within 14 days Where a customer with a physical medical condition advises their condition has improved, has supporting medical evidence and requests cancellation of DSP, see Initiating and actioning a manual medical review for Disability Support Pension (DSP) for action required. Where the customer/nominee is requesting cancellation of DSP, go to Step 2. Where the customer is claiming another Income Support Payment (ISP) that will result in cancellation of DSP, go to Step 3.
2	Customer requests to cancel DSP + Read more ... See, Providing services to customers with disabilities. Discuss the reason for cancelling DSP with the customer or their nominee. Tell them:

- If DSP is cancelled, it cannot be restored. If you want to be paid DSP again you will need to lodge a new claim, and may need to provide current medical evidence to re test your medical eligibility

Check customer vulnerability/risk

Service Officers **must** consider if cancelling DSP will place the customer at risk. Care must be taken with customers who:

- have mental health issues, or
- may not have a confirmed mental health diagnosis but there are concerns. For example, intellectual impairment or brain injury

Service Officers can view medical information on the **s47E(d)** screen on the customer's record.

If a customer with vulnerable circumstances remains without income support payment for a minimum of 6 weeks due to an automatic suspension or cancellation, they may be eligible for [manual intervention](#).

For more details on identifying vulnerability and supporting people experiencing vulnerability, see [Identifying customer vulnerability and risk issues](#).

When a customer experiencing vulnerability requests cancellation of their DSP, before any action is taken, they may require a referral to a specialist officer and may have to participate in a Vulnerability Medical Assessment (VMA).

Customers not vulnerable/at-risk

Not all customers who request cancellation of their DSP will be identified as vulnerable or at risk and require specialist support in making a decision about their own payment. Customers who do not fit these circumstances may include:

s47E(d)

Is the Service Officer satisfied the customer is not vulnerable and can make the decision to cancel their DSP?

- **Yes,**
 - the customer does not need a referral to a specialist /VMA process
 - record clear details of the discussion on a **DOC** on the customer's record
 - see [Table 2 > Step 2](#) for customer requests to cancel the payment
- **No,**
 - the customer may need a VMA

Explain to the customer or nominee the following actions **must** occur before a decision is made to cancel DSP in these circumstances, including:

- A case consultation and referral to a specialist officer will be required - (select appropriate specialist officer based on the customer's circumstances:
 - [social worker](#) (SW)
 - Indigenous Service Officer (ISO)
 - Multicultural Service Officer (MSO)
 - Personalised Services Service Officer (PSSO), or
 - other specialist (for example, Community Engagement Officer)

Note: Service Officer may consult with a team leader (if required), about which specialist officer referral will be most appropriate
- If appropriate, the specialist officer may refer the customer for a VMA, before making a decision to cancel DSP. Their DSP cancellation request may take up to 28 days for an outcome. Service Officers **must** clearly document this discussion on the customers record.

Does the customer want to continue with cancellation of DSP?

- **Yes,**
 - Tell them that a specialist officer (SW, ISO, MSO or PSSO) will contact them

- Record clear details of the discussion on a **DOC** on the customer's record, [go to Step 4](#)
- **No,**
 - Record clear details of the discussion on a **DOC** on the customer's record, no further action required. Procedure ends here

3

Discuss cancellation of DSP due to claiming another Income Support Payment (ISP) + Read more ...

See, [Providing services to customers with disabilities](#).

It is important the customer understands that if they are granted another ISP, it will result in cancellation of their DSP.

Contact customer

Make [2 genuine attempts](#) to contact the customer/nominee to discuss the impact of claiming another payment. Tell them:

- If DSP is cancelled, it cannot be restored. If you want to be paid DSP again you will need to lodge a new claim and may need to provide current medical evidence to re-test eligibility for DSP
- If the contact is successful:
 - and the customer does not want to proceed with new ISP claim, advise the customer DSP will not be impacted. The new ISP claim is to be actioned (rejected or withdrawn) accordingly, or
 - if the customer wants to proceed with new ISP claim, continue on to the vulnerability check below
- If the contact is not successful, continue to the vulnerability check below

Check customer vulnerability/risk

Service Officers **must** consider if granting the new ISP claim and cancelling DSP will place the customer at risk. Care must be taken with granting another income support payment for customers who:

- have mental health issues, or
- may not have a confirmed mental health diagnosis but there are concerns. For example, intellectual impairment or brain injury

Service Officers can view medical information on the **s47E(d)** screen on the customer's record.

Customers in the [DSP grandfathered group](#) who elect to claim another payment, for example, Carer Payment, will lose their Grandfathered Status if they decide to reclaim DSP.

For more details on identifying vulnerability and supporting people experiencing vulnerability, see [Identifying customer vulnerability and risk issues](#).

Prior to granting another ISP where a customer experiencing vulnerability which will result in cancellation of their DSP, before any action is taken, they may require a referral to a specialist officer and could be required to participate in a Vulnerability Medical Assessment (VMA).

Customers not vulnerable/at-risk

Not all customers who claim another ISP, which will result in DSP cancellation, will be identified as vulnerable or at risk and require specialist support in making a decision about their payments. Customers who do not fit these circumstances may include:

- Customer has a valid/reasonable reason for claiming another ISP e.g. claiming Carer Payment to receive the annual Carer Supplement
- DSP customer has the ability and capacity to decide regarding their DSP. There is no indication of impaired decision making
- DSP customer is selected for a DSP medical review and does not want to participate

Is the Service Officer satisfied the customer is not vulnerable and can make the decision to cancel their DSP?

- **Yes,**
 - The customer does not need a referral to a specialist /VMA process
 - Record clear details of the discussion on a **DOC** on the customer's record
 - Proceed with the ISP claim
 - No further action required. Procedure ends here
- **No,**
 - The customer may need a VMA and a specialist officer (SW, ISO, MSO or PSSO) will contact them. Record clear details of the discussion on a **DOC** on the customer's record

- Hold the claim for 14 days for relevant reason e.g. **Third Party to provide information** or **Policy** and apply hold to user
- Annotate the Claim progress **DOC** with details
- [Go to Step 4](#)

4

Referral to specialised services + Read more ...

See, [Providing services to customers with disabilities](#).

Further actions **must occur before** cancelling DSP when a customer has vulnerable circumstances.

Service Officers **must** refer the customer to a suitable specialist to review their circumstances and determine if DSP cancellation is appropriate, and/or if they require a VMA.

Referral to specialised services SWO, ISO, MSO or PSSO

If the customer:

- has a PSSO, email the PSSO with a cc to the [Personalised Services Centrelink](#) mailbox. See the [Resources](#) page for the email template to use
- has an ISO (if relevant) or MSO, contact the staff member involved directly. (See the [Resources](#) page for how to find the MSO in Office Locator, see [Multicultural Service Officers \(MSO\)](#).)
- is not connected to a specialist officer, contact a [Social Worker \(SW\)](#). To make a referral, email [social work referrals](#). See the [Resources](#) page for the email template to use

After completing the referral, use [Fast Note: s47E\(d\)](#)

Specialists will record attempts to contact and the outcome of any customer contact on this **DOC**.

- Record the following details on the customer's record:
 - Customer has requested cancellation of DSP or customer has claimed another ISP which will result in DSP cancellation.

Referred to specialist for possible Vulnerability Medical Assessment (VMA) before decision regarding DSP can be made. See [Cancellation of Disability Support Pension \(DSP\)](#).

[Go to Step 5](#).

5

Referral to a Vulnerability Medical Assessment (VMA) + Read more ...

Specialist officers:

- Must review the customers circumstances to determine if cancellation of DSP will put them at risk
- Should look into how the customer is going to support themselves financially if DSP is cancelled that is, how will they pay for their living costs
- If customer is claiming another ISP, consider if the payment is appropriate for their circumstances
- SW, ISSO, MSO or PSSO can refer for a VMA to help with decision-making
- Can make a decision that a VMA is not required if there is clear evidence of the following:
 - [s47E\(d\)](#)

-
-
-

SWO, ISO, MSO or PSSO determines VMA is not required + Read more ...

If SWO, ISO, MSO or PSSO determines that VMA is not required:

Where the customer requested cancellation CLR:

- Annotate the **Request to cancel DSP DOC** with details
- Complete coding, use **Fast Note: s47E(d)**
- Record the following details on the customer's record:
 - Customer requested cancellation of DSP.

Specialist has determined DSP can be cancelled OR Vulnerability Medical Assessment (VMA) has been completed and customer is not at risk {delete inappropriate}

Please cancel DSP for reason CLR, from date of effect: today.

See [Cancellation of Disability Support Pension \(DSP\)](#)

See [Table 2](#)

Where the customer claimed another ISP:

- Annotate the **Request to cancel DSP DOC** with details:
 - Customer is not considered vulnerable or at risk if DSP is cancelled, as the result of being granted another payment, VMA not required. Alternative ISP claim can proceed
 - Procedure ends here

SWO, ISSO, MSO or PSSO determines a VMA is required + Read more ...

If SWO, ISSO, MSO or PSSO determines that a VMA is required, complete the following:

Specialist officer to make 2 [genuine attempts to contact](#) the customer and discuss the following:

- Referral to a VMA will need to occur
- If the customer does not agree to participate in a VMA, tell them their DSP cannot be cancelled, or their claim for another ISP cannot proceed
- If the customer agrees to stay on DSP, annotate the **Request to cancel DSP DOC**
 - Where the customer requested DSP cancellation, no further action required. Procedure ends here
 - Where the customer claimed another ISP, include in the **DOC** that the alternative ISP claim must be rejected, because the customer wishes to remain on DSP
- If unable to contact the customer, or the customer still wishes to proceed with DSP cancellation, tell them a referral to a VMA **must** be made

Clearly document these attempts by annotating the **Request to cancel DSP DOC**.

Refer for VMA

To refer for a VMA, SW, ISO, MSO or PSSO must:

- Email [Forensic Psychology Team](#) and cc in [Assessment Services National Administration Team \(ASNAT\) Support](#) referring customer for a Vulnerability Medical Assessment. CC the specialist officer's team leader into all emails about a VMA
- Document the referral on the customer's record:
SW, ISO, MSO or PSSO has discussed cancellation request with customer on DDMMYY and discussed all options. Customer is still requesting cancellation of DSP. Referral to Assessment Services for review and further assessment has been actioned. **Reason:** Vulnerable Customer DSP Cancellation Request

Procedure ends here until VMA has been completed.

When VMA is completed, [go to Step 6](#).

6	Review VMA + Read more ... Assessment Services will place a VMA on the customer's record within 7 business days as a UNS008 on Document Tools. The assessor will notify the referrer when they have completed the VMA. Note: cc the specialist officer's team leader into all emails about a VMA. Assessment Services will 'Reply All' to ensure the work will be managed if the specialist officer is on leave. If the customer contacts when DSP cancellation CLR request has been made and the VMA has not yet been completed, contact the specialist officer handling their case, and request they call the customer. Specialist officer reviews the VMA recommendation. Does the VMA recommend the customer is vulnerable/at risk? • Yes: ◦ the specialist officer (SW/ISO/MSO/PSSO) must contact the customer and tell them that DSP cannot be cancelled at this time/alternative ISP claim cannot proceed. Record clear details of the discussion on a DOC on their record. Procedure ends here ◦ Where the customer is still requesting cancellation of DSP, tell them they will need to lodge supporting medical evidence to assist in reviewing their cancellation request. Record clear details of the discussion on a DOC on their record. Go to Step 7 • No, ◦ Where the customer requested DSP cancellation, see Table 2 > Step 1 ◦ Where the customer claimed another ISP, annotate the Request to cancel DSP DOC to advise VMA has been completed and customer is not considered vulnerable or at risk if DSP is cancelled and alternative ISP claim can be granted. Procedure ends here
7	Customer lodges further medical evidence + Read more ... • If the customer lodges further medical evidence to assist in their cancellation request, Service Officers must notify the specialist officer (SW,ISO, MSO or PSSO). Dependent on the medical information provided this may change the customer's vulnerability/outcome of the VMA. That is, medical condition has changed. • SW, ISO, MSO or PSSO can refer back for another VMA with a record of referral on a DOC • Email Forensic Psychology Team and cc in Assessment Services National Administration Team (ASNAT) Support referring customer for a Vulnerability Medical Assessment. CC the specialist officer's team leader into all emails about a VMA • Document the referral on the customer's record: ◦ SW, ISO, MSO or PSSO has discussed cancellation request with customer on DDMMYYY and discussed all options. Customer has lodged further supporting medical evidence and is still requesting cancellation of DSP. Referral to Assessment Services for review and further assessment has been actioned. Reason: Vulnerable Customer DSP Cancellation Request When the new VMA is completed, go to Step 6.

DSP cancellation and follow up action

Table 2

Step	Action
1	Cancellation reason + Read more ... • If the customer has advised they have started or returned to work, see Commencing or returning to work or self-employment DSP. Procedure ends here • If the customer has advised their partner has commenced work or increased hours of work, see Partner commencing or returning to work • If the cancellation is the result of updating the customer's circumstances (for example, increased income/assets above the thresholds, change in relationship status or death of the customer or partner, go to Step 2 • If the result of a DSP manual medical review or Payment Accuracy Reviews is that the customer is no longer medically qualified for DSP, go to Step 3 • If the customer requests to cancel the payment and is not considered vulnerable at risk, go to Step 6 • For all other cancellations, go to Step 4

2	Record the updated information + Read more ... If the customer is to be cancelled due to a change in circumstances, Service Officers must record the new circumstances as this may affect the customer's eligibility for other payments for example Mobility Allowance (MOB). If the DSP customer is receiving the higher rate of MOB and is cancelled due to increased hours, they may continue to receive MOB at the higher rate. For more details, see Eligibility for Mobility Allowance (MOB) and rates. When a customer with employment income is: • under Age Pension age, Working Credit may enable the customer to keep some of their income support payment while they are working • over Age Pension age and getting a pension (excluding Parenting Payment Single), they may be eligible for the Work Bonus. Note: the Work Bonus is not used in the customer's transitional rules calculation, but partners may still benefit by the reduction in total income When a customer's income reduces their fortnightly rate to nil and some is employment income, if the customer notified: • within 14 days, they may be eligible to have their payment suspended instead of cancelled. See Commencing or returning to work or self employment DSP • outside 14 days, payment may remain current at nil rate for up to six fortnights if still eligible for DSP DSP will auto cancel when recording the change of circumstances. The s47E(d) screen shows this. • An automatic advice should generate. Check this in the Reason: field help on the s47E(d) screen, or see if a Manual Follow-up (MFU) creates on the s47E(d) screen the next day • Check if the customer's partner is receiving a payment, and if it should be cancelled. If it should cancel but has not auto cancelled, cancel their payment using the appropriate cancellation code • Record details on a DOC Go to Step 7.
3	No longer medically qualified for DSP as result of medical review + Read more ... Record details on a DOC that the customer is not qualified to continue receiving DSP as a result of the manual medical review update. The DSP cancellation is not to take effect until 42 days after sending the advice to the customer. For DSP manual medical reviews, see Initiating and actioning a manual medical review for Disability Support Pension (DSP).
4	Is the customer partnered and/or a care receiver? + Read more ... If the customer is: • a care receiver (and carer on Carer Payment), go to Step 5 • partnered (but not a care receiver), check if their partner gets a payment which needs to be cancelled. If so, refer to the relevant procedure in Cancellation of payments. Go to Step 6 • not partnered or a care receiver, go to Step 7
5	DSP customer is a care receiver + Read more ... When a care receiver's payment is cancelled, an Income & Asset Review activity (CRP/AAP) with review reason IAR is created on the s47E(d) screen on their record. When the IAR review is due, the system issues a Carer Payment - Income and assets details of the person being cared for (aged 16 years and over) (SA304(A)) form if the care receiver is getting an income support payment from Services Australia or the Department of Veterans' Affairs (DVA). If the care receiver's DSP is suspended and is likely to remain suspended for a long time (for example, Suspended RTW), issue the SA304(A) form manually to the care receiver. If the care receiver has a partner or carer receiving Carer Payment (CP), the eligibility to remain on CP depends on the level of continuing care. The Carers Processing Service Team should investigate this.

- Use **Fast Note:** s47E(d)
- Select **Confirm**

Include relevant information in the **Fast Note** text.

Advise that the care receiver's DSP has been suspended or cancelled. CP qualification will only continue if the:

- **care receiver** still requires a qualifying level of personal care and/or supervision, and
- **carer** still provides the equivalent of a working day of personal care over the 24 hour period

6

Customer requests to cancel the payment – no vulnerability + Read more ...

Before cancelling DSP, care must be taken to ensure the customer is not put at risk.

Where the customer has requested cancellation, ensure the correct steps have been followed in [Table 1](#), before cancelling the payment.

Where the customer requests to cancel DSP and the customer is not considered vulnerable or at risk or where a Vulnerability Medical Assessment (VMA) has been completed that recommends that DSP can be cancelled.

Record the following details on a **DOC**:

- any discussions with the customer about their reasons for cancelling payment
- advice or action taken to ensure the customer is not placed at risk
- where a specialist or VMA has been completed and supports cancellation

Note: for DSP cancellation CAN - CLR (Customer Request) action can only be taken by an APS5 or above. Referral to a Service Support Officer (SSO) is required to code the s47E(d) screen.

If there is **no indication** that the customer is vulnerable and will not be further disadvantaged by cancellation, or a specialist officer has confirmed a VMA is not required.

SSO or APS5/above:

s47E(d)

7

Check that the customer and/or partner have not been overpaid + Read more ...

Go to s47E(d) screen and check for a **STA** debt activity.

If the debt is recoverable, explain the debt to the customer and record a **DOC**.

Note: if a customer has received Crisis Payment **and** a change has occurred, a manual reassessment of Crisis Payment may be required. For more details, see [Reviewing and reassessing Crisis Payment \(CrP\)](#).

References

Policy

[Guide to Social Security Law, 3.6.1.100, continuation Variation or Termination of DSP 30 Hour Rule](#)

Legislation

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

DSP qualifications

[Social Security Act 1991, section 94, continuing inability to work](#)

Manual cancellations

[Social Security \(Administration\) Act 1999](#)

- section 80, Cancellation or suspension determination
- section 81, Cancellation or suspension for non-compliance with certain notices

Automatic cancellations

[Social Security \(Administration\) Act 1999](#)

- section 93, customer complying with subsection 68(2) notice
- section 94, customer not complying with subsection 68(2) notice
- section 95, failure to provide statement under subsection 68(2)

Resources

Contact details

[Assessment Services National Administration Team \(ASNAT\) Support](#)

- ASNAT Support, and
- Forensic Psychology Team

[Level 2 Policy Helpdesk](#)

[Personalised Services Centrelink](#)

[Social workers referrals](#)

Office Locator

[Office Locator](#) - find a Multicultural Service Officer (MSO) by:

- searching the service centre in the **Office/Town** field
- scroll to the **Teams** section
- select specialists, the MSO's name and contact number will be listed

Email template - Referral to specialised services

This table contains an email template to use when referring a customer to Social Work Services/Personalised Services for a consideration of a Vulnerability Medical Assessment (VMA).

Include the following in the subject line and body of the email

Subject heading: Referral to Social Work Services/Personalised Services [delete inappropriate text] for consideration of Vulnerability Medical Assessment (VMA).

Hi team,

The following customer/nominee has contacted and requested cancellation of their DSP.

Please consider a VMA for this customer.

Customer Name:

CRN:

Date of contact:

Name of referring officer and **LOGON**

Note: additional information, detail the reason for the referral to SWO/PSSO. Include information obtained from the customer/nominee about their request to cancel DSP. Service Officers must also provide details about any vulnerable circumstances they have identified.

Training & Support

Add the course number to the **Search** field in the [Learning Portal](#) (LMS) in ESSentials:

- **CLK01111** - Suspensions, cancellations & restoration

s22 (Out of Scope)



Australian Government

Services Australia

Suspension of Disability Support Pension (DSP) 008-03130010

Currently published version valid from 4/12/2024 10:19 PM

Background

s22 (Out of Scope)

This document outlines information about suspension of DSP.

Suspension of payments

Payments may be suspended if a customer is **temporarily not qualified for payment** or the payment is not payable due to:

- changes in their circumstances
- failure to comply with the requirements for payment, or
- information is required to ensure that payments are directed correctly (such as a valid address or bank account details)

A decision to suspend a payment potentially has a great impact on a customer and must be made in accordance with legislation and the relevant process. Suspensions placed on customers' records that do not follow the correct process may cause financial hardship and distress to customers.

Suspension does not necessarily indicate a loss of qualification, and full arrears may be issued if payment is subsequently restored.

Reasons for suspension

Reasons for suspension of payment include (but are not limited to):

- a direct credit payment was returned from the financial institution
- the customer failed to reply to correspondence
- the customer failed to attend an interview (for example, Job Capacity Assessment (JCA))
- a customer has separated from their partner
- a customer or their partner is in prison or psychiatric confinement
- the customer's [mail has been returned to Centrelink - 'whereabouts unknown'](#)
- employment income or an increase in assets
- qualification provisions specific to certain payments, as detailed in the appropriate table on the [Process](#) page.

Payment generally remains suspended for up to 13 weeks pending contact or relevant action by the customer. If payment is not restored by the end of the 13 weeks, DSP is cancelled.

However, DSP may be suspended for up to 2 years due to employment.

DSP may also be suspended for up to 2 years if a customer is imprisoned or in psychiatric confinement in relation to a criminal charge. DSP must be cancelled if payment has been suspended for 2 years.

Employment and self-employment

DSP can be suspended for up to 2 years if the customer has returned to employment and meets the following criteria:

- has notified within 14 days of [commencement or increase in open employment](#) of 30 hours per week or more, and
- wages are at, or above, the relevant minimum wage, **or** less than 30 hours per week and income precludes payment

For customers **under Age Pension age**, Working Credits may allow the customer to [keep some of their income support payment while they are working](#).

Customers **over Age Pension age** may be eligible for the [Work Bonus](#). **Note:** the Work Bonus is not used in the customer's transitional rules calculation, however partners may still benefit by the reduction in total income.

If the customer notified **outside 14 days**, the customer's payment may [remain current at nil rate for up to 12 fortnights](#) as long as the eligibility to DSP still exists.

DSP can also be suspended for up to 2 years if the customer is [returning to self-employment](#), and:

- has notified within 14 days and is working for **30 hours per week or more** and capable of working in open employment, and
- wages are at or above the relevant minimum wage, **or less than 30 hours per week** and income precludes payment

If a customer's DSP is suspended due to employment, and they remain working at a level that precludes DSP payment, the DSP is automatically cancelled after 2 years.

Customer contact

Before a payment is suspended, any required information must be requested from the customer under the appropriate section of the Social Security (Administration) Act; section 63, 67, 68, or part 5, division 1. The decision maker must be satisfied that there is sufficient evidence that the customer is either temporarily not qualified for the payment or the payment is not payable.

For information on requesting information, see [Requesting information \(CLK\)](#).

Nominee arrangements

If the customer has a correspondence nominee, contact must be attempted with the nominee as part of this process.

Notification of suspension

Customers must be advised of the decision to suspend their payment. If an automatic letter is not issued by the system, a manual Q134 or Q999 letter must be sent and include:

- the reason for the suspension
- date of effect
- the information or documentation required to enable payments to be restored (if applicable)
- reference to the relevant act, and
- the customer's review and appeal rights

When the payment is suspended additional appropriate actions are also required, for example, issue letter, code manual review, **DOC** the decision, etc.

Unfavourable decisions

[When making an unfavourable decision, speak to the customer:](#)

- explain the decision
- give them a chance to provide more information, and
- advise their review and appeal rights

Customer contacts after suspension

Explain the reason for suspension. Provide information about the documents required or what is required so that the payment can be restored.

Date of effect

The date of effect of a decision to suspend a customer's payment depends on the specific circumstances relating to the suspension. If the customer or their partner informs the department of a change in circumstances, generally the date of effect is the date on which the event or change in circumstances occurred. An exception exists with respect to events and changes in circumstances concerning employment or non-employment income, where a working credit balance applies.

If the customer fails to provide requested information when responding to a section 63 or section 68 notice, the date of effect of the adverse determination is the date the determination was made. The 'date of determination' in these instances means the date it is determined the customer has failed to respond to the notice within 14 days, [allowing time for mail delivery](#).

Reviewing suspension - cancellation or restoration of payment

Generally, suspended payments are reviewed within 13 weeks of the suspension. If a customer does not contact or provide the requested information, the suspended payment may be cancelled as a result of the review and notification of the cancellation will be issued.

A payment may be restored when the customer re-establishes their qualification for the payment or provides the required information.

For information on restoring payments, see [Restoration of DSP](#).

For information on cancelling payments, see [Cancellation of DSP](#).

Vulnerable or at risk customer

If a vulnerable or at risk customer remains without income support payment for a minimum of six weeks due to an automatic suspension or cancellation, the customer may require [manual intervention](#).

Customers who are living permanently overseas are not eligible for this intervention. Cancel any Manual Follow-ups (MFUs) generated for these customers.

The [Resources](#) page contains more information about the legislative basis for suspending payments.

Related links

[Disability Support Pension \(DSP\) customer fails to attend an interview](#)

[Disability Support Pension \(DSP\) customer fails to reply to correspondence](#)

[Commencing or returning to work or self-employment Disability Support Pension \(DSP\)](#)

[Payability of Disability Support Pension \(DSP\) for customers who are in psychiatric confinement](#)

[Cancellation of Disability Support Pension \(DSP\)](#)

[Cancellation, suspension and rejection codes for Disability Support Pension \(DSP\)](#)

[Returning to Australia](#)

[Income Test for Disability Support Pension customer who is under 21 years, with no dependent children and with affecting income at 19 September 2009](#)

[Income Test for Disability Support Pension customer who is under 21 years with no dependent children](#)

[Transitional rules for pension customers who were on payment at 19 September 2009](#)

[Income Test for single pension customers](#)

[Income Test for partnered pension customers](#)

[Manual review after automatic payment suspension and cancellation of vulnerable customers](#)

[Family and domestic violence](#)

Process

This document outlines information about suspension of DSP.

On this page:

[Determine if suspension action can be taken](#)

[DSP suspension](#)

[Actions after suspension has been manually coded - in all cases/for all payments](#)

Determine if suspension action can be taken

Table 1

Step	Action
1	Reason for suspension + Read more ... Payments may be suspended if a customer is temporarily ineligible for payment or the payment is not payable as a result of: ▪ changes in their circumstances ▪ failure to comply with the requirements for payment, or ▪ information is required to ensure that payments are directed correctly (such as a valid address or bank account details) Note: This is a potential family and domestic violence interaction point please review Family and domestic violence. Note: if the customer is imprisoned or in psychiatric confinement because they have been charged with an offence, payment is suspended for up to two years. To assist with decision-making in these circumstances, see Payability of DSP for customers who are in psychiatric confinement. Is it appropriate to consider suspending payment? ▪ Yes, go to Step 2 ▪ No, procedure ends here
2	Letters returned + Read more ... Have letters been marked 'return to sender - no longer at this address'? ▪ Yes, see Return to sender (RTS) mail for Centrelink. Procedure ends here ▪ No, go to Step 3
3	Failed to attend an interview + Read more ... Did the customer fail to attend an interview? ▪ Yes, see Job Capacity Assessment (JCA) and Employment Services Assessment (ESAt) appointments or, for all other interviews, see Disability Support Pension (DSP) customer fails to attend an interview. Procedure ends here ▪ No, go to Step 4
4	Employment or self-employment + Read more ... Is suspension being considered because of employment or self-employment? ▪ Yes, see Step 1 in Table 2 ▪ No, go to Step 5
5	Customer to be contacted + Read more ... Payments must not be suspended or cancelled if it is just suspected that the customer is no longer eligible for payment or if there is unverified information. For example, a tip-off suggests a customer may not be eligible. No matter how significant the evidence may be, the customer must be asked to provide information. There cannot be a definite outcome without giving the customer the chance to address adverse information. If the customer has a correspondence nominee, copies of letters and notices must also be sent to the nominee. Payments must not be suspended if contact with the nominee has not been made or attempted. Has the customer been issued with an appropriate request for information/action? ▪ Yes, go to Step 7 ▪ No, go to Step 6

6	Request information + Read more ... Information must be requested from the customer via a notice under the appropriate section of the Social Security (Administration) Act; section 63, 67, 68, or part 5, division 1. Requests for information must include: • details of the information/action required • how the information (if applicable) can be provided • the timeframe for response (noting that this must be reasonable) • the consequences of non-compliance, and • the reference to the relevant Act under which the request has been made Issue a request for the required information. See Requesting information (CLK). If the customer has a correspondence nominee, copies of letters and notices must also be sent to the nominee. Procedure ends here until the information has been provided. • When information provided, go to Step 7, or • the timeframe for the return of information has expired, go to Step 8
7	Response/non-response to request for information + Read more ... Has the customer/nominee responded to the request for information/action within the timeframe allowed? • Yes, go to Step 9 • No, and ◦ the request was returned to sender, see Return to sender (RTS) mail for Centrelink ◦ No, the allowed timeframe expired without a response, go to Step 8
8	Customer has not responded to request + Read more ... If the allowable timeframe has elapsed and the customer has not responded, determine if special circumstances (such as vulnerability indicators) exist to warrant an extension of time to respond. If there are family and domestic violence indicators, see Family and domestic violence. Do special circumstances exist? • Yes, resubmit the request for information. DOC the reason for extension, including special circumstances. Procedure ends here until response is received or new review date is reached • No, the customer has failed to reply to correspondence. Follow process when a DSP customer fails to reply to correspondence
9	Customer responds to request for information, update record + Read more ... Update the customer's record with the information provided. If the change in circumstances preclude payment, payment may be automatically suspended or cancelled. If income affects payments, rate of payment or Working Credit balance may change. Has payment automatically suspended/cancelled? • Yes, record a DOC on the customer's record. For more information, see: ◦ Online Document Recording (ODR) Resources page for Act references ◦ Creating, reviewing and deleting documents (including Fast Note and DOA DOCs) ◦ Procedure ends here • No, if required, manually code the suspension. See Step 4 in Table 2

DSP suspension

Table 2

Step	Action
------	--------

1	Advice of employment received + Read more ... Is the customer advising self-employment or employment income, or an increase in income (which includes employment income) that may mean they are no longer eligible for DSP or will receive a nil rate? • Yes, ◦ employment income, go to Step 2 ◦ self-employment, go to Step 3 • No, go to Step 4
2	Customer has employment income + Read more ... The customer may be eligible to have their payment suspended instead of cancelled if they have notified within 14 days of: • start or increase in open employment of 30 hours or more per week, and wages are at or above the relevant minimum wage, or less than 30 hours per week and income precludes payment, or • income that reduces their fortnightly rate to nil and some of that income is employment income If the customer notified outside 14 days, their payment may remain current at nil rate for up to 12 fortnights as long as they remain eligible for DSP. See Commencing or returning to work or self-employment Disability Support Pension (DSP). Also note that if the customer is: • under Age Pension age - Working Credit may allow the customer to keep some of their income support payment while they are working • over Age Pension age - they may be eligible for the Work Bonus. Note: the Work Bonus is not used in the customer's transitional rules calculation, however partners may still benefit by the reduction in total income Procedure ends here.
3	Customer is self-employed + Read more ... The customer's payment may be suspended if they have notified within 14 days of returning to self-employment of: • 30 hours or more per week, and they are capable of working in open employment, where wages are at or above the relevant minimum wage, or • less than 30 hours per week but income precludes payment If a customer remains in full-time employment, DSP will cancel after 2 years. See Commencing or returning to work or self-employment Disability Support Pension (DSP). Procedure ends here.
4	Decision to suspend payment + Read more ... See Cancellation, suspension and rejection codes for Disability Support Pension (DSP). Payments must only be suspended if the period of ineligibility is expected to be temporary. For example, returned correspondence requiring suspension for whereabouts unknown pending contact from the customer, or customer failed to attend a Job Capacity Assessment (JCA) interview pending attendance at the assessment. However, if the customer is imprisoned or in psychiatric confinement because they have been charged with an offence, payment is suspended for up to 2 years. To assist with decision-making, see Payability of DSP for customers who are in psychiatric confinement. Ensure the appropriate process is followed first before suspending payment. • If failed to attend an interview, see Job Capacity Assessment (JCA) and Employment Services Assessment (ESA) appointments or, for all other interviews, see DSP customer fails to attend an interview. Procedure ends here • Follow process when DSP customer fails to reply to correspondence. Procedure ends here • For all other suspension reasons, code the suspension. Go to Step 5

5	Suspend payment + Read more ... Update the customer record with relevant information to enable the system to make an automatic determination where possible. If automatic determination is not possible, apply the following steps to manually suspend the payment. In the customer's record, go to the s47E(d) screen and code the following: s47E(d) Include the following details on a DOC (where relevant): • Decision made, payment type and Act/Guide reference upon which decision was based. See Online Document Recording (ODR) • Date of effect of decision • For decisions made under section 80, reasons for decision, including why the person was not qualified or why the payment is not payable • For decisions made under section 81, details of the non-compliance with a notice • Follow up action required on contact • If contact with the assessing Service Officer is required before restoration or whether Smart Centre Call staff may restore the payment • Finalise the activity on the s47E(d) screen See Step 1 in Table 3.
---	---

Actions after suspension has been manually coded - in all cases/for all payments

Table 3

Step	Action
1	Send manual advice + Read more ... If a manual Q134 or Q999 letter is required following the suspension activity, a Manual Follow-up (MFU) activity will generate, usually overnight, and allocate for action. Has a manual suspension letter already been issued to the customer at the time of suspension? • Yes, finalise the MFU and go to Step 2 • No, send a manual letter. Select the MFU from the s47E(d) screen and manually issue a Q134 letter or, for Assistance for Isolated Children (AIC), create a Q999 letter to the customer. The letter must include the following information: ◦ payment type ◦ decision ◦ date of effect of the decision ◦ a clear explanation of the reason for the decision ◦ a clear explanation of what they must do/what must occur (for example, prison release) to have their payment restored and the consequences of this not occurring (that is, payment will be cancelled) ◦ a reasonable timeframe to take required action to avoid cancellation ◦ their review and appeal rights ◦ the relevant section of the legislation under which the decision was made
2	Set up review + Read more ... • If the payment is suspended manually, in Customer First create a manual review on the s47E(d) screen and complete the fields as follows:

s47E(d)

- The review will mature on the **Due Date** coded in the ^{s47E(d)} activity. Workload Management will allocate the review for manual action
- Update the **DOC** on the customer record with the date the review falls due

Note: if a vulnerable or at risk customer remains without income support payment for a minimum of 6 weeks due to an automatic suspension or cancellation, the customer will require [manual intervention](#). Customers who are overseas permanently are not eligible for this initiative. Cancel any MFUs generated for customers in this situation.

Procedure ends here.

3

Person contacts due to suspension, or review date is reached + Read more ...

If the review due date has been reached or the customer contacts regarding their suspension, check the **DOC** recorded with suspension and ascertain if the customer:

- has already complied with the action required or whether they can do so now
- is not required to supply documentation, and/or
- does not need to attend the service centre and that the payment is one which is able to be restored

Contact regarding a suspension for not attending a DSP participation interview or complying with DSP participation requirements, refer to [Disability Support Pension \(DSP\) participation requirements compliance model](#). Customers are not to have this suspension restored in the service centre.

Does the customer meet all of the above criteria and are they eligible for payment?

- **Yes**, and there is no note on a **DOC** to prevent restoration, [restore payment](#)
- **No**, to one or more of the above, advise customer of the action required prior to restoration of DSP

References

Policy

[Social Security Guide, 3.6.1.20, Qualification for DSP during employment - 30 hour rule](#)

[Social Security Guide, 3.6.1.100, Continuation variation or termination of DSP](#)

[Social Security Guide, 3.1.4, Imprisonment, psychiatric confinement & prison release](#)

[Social Security Guide, 3.1.12, Employment income nil rate period](#)

[Social Security Guide, 3.1.11.30, Working credit depletion](#)

Legislation

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

[Social Security Act 1991](#)

- part 2.3, Disability support pension
- section 1158, Some social security payments not payable during period in gaol or psychiatric confinement following criminal charge

Social Security (Administration) Act 1999

- section 80, Cancellation or suspension determination
- section 81, Cancellation or suspension for non-compliance with certain notices
- section 96, suspension instead of cancellation under section 93
- section 97, suspension taken to have been under section 96
- section 118, Date of effect of adverse determinations - general rules

Resources

Legislative basis for suspending payments



[Legislation underpinning suspension decisions](#)

Training & Support

Add the course number to the Search field in the [Learning Portal](#) (LMS) in ESSentials:

- **CLK01111** - Suspensions, cancellations and restorations

s22 (Out of Scope)



Australian Government

Services Australia

Restoration of Disability Support Pension (DSP) 008-03130020

Currently published version valid from 29/11/2024 2:32 AM

Background

s22 (Out of Scope)

This document explains DSP reinstatement after suspension or cancellation due to work changes. It also helps to identify if the customer can have their DSP restored or they need to reclaim.

Restoring DSP

- Before restoring DSP, confirm the customer meets all eligibility rules
- Code any changes in a customer's circumstances to ensure a correct outcome
- The date of effect (DOE) may vary depending on the customer's circumstances and reason for restoration

Customer requested cancellation

A customer request to cancel DSP cannot be formally reviewed. This is because it is not a decision made under any provision of the Social Security Act 1991.

If a Vulnerability Medical Assessment (VMA) is completed within 13 weeks of cancellation of DSP, and the customer was not considered vulnerable, DSP cannot be restored. The customer will need to lodge a new DSP claim.

If a customer is identified as vulnerable, a VMA allows restoration of DSP within 13 weeks of cancellation.

Eligibility if working up to 30 hours per week

DSP customers can work up to 30 hours per week and stay on DSP as long as they remain eligible, this includes meeting the income test.

Exceptions may apply to this rule for people paid under an international agreement, or outside Australia.

Customer must have notified starting work

To be eligible for the 2 year suspension, customers must notify Services Australia (the agency) they have started working within 14 days of their start date.

When the customer notifies of their return to work, the agency may suspend or cancel DSP using one of the [valid return to work reason](#) codes.

If a DSP customer commences working 30 or more hours per week, or their employment income precludes payment, and they:

- notify of the change within 14 days, payment is suspended (FTW or EAN) and can be restored within 2 years
- notify of the change outside 14 days, payment is cancelled, deemed suspended (FTY or EAL) and can be restored within 2 years
- fail to notify and the agency becomes aware of it through a third party or internal investigation and it is more than 14 days after the change, payment is cancelled (FTE) and cannot be restored. The customer must make a new claim

Customer ceases or reduces work in the 2 year suspension period

Where DSP was suspended or cancelled because of a [valid return to work reason](#) code, the agency can restore the customer's DSP within 2 years of the date of effect (DOE) of the suspension or cancellation if:

- they have ceased working 30 hours per week
- their hours have dropped below 30 hours per week, or
- their employment income no longer precludes payment

In addition, the customer must meet all of the following conditions:

- it is less than 2 years since the date of effect (DOE) of the suspension or deemed suspension
- the hours of work satisfy eligibility. If DSP was granted on or before 1 July 2006 but suspended or deemed suspended after 1 July 2006, the customer can retain their grandfathered status
- all other qualification and payability requirements with the exception of medical eligibility

The [s47E\(d\)](#) in Process Direct must be used to restore DSP if the suspension or deemed suspension was for a [valid return to work reason](#).

DSP suspended due to partner's employment income

From **1 January 2023**, suspension of a customer's DSP can occur for up to 2 years if their:

- partner is getting DSP or Age Pension, and
- partner's employment income precludes the customer's payment

The suspension reason code is **EPP**. Restoration of a customer's DSP can occur within 2 years if their partner's employment income no longer precludes payment.

Alternative payment while DSP suspended or cancelled

During the suspension or deemed suspended period, customers can receive an alternative income support payment if:

- they are not qualified for DSP due to the number of hours they are working, and
- their income does not preclude them from another payment

This payment must be cancelled if DSP is restored.

Mobility Allowance (MOB)

Check eligibility for MOB when a customer contacts in relation to reporting employment income, changing jobs, or starting work.

See [Change of circumstances for Mobility Allowance \(MOB\) customers](#).

Returned correspondence

Payment may be suspended/cancelled 'whereabouts unknown' (WUK) because of returned correspondence until the customer makes contact to advise their current address.

DSP may be restored with full arrears if the customer has continued to be qualified and retained payability for DSP during the period of suspension/cancellation.

[s47E\(d\)](#)

The date of effect of the restoration is the date of the original decision (date of suspension or cancellation), as per [Legislation](#).

[s47E\(d\)](#)

This will help with deciding if they can receive arrears upon restoration. See [Return to sender \(RTS\) mail for Centrelink](#) for more information.

Note: Service Officers cannot use the **Restore Extended Suspension** workflow to restore a customer in the above scenario.

Release from gaol or psychiatric confinement

DSP may be suspended for up to 2 years if a customer is imprisoned or in psychiatric confinement because of a criminal charge.

If the customer remains incarcerated or has not reapplied for a payment, DSP must be cancelled at the end of the 2 years. If DSP is cancelled, the customer must lodge a new DSP claim upon their release from prison or psychiatric confinement. Service Officers must

discuss lodgement of a new DSP claim with the customer, upon their release from prison or psychiatric confinement. This discussion must be clearly documented on the customer's record.

DSP may be restored from the date of their release if the customer is released within 2 years. Service Officers must clearly document the discussion of DSP restoration on the customer's record. On the day of release, the customer may apply for an early payment (of up to 7 days) of their first pension instalment. They may also qualify for a [Crisis Payment](#).

For customers released from prison, before restoring DSP [confirm the date of release with the appropriate state or territory authority](#).

Note: Service Officers cannot use the [s47E\(d\)](#) to restore a customer in the above scenario.

The [Resources](#) page contains contact details, Office Locator and email template for referral to specialised services.

Related links

[Alternative Identity](#)

[Cancellation of Disability Support Pension \(DSP\)](#)

[Cancellation, suspension and rejection codes for Disability Support Pension \(DSP\)](#)

[Change of circumstances for Mobility Allowance \(MOB\) customers](#)

[Claiming Disability Support Pension \(DSP\)](#)

[Commencing or returning to work or self-employment Disability Support Pension \(DSP\)](#)

[Confirming prison admission and release date dates](#)

[Customer ceases work or reduces hours of work in the 2 year suspension period for Disability Support Pension \(DSP\)](#)

[Eligibility for Disability Support Pension \(DSP\)](#)

[Extended suspension periods for pension payments](#)

[General notification provisions and exceptions](#)

[Identifying entitlements and services for the customer \(CLK\)](#)

[Income Test for Disability Support Pension customer who is under 21 years with no dependent children](#)

[Income Test for Disability Support Pension customer who is under 21 years, with no dependent children and with affecting income at 19 September 2009](#)

[Income Test for partnered pension customers](#)

[Income Test for single pension customers](#)

[Initial contact and identification of services for people with a disability](#)

[Returning to Australia](#)

[Return to sender \(RTS\) mail for Centrelink](#)

[Suspension of Disability Support Pension \(DSP\)](#)

[Transitional rules for pension customers who were on payment at 19 September 2009](#)

[Work Bonus and balance for pensioners of Age Pension age](#)

[Working Credit](#)

[Separating safely - protecting personal details](#)

[Family and domestic violence](#)

Process

This document explains DSP reinstatement after suspension or cancellation due to work changes. It also helps to identify if the customer can have their DSP restored or they need to reclaim.

On this page:

[Checking the reason for suspension or cancellation](#)

[Restoration or new claim after suspension or cancellation](#)

[Restoration request for customer in return to work suspension Process Direct](#)

[Restoration request for a customer in an extended employment suspension period \(EPP\) - Customer First](#)

Checking the reason for suspension or cancellation

Table 1: checking if DSP can be restored.

Step	Action
1	Has DSP been suspended or cancelled? + Read more ... Check the s47E(d) screen. This displays a history of the pension status, including date of effect and suspension/cancellation reasons. - If DSP is suspended/cancelled due to customer being overseas and the customer is advising their return, see: Return to Australia procedures for International Services staff Return to Australia procedures for service centre and Smart Centre staff Return to Australia coding for dependent children - Procedure ends here - If DSP has been suspended, or cancelled but is deemed suspended, for a valid return to work reason, go to Step 2 - If DSP is cancelled because of a customer's request (CLR), go to Step 4 - If DSP has been suspended/cancelled 'whereabouts unknown' (WUK), go to Step 8 - If DSP has been suspended 'In prison' (IMP), including psychiatric confinement because the person was charged with an offence, go to Step 11 - If DSP has been suspended 'Partner extended employment suspension period' (EPP), go to Table 4, Step 1 - If DSP has been suspended/cancelled for not complying with participation requirements, see Conducting interviews for Disability Support Pension (DSP) customers with participation requirements - If cancelled for any other reason, go to Step 6 - If suspended for any other reason, go to Step 12
2	DSP suspended or cancelled (deemed suspended) for valid return to work reason + Read more ... When DSP is suspended or cancelled for a valid return to work reason including employment income precluding payment, the customer status line displays DSP/RTW. At the end of the 2 years, DSP auto cancels. This displays in the header, for example, DSP/CAN-FTW. See Cancellation, suspension and rejection codes for DSP. If DSP has been suspended or cancelled (deemed suspended) for a valid return to work reason, DSP is to be restored using the s47E(d) in Process Direct if all of the following apply: - The customer requests restoration of payment within the 2 year suspension period - The date of effect (DOE) of the original return to work (RTW) reason is not more than 2 years ago: - If the customer's status is SUS with an EAN reason code on the s47E(d) screen, the 2 year period is counted from the start of the employment income nil rate period - If the customer's status is SUS with an FTW reason code on the s47E(d) screen, the 2 year period is counted from the suspension DOE - Otherwise, the 2 years is counted from the cancellation DOE Does the customer meet the above criteria? Yes, go to Step 3

	• No, the customer must submit a new claim for DSP. Record details on a DOC on the record, noting the customer requested a restoration and the reasons why they could not be restored (for example, customer did not notify therefore DSP cancelled FTE). Go to Step 6
3	Is customer still working or expecting to receive a final pay + Read more ... DSP may be restored if the customer: • is working less than 30 hours per week, and • will not receive employment income that precludes them from receiving a DSP payment The customer must not be restored if: • their income, and • their partner's income (if applicable), will preclude them from receiving a DSP payment This is because the customer may enter another employment income nil rate period, which they are not entitled to because they have not received an instalment of DSP above \$0 for at least one entitlement period. If the customer is still working, discuss the number of hours and employment income they expect to receive. Consider the following, if: • under Age Pension age, Working Credits may allow the customer to keep some of their income support payment while they are working • over Age Pension age, and getting a pension (excluding Parenting Payment Single (PPS), they may be eligible for the Work Bonus The Work Bonus is not used in the customer's transitional rules calculation but will still be used in the comparison calculations. Partners may still benefit by the reduction in total income. If the customer expects to receive a final pay that would preclude them from payment, they must contact after they have received this pay to request a restoration. The customer will need to lodge a new claim if this takes them outside the 2 year period. For more details, see Pensions income and asset tests. Does the customer meet the criteria for restoration? • Yes: ◦ Process Direct - must be used when restoring DSP/RTW, see Table 3, Step 1 ◦ Customer First - should only be used when Process Direct is unavailable, see Table 2, Step 7 • No: ◦ The customer remains suspended or cancelled (deemed suspended) ◦ Record details on a DOC on the record noting the customer requested a restoration and the reasons why they could not be restored ◦ Procedure ends here
4	DSP was cancelled due to customer request (CLR) + Read more ... Check the reason the customer has lost eligibility for DSP. Check Document Tools to see if the customer has had a Vulnerability Medical Assessment (VMA) completed in the last 13 weeks. A VMA will upload on the customer's record as an UNS008. The customer may have had a VMA completed if: • there are concerns about their vulnerability • they have an intellectual/mental health condition, inability, and capacity to make decisions regarding their DSP, or • there is an indication they have impaired decision making A VMA would not be available or required if there is clear evidence that the customer: • only has a physical impairment, no intellectual/mental health condition or vulnerability, or • has the ability and capacity to make decisions about their DSP, and there is no impaired decision making

VMA exists and the recommendation is that the customer is considered vulnerable + Read more ...

If the request to restore DSP has:

- occurred within 13 weeks of cancellation, restore DSP from date of cancellation, see [Table 2, Step 5](#)
- **not** occurred within 13 weeks of cancellation, refer to [Level 2 Disability Helpdesk](#)

VMA exists and the customer is not considered vulnerable + Read more ...

DSP cannot be restored. Customer must lodge a new claim for DSP. See [Claiming Disability Support Pension](#). Procedure ends here.

The customer has not had a VMA, is not considered vulnerable and requests restoration within 13 weeks of cancellation + Read more ...

DSP cannot be restored. Customer must lodge a new claim for DSP. See [Claiming Disability Support Pension](#). Procedure ends here.

The customer has not had a VMA, is considered vulnerable and requests restoration within 13 weeks of cancellation + Read more ...

If the customer:

- has a Personalised Services Service Officer (PSSO), email the PSSO and cc the [Personalised Services Centrelink](#) mailbox. See the [Resources](#) page for the email template to use
- has an Indigenous Service Officer (ISO) (if relevant), Multicultural Service Officer (MSO), or Community Engagement Officer (if relevant), contact the staff member involved directly for a case consultation. (See the [Resources](#) page for how to find the MSO in Office Locator, see [Multicultural Service Officers \(MSO\)](#).)
- is not connected to a specialist officer, contact a [Social Worker \(SW\)](#). To make a referral, email [Social worker referrals](#). See the [Resources](#) page for the email template to use

After completing the referral, record details on a **DOC** on the customer's record:

- Customer request to restore DSP. Customer has been referred to specialist to determine if DSP can be restored after CAN-CLR

PSSO, SW and ISO can:

- refer for a VMA to be undertaken where required, to help with decision-making
- email the [Forensic Psychology Team](#) and cc in the [Assessment Services National Administration Team \(ASNAT\) Support](#) - referring customer for a Vulnerability Medical Assessment. CC the specialist officer's team leader into all emails about a VMA
- record referral details on a **DOC** on the customer's record

Assessment Services will place a VMA on the customer's record within 7 business days.

Procedure ends here until VMA has been completed.

When VMA is completed, [go to Step 5](#).

5

Review VMA + Read more ...

Does the assessment recommend the customer is vulnerable/at risk and DSP can be restored?

- **Yes**, restore DSP with the date of effect as date paid to plus 1 (DPT+1), see [Table 2, Step 5](#)
- **No**, DSP cannot be restored and customer will need to lodge a new DSP claim, see [Claiming Disability Support Pension](#). If requested, help the customer to claim **another income support payment**, see [Identifying entitlements and services for the customer \(CLK\)](#). Procedure ends here.

Note: if a VMA had been completed before cancellation that supports the cancellation of DSP, DSP cannot be restored. The customer will need to lodge a new DSP claim and claim another income support payment. Record details on a **DOC**.

If the customer requests restoration outside of 13 weeks, refer to [Level 2 Policy Helpdesk-Disability](#).

6

When DSP can be restored + Read more ...

DSP can be restored in the following circumstances:

- If DSP cancelled **failed to report (CAN/FRP)** and the customer asked for a review of the decision within 13 weeks of the date of cancellation advice. The customer must supply all employment income details for the relevant eligibility periods
- When a customer is **CAN/FRP** and was very late reporting, consider if special circumstances apply:
 - Check the reasons for the late reporting. The longer the delay, the greater the need to provide detailed reasons to account for the delay for the full period
 - **s47E(d)**
- If DSP cancelled **failed to reply to correspondence (FRC)** and the customer asked for a review and/or lodged the requested information within 13 weeks of the date of cancellation advice:
 - Check customer's eligibility for payment has been re-established
 - When a customer is late supplying the correspondence, consider the following to determine if special circumstances apply. **s47E(d)**
- If DSP cancelled **proof of identity not provided (POI)**. Payment can be restored if the required identity documents are supplied and identity is confirmed via the Identity Confirmation Dashboard in Process Direct. If the customer is in hardship and unable to provide enough identify documents within the review period, consider [Alternative Identity](#) or [Commencement of Identity](#).
- If DSP cancelled **customer failed to advise tax file number (NTC)** and the customer has contacted and provided their tax file number, DSP is to be restored, see [Table 2, Step 5](#). For more details, see [Requesting a Tax File Number \(TFN\)](#)
- If DSP cancelled **failed to return eligibility review (PER)** and the customer has contacted within 13 weeks of the date of cancellation requesting a review of the decision and the entitlement review has been returned and documented, DSP is to be restored. When a customer is late supplying the correspondence, consider the following to determine if special circumstances apply:
 - **s47E(d)**
- If DSP cancelled **failed to respond to Digital Declaration Intervention (DDI)** and the customer has contacted within 13 weeks of the date of cancellation and the customer confirms or updates current employment and income details for the relevant cancellation period for the customer and partner, DSP is to be restored

For all cases, consider:

- if the customer has requested a review of decision, the payment can be restored if the decision is overturned
- if DSP is cancelled due to an agency error, payment can be restored after investigation. For example, employment information has been updated but payment not stimulated, correspondence provided but not documented, the customer was not given specific or correct information
- the plausibility of the reasons for the delay
- **s47E(d)**

Note: there is no need to assess medical eligibility.

Was the payment cancelled due to any of the above circumstances?

- **Yes**, restore DSP with the date of effect as date paid to plus 1 (DPT+1), see [Table 2, Step 5](#)
- **No**, [go to Step 7](#)

7

If DSP cannot be restored after cancellation + Read more ...

If DSP has been cancelled for any other reason it cannot be restored.

Contact the customer to tell them:

- they need to lodge a new claim and must meet all eligibility requirements at the date of claim
- about the current [DSP eligibility requirements](#), including medical criteria

Customers who are no longer eligible or who do not wish to claim DSP may wish to claim an alternative payment, such as [JobSeeker Payment \(JSP\)](#).

Does the customer wish to make a new claim for DSP?

- **Yes**, see [Claiming Disability Support Pension](#)
- **No**, and the customer wishes to claim **another income support payment**, see [Identifying entitlements and services for the customer \(CLK\)](#)

Procedure ends here.

8

Customer was suspended/cancelled 'whereabouts unknown' + Read more ...

Check the address details.

If an address has been incorrectly ended, go to the **s47E(d)** screen and **s47E(d)**. This will remove the end date from the current address.

Does the customer's address need to be updated or corrected?

- **Yes**, [go to Step 9](#)
- **No**, [go to Step 10](#)

9

Customer's address has changed, or the recorded address had an error + Read more ...

- Get the new address details
- [Update the address](#)
- Reissue the returned correspondence
- Procedure ends here until required information/documentation is provided. Once provided, see [Table 2, Step 2](#)

s47E(d)

10

Customer's address is unchanged + Read more ...

Check if there is any reason to doubt the customer is living at the address. This would include where mail was previously returned from the address, and the customer cannot satisfactorily explain why.

If mail has been returned, and the customer can explain why mail is not likely to be returned again, DSP can be restored.

Note: Service Officers must consider the customer's circumstances while DSP was suspended/cancelled before restoring.

When DSP has been suspended/cancelled for a prolonged period of time consider:

- the customer's circumstances and if any additional evidence is required
- how the customer supported themselves while DSP was suspended/cancelled

If there is reason to doubt the customer is living at the address, they **must** provide evidence they still live at the recorded address. This must be done **before** restoring the payment.

If mail is returned from an address which the customer advises is correct, further mail sent to the same address is also likely to be returned.

This is a potential family and domestic violence interaction point, see [Family and domestic violence](#).

Record the details of the decision on a **DOC**.

Is evidence of address required?

- **Yes**, see [Table 2, Step 1](#)
- **No**, see [Table 2, Step 2](#)

11	DSP suspended IMP - imprisoned or in psychiatric confinement charged with an offence + Read more ... If DSP is suspended due to imprisonment (IMP) and the customer is now in psychiatric confinement, and: • has been charged with, but not convicted of, a criminal offence • is undertaking a course of rehabilitation, see Payability of Disability Support Pension (DSP) for customers who are in psychiatric confinement for a criminal offence • an SA379 Customer in Psychiatric Confinement or document from relevant authorities has been lodged to verify change in circumstances • go to Step 12  If the customer is released from gaol or psychiatric confinement, before restoring DSP, check the s47E(d) screen for lodgement of the 'Confirmation of Release' document. Has the 'Confirmation of Release' document been lodged? • Yes, this is acceptable evidence, go to Step 12 • No, confirm the date of release with the appropriate state or territory authority. ◦ Ask the customer to supply a Prison Discharge Certificate from the relevant institution ◦ If the customer is unable to supply a Prison Discharge Certificate, phone the institution. Confirm the date of permanent release and length of time the customer was detained ◦ The customer may apply for an early payment of up to 7 days of their first pension instalment ◦ The customer may qualify for a Crisis Payment (CrP) ◦ If the customer being released is partnered, update the s47E(d) screen to reflect partnered status correct at date of release Go to Step 12.
12	Check if further information is required + Read more ... Review and update non-medical details first to determine continuing DSP eligibility and record details on a DOC. Check to see if any more information is needed from the customer before DSP can be restored. For example: • changes to employment income details • proof of income and asset details • payouts as a result of ceasing work • business has ceased or has been closed • proof of change of address details Note: where DSP is SUS for reason Failed to Confirm DEWR Address (FCA), s47E(d) see Job seeker change of address • partner details if customer is now a member of a couple Is further information needed? • Yes, see Table 2, Step 1 • No, see Table 2, Step 2

Restoration or new claim after suspension or cancellation

Table 2

Step	Action
1	Request required information + Read more ... Advise the customer of any action required for restoration, and that DSP cannot be restored until the requested information has been received/verified. Has the customer supplied the required information to enable restoration of DSP? • Yes, go to Step 2

	• No, advise the customer that DSP cannot be restored and why. Request forms and information. See Requesting information (CLK) and DOC the decision. Procedure ends here
2	Eligible for DSP + Read more ... Is the customer still eligible for DSP? • Yes, go to Step 3 • No, advise the customer that DSP cannot be restored and why. Record details on a DOC. Procedure ends here
3	Determine date of restoration + Read more ... Some cancellation and suspension codes allow a gap in eligibility; otherwise restoration will take place from date paid to plus 1 (DPT + 1). If the reason for restoring DSP is: • The customer has provided/verified correct address details after being suspended whereabouts unknown, go to Step 4 • If the customer has been released from prison or from psychiatric confinement, the date of effect will be the date of release not the default of DPT+1. Go to Step 5 • If the customer is in psychiatric confinement and documentation has been provided confirming they have commenced a course of rehabilitation, the DOE will be: ◦ the date the agency was notified, or ◦ start date of the course, whichever is the later, go to Step 5 For all other reasons, go to Step 5.
4	Date of restoration - whereabouts unknown + Read more ... Consider whether the customer: • received advice of the decision to suspend. For example, they were not at their known address and/or advice of the decision was returned • has retained qualification and payability during the suspension/cancellation period Have they retained qualification and payability, and it is determined they did not receive the advice of the decision to suspend/cancel? • Yes, restore from date of suspension/cancellation. Go to Step 5 • No, action to take depends on whether DSP is cancelled or suspended: ◦ If cancelled, do not restore DSP. If the customer wants to make a new claim for DSP, see Claiming Disability Support Pension. Otherwise, record details on a DOC. Procedure ends here ◦ If suspended, restore from date the customer contacted, not the default of DPT+1. Go to Step 5
5	Restore DSP + Read more ... Service Officers must consider the customer's circumstances while DSP was suspended/cancelled before restoring. When DSP has been suspended/cancelled for a prolonged period of time consider: • the customer's circumstances and if any additional evidence is required • how the customer supported themselves while DSP was suspended/cancelled If the customer is under income management (INM on the benefit status line) and they have an arrears or lump sum payment eligibility, do not make any changes to their record to allow this payment to be made. Contact the Income Management Team to allow income management to be turned on for the arrears payment before it is made. If Rent Assistance (RA) was paid with Family Tax Benefit (FTB), and FTB was cancelled because of the suspension/cancellation of the income support payment, the Service Officer must: • check if they need to restore FTB first • update any change of circumstances, for example, non-employment income, assets, address, rent (if not already updated)

To restore DSP:

s47E(d)

Additional coding is required for a customer in psychiatric confinement and undergoing a course of rehabilitation.

This will restore DSP and generate a letter to advise the customer of the outcome.

If the Service Officer cannot restore DSP, they may need to escalate/discuss. If contact is made through a:

- Smart Centre, go to [Local Peer Support \(LPS\)](#) for assistance
- service centre, go to the [Technical Support Line](#) for assistance

Is the customer in psychiatric confinement and undergoing a [course of rehabilitation](#)?

- **Yes**, [go to Step 6](#)
- **No**, procedure ends here

6

Customers in psychiatric confinement and undergoing a course of rehabilitation + Read more ...

Complete this additional coding:

s47E(d)

s47E(d)

Procedure ends here.

7

s47E(d)

+ Read more ...

Only use the DSP reinstatement workflow in Customer First if Process Direct is **unavailable**. If Process Direct is available, see [Table 3, Step 1](#).

Running the workflow - more information required

If the Service Officer determines more information is required before the payment can be restored, and the customer cannot provide it verbally, they must request information. See [Requesting information \(CLK\)](#). Record the details of the decision on a **DOC**. Procedure ends here.

Once all relevant updates have been undertaken including the [coding of employment income](#), select the **DSP Reinstatement** workflow in Customer First.

s47E(d)

AWE warning(s) and errors s47E(d) may occur when restoring DSP and customers are receiving Family Tax Benefit (FTB). Attempt to get a revised estimate from the customer that includes their expected income support payment (and partner income details, if applicable). See [Helping families provide a reasonable annual income estimate for family assistance payments](#).

- Document outcome using **Fast Note** - s47E(d) s47E(d)
 - select/delete information depending on the customer's situation

If the Service Officer cannot restore DSP, they may need to escalate/discuss. If contact is made through a:

- Smart Centre, go to [LPS](#) for assistance

- service centre, go to the [Technical Support Line](#) for assistance

Note: check if the customer was in receipt of Pensioner Education Supplement(PES)/ABSTUDY PES before the DSP being suspended/cancelled. If PES/ABSTUDY PES was stopped due to the DSP suspension/cancellation, a **Fast Note** must be sent to the relevant team to determine if PES can be restored. See [Restoration of Pensioner Education Supplement \(PES\) and ABSTUDY PES](#).

Restoration request for customer in return to work suspension Process Direct

Table 3

Step	Action
1	s47E(d) + Read more ... If Rent Assistance (RA) was paid with Family Tax Benefit (FTB), and FTB was cancelled because of the suspension/cancellation of the income support payment, the Service Officer must check if they need to restore FTB first. Update any change of circumstances, for example, non-employment income, assets, address, rent (if not already updated). In Process Direct: s47E(d) s47E(d) The s47E(d) will only present if the customer's DSP has cancelled, or suspended, for a valid return to work reason, and restoration is requested within the 2 year period. Additional information required When running the workflow, if the Service Officer determines additional information is required before the payment can be restored, and it cannot be provided verbally, request information using Request Documents. Explain to the customer, DSP cannot be restored until the requested information is provided. Encourage them to upload the relevant evidence as soon as they have it. s47E(d) Annotate the Request for Information (RFI) Note/DOC advising customer has contacted requesting their DSP be restored. Payment cannot be restored until additional evidence is provided to assess if customer is payable. If all required information is provided within the allowable timeframe: s47E(d) If the customer does not contact within the allowable timeframe and the RFI activity falls due, the Service Officer is to finalise the RFI activity and cancel Restore Extended Suspension transaction. Payment is to remain suspended or cancelled (deemed suspended). If all the required information is provided outside the allowable timeframe, the Service Officer must: • consider if payment can be restored using the original date of notification • if unsure, seek advice from Local Peer Support (LPS) or Service Support Officer (SSO) and if further clarification is required, the LPS/SSO will request help from the Level 2 Disability Helpdesk No additional information required Continue through the workflow.
2	Disability Support Pension (DSP) restoration + Read more ...

Check eligibility for Mobility Allowance (MOB) when a customer contacts about reporting employment income, changing jobs or starting work. See [Change of circumstances for Mobility Allowance \(MOB\) customers](#).

DSP restoration details:

s47E(d)

3	Change Contact details + Read more ... s47E(d) Make updates as required. For more details, see: • Changing address (CLK) • Updating telephone details and/or paying Telephone Allowance (TAL)
4	Residency Task Selector + Read more ... s47E(d) If Service Officer thinks the customer may be overseas or travelled overseas since SUS date, activate the Department of Home Affairs datalink. Make updates as required. For more details, see: • Activating the Department of Home Affairs datalink and contingency procedures if datalink is unavailable • Recording legal residence status
5	Marital Status + Read more ... Update the customer's relationship status as required. For more details, see: • Change in relationship status from single to partnered • Change in relationship status from partnered to single s47E(d)
6	Income and Assets Update + Read more ... s47E(d) Note: if the customer is working less than 30 hours per week, do not code their employment income. The customer is required to report their income each fortnight. Make updates as required. For more details, see Coding income and assets for Centrelink payments and services.
7	Reporting Regime + Read more ... On the s47E(d) screen, update the customer's reporting regime as required. For more details, see Reporting screens. If the customer was a statement reporter before being suspended/cancelled (deemed suspended) for a return to work reason, they will automatically be profiled as a statement reporter once DSP is restored.

8	Restoration + Read more ... s47E(d) Confirm the restoration details are correct.
9	SAP warnings and errors + Read more ... s47E(d) Warnings or errors may present when restoring DSP and the customer is receiving Family Tax Benefit (FTB). Try to get a revised estimate from the customer that includes their expected income support payment (and partner income details, if applicable). See Helping families provide a reasonable annual income estimate for family assistance payments. s47E(d)
10	Assessment results + Read more ... The s47E(d) screen will display the outcome of the restoration activity. If the outcome shown on the s47E(d) screen is unexpected, consult Local Peer Support (LPS) for assistance. If the s47E(d) screen shows: - DSP is cancelled due to income or assets exceeding the threshold (CAN-INC or CAN-ASS), s47E(d) Go to Step 11 - DSP is restored correctly, go to Step 13
11	Cancellation outcome + Read more ... If the s47E(d) screen shows the customer's DSP will be cancelled because their income and/or assets exceed the relevant threshold, check their record to make sure all income and asset details are correct. If the customer's income and assets require further updates, complete these updates and s47E(d) before returning to the s47E(d) screen. If the s47E(d) screen shows: - DSP is still cancelled due to income or assets exceeding the threshold (CAN-INC or CAN-ASS), s47E(d) Go to Step 12 - DSP is restored correctly, go to Step 13
12	Customer remains suspended/cancelled (deemed suspended) + Read more ... If the customer is not currently payable due to their income and/or assets exceeding the relevant threshold, the customer is eligible to remain suspended or cancelled (deemed suspended) for the remainder of the 2 year period. s47E(d) Tell the customer that if their circumstances change during the remainder of the 2 year suspension period, they can request a restoration again. Procedure ends here.
13	Finalise DSP restoration + Read more ... s47E(d) An auto-DOC is created once the activity is finalised advising of the successful restoration. s47E(d) s47E(d)

s47E(d)

Note: check if the customer was in receipt of Pensioner Education Supplement (PES)/ABSTUDY PES before the DSP being suspended/cancelled. If PES/ABSTUDY PES was stopped due to the DSP suspension/cancellation, a fastnote must be sent to the relevant team to determine if PES can be restored. See [Restoration of Pensioner Education Supplement \(PES\) and ABSTUDY PES](#).

Restoration request for a customer in an extended employment suspension period (EPP) - Customer First

Table 4

Step	Action
1	Check employment income + Read more ... Determine whether the EPP suspended DSP customer, or their partner is expecting to be paid any more employment income. This includes where they have finished work, but not received their final pay yet. Will this preclude the EPP partner from payment? • Yes, the EPP suspended customer must contact after they have received the final pay, or when employment income no longer precludes payment, to request a restoration. The EPP suspended customer will need to lodge a new claim if this takes them outside the 2 year period. Procedure ends here. • No, go to Step 2
2	Check relationship status + Read more ... Check if the relationship status needs to be updated. For more details, see: • Change in relationship status from single to partnered • Change in relationship status from partnered to single s47E(d) Make any updates before processing the request for a restoration.
3	Check contact and accommodation details + Read more ... Check if the EPP suspended customer needs to update their: • Contact information • Address • Accommodation details Make any updates before processing the request for a restoration. s47E(d)
4	Income and asset updates + Read more ... Make any updates to the EPP suspended customer's income and assets as required. For more details, see Coding income and assets for Centrelink payments and services.
5	Process restoration + Read more ... If Rent Assistance (RA) was paid with Family Tax Benefit (FTB), and FTB was cancelled because of the suspension/cancellation of the income support payment, the Service Officer must check if they need to restore FTB first. s47E(d)

	If the Age Pension or DSP customer's payment is suspended or cancelled (deemed suspended) they need to request restoration of their own payment separately. s47E(d)
6	Assessment results + Read more ... The s47E(d) screen displays the outcome of the restoration activity. If the outcome shown on s47E(d) screen is unexpected, consult Local Peer Support (LPS) for help. If the s47E(d) screen shows: - DSP is cancelled due to income or assets exceeding the threshold (CAN-INC or CAN-ASS), go to Step 7 - DSP is restored correctly, go to Step 8
7	Check income and asset details + Read more ... Check with the customer that the income and assets details on their record are correct. Make any changes as required. If the outcome on s47E(d) screen is: - DSP is restored correctly, go to Step 8 - Still CAN-INC or CAN-ASS, go to Step 9
8	Finalise restoration + Read more ... Finalise the activity on s47E(d) screen. If the customer or their partner continue to receive employment income, place the DSP partner on reporting, if appropriate. For more details, see Reporting overview. Create a DOC on the customer's record detailing that payment has been restored, including any other updates that have been made to the record. Note: check if the customer was in receipt of Pensioner Education Supplement(PES)/ABSTUDY PES before the DSP being suspended/cancelled. If PES/ABSTUDY PES was stopped due to the DSP suspension/cancellation, a Fast Note must be sent to the relevant team to determine if PES can be restored. See Restoration of Pensioner Education Supplement (PES) and ABSTUDY PES. Procedure ends here.
9	DSP partner remains suspended + Read more ... If the customer or their partner's income and/or assets still preclude payment, the customer is entitled to remain in the extended employment suspension period until the maximum period of 2 years is reached. - s47E(d) - Finalise the other updates to the DSP partner's record DOC the request for restoration including the reason the EPP suspended customer is not eligible at this time - Advise the customer that if their circumstances change during the remainder of the 2 year suspension period, they can request a restoration again

References

Policy

[Social Security Guide, 3.6.1, DSP - Qualification & Payability](#)

[Social Security Guide, 3.6.1.20, Qualification for DSP during Employment - 30 Hour Rule](#)

[Social Security Guide, 3.6.1.100, Continuation Variation or Termination of DSP - 30 Hour Rule](#)

[Social Security Guide, 3.1.4, Imprisonment, Psychiatric Confinement & Prison Release](#)

[Social Security Guide, 3.6.1.100, Continuation Variation or Termination of DSP](#)

Legislation

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

[Social Security \(Administration\) Act 1999](#)

- section 109(3), Date of effect of favourable determination resulting from review
 - subsection 3, If: (a) a decision (the **original decision**) is made in relation to a person's social security payment; and (b) the person is not given notice of the original decision
- section 96(3A), Disability Support Pension - suspension instead of cancellation under section 93
- section 110(1) or (2), Date of effect of favourable determination
- section 85, Resumption of payment after cancellation or suspension

[Social Security Act 1991](#), section 1158, Some social security payments not payable during period in gaol or in psychiatric confinement following criminal charge

Resources

Contact details

[Assessment Services National Administration Team \(ASNAT\) Support:](#)

- ASNAT Support, and
- Forensic Psychology Team

[Level 2 Policy Helpdesk](#)

[Personalised Services Centrelink](#)

[Social workers referrals](#)

Office Locator

[Office Locator](#) - find a Multicultural Service Officer (MSO) by:

- searching the service centre in the **Office/Town** field
- scroll to the **Teams** section
- select specialists, the MSO's name and contact number will be listed

Email template - Referral to specialised services

This table contains an email template to use when referring a customer to Social Work Services/Personalised Services for a consideration of a Vulnerability Medical Assessment (VMA) when they request to cancel their DSP.

Include the following in the subject line and body of the email
Subject heading: Referral to Social Work Services for consideration of Vulnerability Medical Assessment for a claimant requesting DSP cancellation. Hi team, The following customer/nominee has contacted and requested cancellation of their DSP. Please consider a VMA for this customer.

Customer Name:

CRN:

Date of contact:

Name of referring officer and LOGON

Note additional information, detail the reason for the referral to Social Work Services. Include information received from the customer/nominee about their request to cancel DSP. Service Officers must also provide details about any vulnerable circumstances they have identified.

Training & Support

Add the course number to the **Search** field in the [Learning Portal](#) (LMS) in ESSentials:

- **CLK01111** - Suspensions, cancellations & restoration
- **CLK00419** - DSP Eligibility After Grant

s22 (Out of Scope)



Australian Government

Services Australia

Progress of claim - Disability Support Pension (DSP) 008-03150000

Currently published version valid from 6/01/2025 9:26 PM

Background

s22 (Out of Scope)

This document outlines how Service Officers assess DSP claims and respond to customer enquiries about the progress of their DSP claim.

Progress of DSP claims

Customers regularly contact Services Australia to ask about the progress of their DSP claim. The advice provided to customers depends on the stage of their DSP claim. For example:

- claim lodgement
- initial medical assessment (MAT report/SA479)
- Streaming to progress claims
- Job Capacity Assessment (JCA)
- Disability Medical Assessment (DMA)
- finalisation rejection/grant
- review and appeal

s47E(d)

Claim lodgement and documents

Customers can claim DSP by:

- submitting an online claim  with help from a Service Officer running Assisted Customer Claim (ACC)
- lodging a paper claim form

A correspondence nominee can lodge a claim on the customer's behalf. The nominee may advise the customer has no insight into their condition and they are not aware that the nominee is applying for DSP on their behalf. Let the nominee know that depending on how the claim is lodged the customer may be sent letters, SMS or email messages during the claim process.

Customers who have a terminal illness with a life expectancy of less than 2 years may lodge a Claim for Disability Support Pension for a Terminal Illness form (SA494) with or without the Verification of Terminal Illness form (SA495). See [Streaming a new claim for Disability Support Pension \(DSP\)](#).

As part of the DSP online claim process, eligible customers are asked if they want to claim [JobSeeker Payment \(JSP\) \(Provisional\)](#). A separate full claim is not needed. If a customer wants to claim any other income support payment, current process applies for each payment type.

If ACC is completed:

- over the phone, read a verbal customer declaration script to the customer or their nominee and record their consent
- in a service centre, take a verbal declaration or print a Customer Declaration Form for the customer to sign

Customers are encouraged to lodge all required forms and information relevant to their circumstances when they claim DSP. This includes current medical evidence from their treating health professional/s.

If a customer is invited to test their eligibility for DSP, the letter inviting them to claim may advise further medical evidence is not required. This letter can be uploaded or scanned to support an online claim in place of medical evidence.

Upon receipt of a paper claim, scan the DSP claim (SA466), separating the Medical section (MEDSA466). All other supporting documents **must** be scanned to the customer record with the correct classification if there is no barcode on the document. See [Scanning Centrelink documents using an MFD](#) if documents to support the claim are provided separately.

For example, after a claim has been submitted:

s47E(d)

See [Claiming Disability Support Pension \(DSP\)](#).

Identity documents submitted **must** be coded using [Identity Confirmation Dashboard](#) in Process Direct. For any documented determinations where customers are unable to confirm their identity, see [Alternative Identity](#).

Initial Medical Assessment (MAT)

Once an online claim is submitted, or a paper claim form is lodged and scanned, a DSP new claim Social Online Application (SOA) and automatic [MAT](#) referral is generated. The DSP claim is placed on hold until the Disability Support Pension Medical Eligibility Assessment Recommendation (SA479) is completed.

Note: the SA479 is also referred to as:

- MAT recommendation/SA479
- MAT report/SA479
- MAT recommendation
- MAT

The medical evidence provided is assessed by Assessment Services to determine if:

- the claim can be manifestly granted or rejected, or
- a further assessment is required to determine medical eligibility

An Assessment Services Assessor can make one of the following MAT recommendations:

- manifest medical eligibility
- manifest medical ineligibility
- reject claim based on insufficient medical evidence
- assess claim based on a current and valid Job Capacity Assessment (JCA) report, or
- a JCA referral is required to assess medical eligibility

s47E(d)

Once a MAT recommendation is completed, the claim is allocated to Smart Centres Disability Processing.

Streaming

Streaming a DSP claim involves:

- checking the claim and supporting documents
- reviewing the customer's circumstances
- determining the action required to progress to claim finalisation

See [Streaming a new claim for DSP](#).

Job Capacity Assessment (JCA)

Where the MAT determines the customer is manifestly eligible or ineligible for DSP based on available medical evidence, a JCA is not required.

In all other cases a JCA is required to assess:

- the customer's medical conditions under the [Impairment Tables](#)
- if they need to meet Program of Support (POS) requirements
- if they have a Continuing Inability to Work (CITW)

Customers who have been assessed by a JCA as likely to be medically eligible for DSP (but not manifestly eligible) are referred to a Government-contracted doctor (GCD) for a Disability Medical Assessment (DMA). A DMA verifies a customer's eligibility for DSP before their claim is determined. See [Disability Medical Assessment \(DMA\) referrals](#).

In some cases, an existing JCA report recommending medical eligibility may be assessed by MAT as being current and valid. These claims do not require a further JCA to be conducted and should be progressed for a DMA referral following streaming.

Disability Medical Assessment (DMA)

The Service Officer reviews and actions the DMA report. There are 6 possible outcomes from a DMA report for a customer:

- Medical eligibility for DSP with no amendments (DMA report supports the recommendations from the JCA report)
- Medical eligibility for DSP, but some minor adjustments to the medical condition/s and/or impairment rating/s (DMA report slightly different to the recommendations from the JCA report)
- Potential medical eligibility for DSP but there are major changes to the medical condition/s and/or the impairment rating/s (DMA report different to the recommendations from the JCA report) including the requirement to now assess active participation in Program of Support (POS) and reassess work capacity
- The customer is manifest medically eligible for DSP
- The customer is not medically eligible for DSP
- Medical eligibility cannot be determined as the customer could not be contacted, did not attend or failed to participate in the DMA

Release of MAT report/SA479, JCA or DMA reports

A customer can request a copy of their:

- MAT report/SA479
- JCA report
- DMA report

These reports:

- **may be released** by APS3 level staff or above, in specific circumstances without a formal Freedom of Information (FOI) request
- **cannot be released** to the customer under Informal Access in any circumstances where there is an unfinalised DSP new claim, formal review or medical review related to that report

DSP customers can request a copy of their MAT report/SA479, JCA or DMA report:

- under Informal Access **once their claim, formal review or medical review is finalised**. Release of a report through this channel is not automatic and depends on all criteria being met, or
- by a formal [request under the Freedom of Information Act 1982](#). These requests must be in writing and immediately forwarded to the agency's FOI team

See [Release of Disability Support Pension \(DSP\) Medical Assessment reports](#).

Rejection of DSP

Customers who are assessed as not eligible for DSP can:

- [request reassessment of the rejected claim](#) (for specific rejection reasons only), or
- [request an explanation or apply for a formal review](#) of the rejection decision

See [Reviews and appeals for Disability Support Pension \(DSP\) rejection or cancellation decisions](#).

Impairment Table changes from 1 April 2023

From 1 April 2023, new Impairment Tables were introduced. The Tables are used to assess a customer's medical eligibility for all DSP claims lodged (or with date of effect) on or after this date. See [The Impairment Tables](#).

The [Resources](#) page contains:

- forms for staff and customers
- fact sheets explaining common rejection reasons for DSP new claims
- contact details
- an example of a DSP Claim Progress **DOC**

Related links

[Claiming Disability Support Pension \(DSP\)](#)

[Coding identity documents](#)

[Alternative Identity](#)

[Scanning Centrelink documents using an MFD](#)

[Assessing a new claim for Disability Support Pension \(DSP\) after a Job Capacity Assessment \(JCA\)](#)

[Prioritising Disability Support Pension \(DSP\) claims for terminally ill customers](#)

[Disability Medical Assessment \(DMA\) referrals](#)

[Checking and actioning a Job Capacity Assessment \(JCA\) report](#)

[Checking and actioning Employment Services Assessment \(ESAt\) reports](#)

[Using a Job Capacity Assessment \(JCA\) report to determine payment type](#)

[Job seekers with a partial capacity to work or a temporary reduced work capacity](#)

[JobSeeker Payment \(JSP\) and Youth Allowance \(YA\) \(Provisional\)](#)

[Assessing and coding medical evidence for temporary incapacity exemptions](#)

[Request for an explanation or application for a formal review](#)

[First contact about a decision and the internal review process](#)

[Reviews and appeals for Disability Support Pension \(DSP\) rejection or cancellation decisions](#)

[Release of Disability Support Pension \(DSP\) Medical Assessment reports](#)

[Identity Confirmation](#)

[Viewing Centrelink customers' digital images](#)

[Managing complaints and feedback](#)

[Referral to external support services](#)

[Family and domestic violence](#)

[Separating safely – protecting personal details](#)

Process

This document outlines how Service Officers assess DSP claims and respond to customer enquiries about the progress of their DSP claim.

On this page:

[Progress of claim](#)

[Finalising claims, POS, explanation of rejection decision, formal review and customer complaints](#)

Progress of claim

Table 1: this table explains the assessment stages for a DSP claim and what to tell a customer if they contact about the progress of their claim.

Step	Action
1	Customer has lodged DSP claim + Read more ... Check contact details When a customer contacts about the progress of their claim, staff must confirm that contact details are current. If changes are required, these must be updated manually outside of the DSP new claim activity. Refer to: • s47E(d) see Table 4 > Step 4 in - Updating address details • s47E(d) • s47E(d) , see Step 2 in Updating telephone details and/or paying Telephone Allowance (TAL) • s47E(d) see the Customer First tab in Adding, changing or removing an email address s47E(d) Check DSP claim status DSP Claims do not have a NCL activity in Customer First on the s47E(d) screen, instead a claim (Social Application) is created in Process Direct when an online claim/Assisted Customer Claim (ACC) is submitted, or when a paper claim is lodged and scanned. Use the s47E(d) and check the DSP Claim Progress DOC to determine status of claim. For information on some of the process statuses of a DSP claim, see Process status definitions in Process Direct navigation, common screens and functions. Where the DSP Online Claim status is DRAFT If the online claim status is showing as Draft, the customer has started, but has not submitted the online claim. Do not change the claim status from Draft. Note: if the Claim Submission Date reads 00:00:0000, the online claim has not yet been submitted. Tell the customer: • to log into their online services, accept the customer declaration and submit their claim • there is limited time to do this before the claim is no longer available Where the DSP Claim status is Finalised (Completed)

To identify if the DSP claim has been finalised (completed):

s47E(d)

Where the DSP Claim status is Finalised (Completed), see [Table 2](#) to advise claim outcome.

Where the customer has lodged a paper DSP Claim but there is no Claim/Progress DOC present

[Go to Step 3.](#)

Where the DSP claim is still in progress (i.e. In Process/On Hold status)

Where the claim status is **In Process** or **On Hold** and awaiting further assessment or finalisation and the customer is s47E(d) tell the customer:

'Claiming Disability Support Pension can be a lengthy process and may include multiple medical assessments with strict eligibility criteria.

Once your claim is processed, if eligible you will be paid for the period you're entitled to, including back-payments. We will notify you of the outcome of your claim in writing once it's been finalised.'

If the customer/nominee wants further information about the status of their claim, [go to Step 2.](#)

Is the customer current on an Income Support Payment

As part of the DSP online claim, eligible customers are asked if they want to claim [JobSeeker Payment \(JSP\) or Youth Allowance \(YA\) \(Provisional\)](#) while their DSP is being assessed. A separate claim is not needed for JSP if they say yes to claiming JSP within the DSP online claim. If the customer wants to claim Youth Allowance they need to claim separately. When reviewing the customer's record, determine if an alternative Income Support Payment (ISP) needs to be offered. Where an alternative ISP is requested and has not already been assessed, staff must complete the following:

- **Telephony** - tell the customer to claim  online. If the customer is unable to or it is unsuitable for them to claim online, complete an Assisted Customer Claim (ACC).
- **Front of House** - offer an alternative ISP. If the customer declines an alternative ISP, record details in a **DOC**. If the customer accepts the offer of an alternative ISP, complete an ACC and action as required

Customer advises they have further information for their unfinalised DSP claim

If the customer is calling to advise they have more information to support their DSP claim:

- In **Process Direct** via s47E(d), refer to:
 - the DSP Claim Progress **DOC** on s47E(d) for updates on claim processing including any outstanding information or assessments required
 - **Documents** icon for scanned documents
 - the **Task** icon to show any outstanding tasks. If requested documents have been provided or are no longer required, the status of the task can be updated here
- In **Customer First**, refer to:
 - the DSP Claim Progress **DOC** on s47E(d) updates on claim processing including any outstanding information or assessments required
 - s47E(d) to search for scanned paper claim and/or supporting documents
 - use s47E(d) guided procedure to show any outstanding tasks

Tell the customer:



'Lodge your documents using [Upload documents](#) online or the local service centre as soon as you can. Having the information as early as possible means it can be considered without further delay. If you or your partner (if applicable) have earnings, you must continue to lodge/upload all payslips from the date you claimed until you are advised of the claim outcome. This will help in the assessment of your claim. If further information is required or if you need to attend an appointment, you will receive a letter.'

See [Documents required for Centrelink new claims](#).

If the customer/nominee wants more information on the specific stage/status of their DSP claim, [go to Step 2](#).

2

Stages of a DSP claim/customer queries + Read more ...

See below to determine how to help customers with their queries about their DSP claim:

- No DSP claim activity and/or DSP Claim progress **DOC** on record, [go to Step 3](#)
- Mutual obligation/participation requirements ('Claiming DSP' exemption), [go to Step 4](#)
- Claim in progress and customer requesting immediate processing, [go to Step 5](#)
- Medical Assessment (MAT) referral, [go to Step 6](#)
- Streaming, [go to Step 7](#)
- Job Capacity Assessment (JCA) appointment, [go to Step 8](#)
- Disability Medical Assessment (DMA) appointment, [go to Step 9](#)
- Finalised (Completed) DSP Claim, see [Table 2 > Step 1](#)
- Customer complaints, see [Table 2 > Step 14](#)

3

Index, re-index or regenerate the claim + Read more ...

If the customer contacts to enquire about the progress of their DSP claim and it:

- has **not** been finalised/completed, **and** there is **no claim** transaction and/or DSP Claim Progress **DOC** on **s47E(d)** on the record, see, [Indexing, re-indexing, and cancelling claim activities](#)

needs to be cancelled as the activity is preventing other updates on the customer's record, see [Indexing, re-indexing, and cancelling claim activities](#)

- is a new **paper claim** scanned **with no evidence of progression of the DSP claim** and no claim activity on the customer's record:
- check [Document Tools](#) in Customer First for claim documents to determine if a DSP claim has been scanned incorrectly
 - see, [Indexing, re-indexing, and cancelling claim activities](#)

Note: in all instances where a DSP claim has been indexed, re-indexed or regenerated, if the customer is in receipt of JSP/YA, check if **s47E(d)** screen needs coding with 'Claiming DSP' exemption. See [JobSeeker Payment \(JSP\) and Youth Allowance \(YA\) \(Provisional\)](#).

Tell the customer/nominee:

'Your DSP claim has been referred for processing - this includes the assessment of the medical evidence you have provided.

If further information is required or if you need to attend an appointment, a Service Officer or assessor will attempt to contact you.

Calls from us will display as a private number. Please answer this call.'

Procedure ends here.

4

Mutual obligations/participation requirements for JSP/YA and s47E(d) coding + Read more ...

If a JSP/YA current customer contacts to enquire about their mutual obligations/participation requirements and they are getting a participation payment under 'provisional' conditions, they do not have to meet mutual obligation or participation requirements if:

- they have submitted a DSP claim, and
- the claim is not yet finalised

To determine if the 'Claiming DSP' exemption coding is required and for coding instructions, see [JobSeeker Payment \(JSP\) and Youth Allowance \(YA\) \(Provisional\)](#).

5

Request for immediate processing + Read more ...

When a customer asks for their claim to be processed urgently, check:

- the DSP Claim Progress **DOC** on their record
- if the claim is 'On Hold' and the hold reason
- if all required information is available. This can include:
 - completed claim form
 - submission of an online claim
 - all required documents have been provided and correctly submitted
 - supporting medical evidence. **Note:** medical information is stored in the customer's electronic Medical Information File Envelope (eMIFE) and can be viewed in the **Documents** tab in Process Direct or **Documents Tool** in Customer First
 - Income and Assets form (SA369) if required
 - MAT report/SA479
 - Job Capacity Assessment (JCA) and/or Disability Medical Assessment (DMA) report
 - if a claimant requires a Program of Support (POS) assessment following a DMA
 - specialist assessments completed if required (for example, Complex Assessment Officer (CAO), Compensation (COMPO), member of a couple assessment (MoC)

All required information is not available + Read more ...

Tell the customer that the claim is unable to progress until all required information is available.

Where the customer is experiencing financial hardship, offer the customer a [referral to a community agency](#) for help.

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Reason: for example, claim unable to be finalised until all required information has been provided
- Customer has been advised their claim will be processed according to normal timeliness standards
- Customer has been requested to return: XXXXXX

Procedure ends here until all required information is available.

All required information is available + Read more ...

Assess customer's circumstances to determine if the request meets any of the following criteria for immediate processing:

s47E(d)

Customer meets the criteria for immediate processing + Read more ...

Where the DSP claim is ready to assess as all required information is available including MAT/JCA/DMA reports, see [Immediate new claim and non-claim priority processing to request urgent assessment of claim](#).

Customer does not meet the criteria for immediate processing + Read more ...

Tell the customer:

'Please be assured we are processing claims as quickly as possible.
DSP claim processing is a lengthy process with strict eligibility criteria.
We will let you know the outcome as soon as it is complete.'

Annotate the DSP Claim Progress **DOC** with details:

- Customer contacted: DD/MM/YY

- Reason: for example, based on the information provided, customer is not eligible for urgent processing of their new claim
- Customer has been advised their claim will be processed according to normal timeliness standards

Procedure ends here.

6

MAT assessment of medical evidence + Read more ...

Do not tell the customer the outcome/recommendation within the MAT report/SA479 before the claim is finalised.

What is a MAT assessment + Read more ...

Upon lodgement of the DSP claim, a DSP new claim Social Application (SOA) and an automatic referral are generated and allocated to Assessment Services. The DSP claim is placed **On Hold**.

Assessment Services assess the medical evidence provided with the DSP claim and submit a recommendation via a Disability Support Pension Medical Eligibility Recommendation (SA479). When a MAT report/SA479 is completed:

- the claim status is updated to **In Process**
- a MAT DSP Recommendation **DOC** is added to the record
- the DSP new claim activity is allocated to a Service Officer via Workload Management (WLM) to action

How to locate the MAT report/SA479 + Read more ...

The MAT report/SA479 is viewed in:

s47E(d)

Tell the customer:

'Please be assured we are processing claims as quickly as possible.
DSP claim processing is a lengthy process with strict eligibility criteria.
We will let you know the outcome as soon as it is complete.'

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

7

Streaming by Disability Processing Service Officer + Read more ...

A Service Officer actions the claim based on the MAT report/SA479.

The MAT report/SA479 can be viewed:

s47E(d)

Do not tell the customer the outcome/recommendation within the MAT report/SA479 before the claim is finalised.

MAT report/SA479 indicates - Manifest medical eligibility + Read more ...

If the MAT report/SA479 recommends manifest medical eligibility, no further medical assessment is required.

An assessment of non-medical eligibility is to be completed before the claim can be finalised.

These customers are considered vulnerable and need extra support, therefore, the claim is to be **Held to User** until the claim is complete.

If the customer has not supplied all required information requested via the online claim, Service Officer is to contact the customer to get the outstanding documents.

Details of any documents requested, or referrals actioned, for example, Member of a Couple assessment (MoC) or Compensation clearances are included in the DSP Claim Progress **DOC**.

If there are any outstanding documents, tell the customer:

- to return the documents by the due date advised in the letter or on their task list
- that the claim may be rejected if the requested documents are not provided by the due date

If all information has been provided, tell the customer:

'Please be assured we are processing claims as quickly as possible and your claim is progressing. Once your claim is processed, if eligible, you will be paid for the period you're entitled to, including back-payments. We will notify you of the outcome of your claim in writing once it's been finalised. If we need to phone you, calls from the agency display as a private number. Please answer this call'

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

Medically ineligible and claim not finalised + Read more ...

The claim is allocated to a Service Officer for assessment but is not yet finalised.

Tell the customer:

'Please be assured we are processing claims as quickly as possible and your claim is progressing. Once your claim is processed, we will notify you of the outcome of your claim in writing. A Service Officer may attempt to contact you. Calls from the agency display as a private number. Please answer this call.'

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

Non-medical criteria not met and claim finalised + Read more ...

If the customer **does not** meet the non-medical eligibility criteria, the claim is rejected and attempts are made to contact the customer to discuss the outcome of the claim. Details of the rejection are recorded on the DSP NCL Reject **DOC**.

Tell the customer:

- why their claim was rejected
- they will get a letter advising the outcome of their claim, and
- their [review and appeal rights](#)

Procedure ends here.

JCA Referral required + Read more ...

If a JCA referral is required, Service Officers must do an initial non-medical eligibility check to determine if the customer:

- is an Australian resident
- has turned at least 15 years and 9 months and is under Age Pension age when they claimed
- meets the relevant income and/or assets threshold (including partner, if applicable) based on available information provided
- does not have a Compensation Preclusion period which ends 13 weeks after the claim date

If it is clear from the **available evidence** the customer does not meet the non-medical eligibility criteria for DSP, the claim will not progress to JCA.

Tell the customer:

'Please be assured we are processing claims as quickly as possible and your claim is progressing. Once your claim is processed, we will notify you of the outcome of your claim in writing. A Service Officer may attempt to contact you. Calls from the agency display as a private number. Please answer this call'

Procedure ends here.

To help with checking the customer's record for a Job Capacity Assessment (JCA) referral or appointment, [go to Step 8.](#)

8

Job Capacity Assessment (JCA) + Read more ...

Do not tell a customer the outcome of the JCA report if the DSP claim assessment has not been completed.

Status of a JCA report + Read more ...

If a customer contacts, establish the status of the report, see [Understanding Job Capacity Assessment \(JCA\) reports.](#)

JCA Referral and/or JCA Appointment information + Read more ...

Where a customer contacts to enquire about the progress of their DSP Claim and the claim is waiting for a JCA Referral and/or JCA Appointment, locate the referral/appointment details:

In Process Direct:

s47E(d)

If JCA status is New + Read more ...

Tell the customer:

'You have been referred for a Job Capacity Assessment'

- For face to face or phone appointments **only**:

'It's important that you attend the scheduled appointment'. Advise the customer of the JCA appointment date and time

'The claim may be rejected if you do not attend'

'After your JCA, **if** you are required to attend a Disability Medical Assessment (DMA) with a Government-contracted doctor, you will be referred to Sonic HealthPlus who will contact you to arrange an appointment.

You may be required to supply more information for your claim after your JCA, depending on the outcome'

Annotate the DSP Claim Progress **DOC** with

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

Where the JCA Referral has not yet been actioned/JCA appointment has not been booked + Read more ...

Tell the customer:

'There is a large volume of DSP claims on hand. This is impacting:

- Disability Processing ability to action Job Capacity Assessment Referrals, and
- Job Capacity Assessment appointment availability

Please be assured we are processing claims as quickly as possible, and your claim is progressing. We will contact you to book a Job Capacity Assessment (if you need to attend by phone or face to face). After your JCA, **if** you are required to attend a Disability Medical Assessment (DMA) with a Government-contracted doctor, you will be referred to Sonic HealthPlus who will contact you to arrange an appointment.'

s47E(d)

Customer cannot attend a JCA appointment + Read more ...

The status of the JCA referral will be **New**.

If the customer cannot attend a booked **JCA** appointment and needs to reschedule, or they would like to change their appointment type, for example, cannot attend a face to face appointment. If the customer is:

- on the phone, warm transfer the call to [Assessment Services](#) (ASNAT)
- in person, send an email to ASNAT, see [Assessment Services](#)

See, [Job Capacity Assessment \(JCA\) and Employment Services Assessment \(ESAt\) appointments](#).

Customer has attended the JCA appointment + Read more ...

Do not tell the customer of the outcome of the JCA report until the DSP claim has been finalised.

- For a status of **In progress, On Hold, Reopened or Returned**:
 - Tell the customer:

'A JCA Assessor may need to contact your treating health or allied health professionals to clarify medical information you have provided with your claim.

Once they have all the required information the Job Capacity Assessment report will be completed and submitted.'

- Annotate the DSP Claim Progress **DOC** with:

Customer contacted: DD/MM/YY

Include details of the discussion

- Procedure ends here
- For a status of **Submitted**:
 - Tell the customer:

'Once the JCA report has been submitted it is then assessed and we will contact you either by phone or in writing if we are able to finalise your claim.

Some applicants may be required to attend a Disability Medical Assessment (DMA) with a Government-contracted doctor.

If this is the case, you will be referred to Sonic HealthPlus who will contact you to arrange an appointment.

It is important you attend any scheduled appointments, failure to do so may delay the processing of your claim.'

- Annotate the DSP Claim Progress **DOC** with:

Customer contacted: DD/MM/YY

Include details of the discussion

- Check if the customer has been referred for a Disability Medical Assessment (DMA)
- [Go to Step 9](#)

9

Disability Medical Assessment (DMA) + Read more ...

[Sonic HealthPlus](#) (Sonic) is an external contracted provider delivering DMA services on behalf of the agency. They must **not** be directly contacted by:

- service delivery staff, or
- managers

If there are concerns, agency staff **must** direct an enquiry to the [GCD Contract Management Team](#).

Do not tell a customer to contact Sonic about the:

- progress, or
- status of their DMA report or DSP claim

Only tell a customer to call Sonic if they need to **reschedule** a DMA appointment.

Check the current **Status of a DMA report** (see below) before providing more details.

Do not tell a customer the outcome of the DMA report if the DSP claim assessment has not been completed.

How is a DMA referral actioned + Read more ...

An automatic referral for a DMA is created and sent to the DMA provider (Sonic) for action following the submission of an eligible JCA report.

If the automatic referral does not generate, a work item is allocated to a Service Officer to investigate and manually create a DMA referral.

When a DMA referral is actioned, a Display On Access (DOA) **DOC** is added to the customer's record to advise of the referral and the contact number to provide to customers for any enquiries about their DMA appointment.

Status of a DMA referral + Read more ...

Establish the status of the referral and see [Table 2](#) in Disability Medical Assessment (DMA) referrals for a description of the status and any required follow up:

In Process Direct:

s47E(d)

In Customer First:

s47E(d)

If the customer is referred for a DMA + Read more ...

Tell the customer:

'As part of the Disability Support Pension claim process an additional assessment by an independent health professional is required.

This assessment is referred to as a Disability Medical Assessment.

The Disability Medical Assessment process provides an assessment of your medical eligibility.

If you are required to attend an appointment it is important you attend this appointment when scheduled.

If you don't attend the scheduled appointment, it may delay the processing of your claim. We will finalise your claim as soon as possible.

Calls from Sonic HealthPlus will come through as a private number, it is important that you answer this call.'

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

If the DMA appointment has not been booked, refer to next heading.

DMA Appointment not yet booked + Read more ...

Where a customer contacts to enquire about the progress of their DSP Claim and the claim is **waiting for a DMA appointment to be scheduled** with the Government-contracted doctor (GCD) (DMA referral to Sonic):

- Tell the customer:

'There is a large volume of DSP claims on hand.

This is impacting Disability Processing ability to action Disability Medical Assessment referrals to Sonic HealthPlus, and Disability Medical Assessment appointment availability with a Government-contracted doctor.

There may be delays, and it may take longer than usual for Sonic to contact to book the DMA appointment. Sonic will contact to arrange the DMA appointment as soon as possible.

Please be assured we are processing claims as quickly as possible.'

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

s47E(d)

Is there a Display on Access (DOA) **DOC** advising the DSP claim is being managed by Customer Critical Response Team (CCRT)?

- **Yes**, no further action is required as CCRT will liaise with GCD CMT
- **No**, see:
 - [Disability Medical Assessment \(DMA\) referrals](#)
 - [Disability Medical Assessment \(DMA\) appointment outcome](#)

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

Customer cannot attend a DMA appointment + Read more ...

Tell the customer to contact Sonic on the number included in the original appointment letter, or see [Sonic HealthPlus](#) for contact details, to reschedule their appointment.

Assessment of claim after a DMA + Read more ...

Do not tell the customer of the outcome of the DMA report until claim finalisation.

Once the DMA is completed, a report is submitted and allocated to a Service Officer for action.

Following acceptance of the DMA report, the customer's non-medical eligibility is assessed. The customer may be required to provide more information.

- Tell the customer:

'The Government-contracted doctor may need to contact your treating health or allied health professionals to clarify medical information provided with your claim.

Once completed the DMA report is submitted.

When the report has been submitted it is then assessed and Services Australia will contact you either by phone or in writing to advise you of the outcome of your claim, or if we need further non-medical information to assess your claim.

If you have been asked to provide information, it is important you do so as soon as possible. Failure to do so will delay the processing of your claim.'

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

Finalising claims, POS, explanation of rejection decision, formal review and customer complaints

Table 2:

Step	Action
1	DSP claim outcome + Read more ... DSP will show a status of CUR, ASS or REJ, when the assessment has been completed Check for a finalised DSP claim by checking the following: In Process Direct via s47E(d) s47E(d) In Customer First: s47E(d) When a DSP claim is rejected, and in some circumstances when a DSP claim is granted, a Service Offer Interview (SOI) is conducted by the Service Officer. If a customer contacts to request details of the outcome of their DSP claim, staff must discuss the outcome at the first point of contact. Information about the claim and the SOI can be found in Process Direct: s47E(d) ▪ in the customer's record select ▪ select from the following icons: ◦ Claims ◦ Medical Evidence ◦ MAT ◦ JCA/ESAt ◦ DMA

- SOI

If the customer is contacting because their claim was:

- **Granted** (including a status of ASS), [go to Step 2](#)
- **Rejected**, [go to Step 3](#)

2

DSP claim was Granted + Read more ...

Review the DSP Granted **DOC**.

Tell the customer:

- the Start Date of DSP
- their rate of payment, payment date and any waiting period if subject to an Income Maintenance Period (IMP)
- any arrears - amount and expected date paid (if applicable)
- updating Family Tax Benefit (FTB) income estimates
 - if the customer has a dependent child, (under the age of 19) in their care and they or their partner are not in receipt of FTB, tell the customer to use the [Payment and Service Finder](#) on the Services Australia website to see if they may be eligible for FTB. See [Updating income estimates for the current financial year](#)
- [self-service options](#):
 - Online account. Access through myGov
 - Express Plus mobile apps. Customers can use the app to do most of their business
 - Centrelink phone self service. Range of options including reporting employment income
 - Service Australia website. Customers can access a full range of online guides
- their access to a Pensioner Concession Card
- their notification requirements

If the customer wants to clarify the Start Date of the DSP claim, [go to Step 14](#).

If the customer's partner is not receiving or claiming their own payment but may be eligible, discuss any possible entitlements if customer has [PPE/PPU authority](#) on record.

If the customer is partnered **and** the customer has [Person Permitted to Enquire \(PPE\) or Update \(PPU\) authority](#), ask if their partner has:

- claimed, check the progress of the partner's claim. If the claim:
 - is assessed, tell the customer the outcome
 - has not been assessed, go to [Progress of claim](#)
- not claimed, discuss with the customer any potential entitlements for their partner

Procedure ends here.

3

DSP claim was Rejected + Read more ...

Review the DSP Rejection **DOC** on the customer's record.

Staff must discuss the reason for the claim being rejected, at first point of contact.

If the customer contacts regarding a rejection decision for their DSP claim, the action required depends on the reason for the rejection. For DSP claims rejected for:

- reason **FRC/FSD/FRP/POI** or **IME/OTH**, [go to Step 4](#)
- reason **FME**, [go to Step 6](#)
- reason **GCD**, [go to Step 7](#)
- reason **NTC/NTP**, [go to Step 8](#)
- medical reason, such as **NSI**, **NDT**, **POS**, **MDI** (excluding reasons **IME** and **OTH**), [go to Step 9](#)
- medical reason **POS**, [go to Step 13](#)
- all other DSP rejection reasons or enquiries about a formal review in progress, [go to Step 14](#)

If the customer wants to submit a complaint, [go to Step 15](#)

4

DSP claim rejected for reason: FRC/FSD/FRP/POI or IME/OTH + Read more ...

If the claim has been rejected for reasons FSD, FRC, FRP, POI, OTH or IME and the customer has provided the required information **within 13 weeks of the rejection**, the claim can be re-opened.

	This can be done without the need for a SME quality check/explanation of decision or formal review. Staff must use Fast Note - s47E(d) which will include keyword REJREV. See Request to reassess a rejected claim. If the customer has not provided the required information tell the customer/nominee to do so within 13 weeks of the rejection for reassessment from the original date of the claim. If the claim was rejected IME, has the customer lodged a Verification of Terminal Illness form (SA495) or medical evidence indicating a possible terminal illness? • Yes, go to Step 5 • No, procedure ends here
5	DSP claim rejected for reason: IME further check + Read more ... If the claim was rejected IME and the customer: s47E(d) Staff must use Fast Note - s47E(d) s47E(d) s47E(d) Procedure ends here.
6	DSP claim rejected for reason: FME + Read more ... A DSP claim is rejected FME (failed to attend medical examination - JCA) where the customer: • failed to attend a Job Capacity Assessment (and the JCA could not be completed as a file or phone assessment), or • the customer would not participate in the assessment If the DSP claim has been rejected for reason FME, and the customer: • has contacted within 13 weeks of being notified about the rejection decision, and • has indicated their intention to attend and participate in a Job Capacity Assessment (JCA) appointment ◦ create an open work item, use Fast Note - s47E(d) s47E(d) which will include keyword REJREV. See Request to reassess a rejected claim Procedure ends here.
7	DSP claim rejected for reason: GCD + Read more ... A DSP claim is rejected GCD (failed to attend/participate in a Disability Medical Assessment) where Sonic has advised the customer: • was unable to be contacted to schedule a Disability Medical Assessment (DMA) • failed to attend a Disability Medical Assessment (DMA), or • the customer would not participate in the assessment If the DSP claim has been rejected for reason GCD, and the customer: • has contacted within 13 weeks of being notified about the rejection decision, and • has indicated their intention to attend and participate in a Disability Medical Assessment (DMA) appointment ◦ see Table 3 of Disability Medical Assessment (DMA) appointment outcome for action required Procedure ends here.
8	DSP claim rejected for reason: NTC/NTP + Read more

If the claim is rejected for reason **NTC** (failed to supply TFN customer) or **NTP** (failed to supply TFN – partner) and the customer has contacted within 13 weeks of being notified about the rejection, and has supplied the required information:

Create an **open work item**, use [Fast Note](#) - s47E(d) which will include keyword **REJREV**

Tell the customer:

'Your DSP claim has been referred for reassessment.

If further information is required or if you need to attend an appointment, a Service Officer or Assessor will attempt to contact you.

Calls from us will display as a private number. Please answer this call.'

Procedure ends here.

9

DSP medical rejection + Read more ...

If the rejection is for medical reasons, refer to the relevant medical assessment report(s):

- Disability Support Pension Medical Eligibility Assessment Recommendation (MAT report) - (Document Type - **SA479**)
- Job Capacity Assessment (Document Type - **JCAR**), or
- Disability Medical Assessment (DMA) (Document Type - **SA467**)

The MAT report/SA479, JCA and DMA reports can be accessed:

- in Process Direct:
s47E(d)

- in Customer First:
s47E(d)

See:

- [Eligibility for DSP](#) for the eligibility criteria
- the [Resources](#) page for Rejection Fact Sheets covering:
 - Insufficient Medical Evidence
 - Diagnosed, Reasonably Treated and Stabilised
 - Not 20 Points Impairment
 - Program of support (POS) not met

[Go to Step 10.](#)

10

DSP rejection – which Impairment Tables have been applied + Read more ...

A DSP rejection can currently be assessed under either of the following Impairment Tables depending on when the DSP claim was submitted:

- 2011 Impairment Tables (**Note:** the 2011 Tables show as 2012 on the system)
- 2023 Impairment Tables

How to find which Impairment Tables were applied:

In the customer's record in **Process Direct:**

s47E(d)

In the customer's record in **Customer First:**

s47E(d)

To determine the appropriate advice for the customer based on the Impairment Tables applied:

- 2011 Impairment Tables, [go to Step 11](#)
- 2023 Impairment Tables, [go to Step 12](#)
- Program of Support (POS), under either Impairment Tables, [go to Step 13](#)

11

DSP rejection - 2011 Impairment Tables + Read more ...

Staff are to use the scripted text for the relevant rejection reason.

The customer may/can request a copy of their:

- Disability Support Pension Medical Eligibility Assessment Recommendation (SA479) (MAT report)
- Job Capacity Assessment (JCA) and/or
- Disability Medical Assessment (DMA)

If requested, see [Release of DSP Medical Assessment reports](#).

DSP rejected MDI - not fully diagnosed + Read more ...

Tell the customer:

'Your claim for Disability Support Pension was unsuccessful as your medical condition/s were unable to be assessed as fully diagnosed because you did not provide evidence that your condition/s have been formally diagnosed by an appropriately qualified medical practitioner/specialist.

This assessment was made based on the medical evidence you provided to support your claim, an internal medical assessment and/or Job Capacity Assessment.

These were all considered when determining your claim.'

Note: internal medical assessment refers to MAT report/SA479.

DSP rejected NSI - Impairment Rating less than 20 points + Read more ...

Tell the customer:

'Your claim for Disability Support Pension was unsuccessful as your medical condition/s were considered fully diagnosed, treated and stabilised however, based on all of the evidence provided an impairment rating of less than 20 points was assigned.

'This assessment was made based on the medical evidence you provided and the Job Capacity Assessment or Disability Medical Assessment on <date>.

These were all considered when determining your claim.'

DSP rejected NDT - condition not fully diagnosed, treated and stabilised + Read more ...

Tell the customer:

'Your claim for Disability Support Pension was unsuccessful as your medical condition/s was/were not considered to be fully diagnosed, treated and stabilised and therefore an impairment rating was unable to be assigned.

The assessment was made based on the medical evidence you provided, and the Job Capacity Assessment or Disability Medical Assessment on <date>.

These were all considered when determining your claim.'

The customer may/can request a copy of their:

- Disability Support Pension Medical Eligibility Assessment Recommendation (SA479) (MAT report)
- Job Capacity Assessment (JCA), and/or
- Disability Medical Assessment (DMA)

If requested, see [Release of DSP Medical Assessment reports](#).

Customer does not agree with or understand why their DSP claim has been unsuccessful + Read more ...

If the customer does not understand or agree with why the DSP claim was rejected for the medical reasons above, including where the customer has provided, or will provide, further medical evidence for consideration, explain their

options to request:

- an explanation
- a formal review

See [Reviews and appeals](#).

Procedure ends here.

12

DSP rejection - 2023 Impairment Tables + Read more ...

Staff are to use the scripted text for the relevant rejection reason.

The customer may/can request a copy of their:

- Disability Support Pension Medical Eligibility Assessment Recommendation (SA479) (MAT report)
- Job Capacity Assessment (JCA), and/or
- Disability Medical Assessment (DMA)

If requested, see [Release of DSP Medical Assessment reports](#).

DSP rejected MDI - diagnosis criteria not met + Read more ...

Tell the customer:

'Your claim for Disability Support Pension was unsuccessful as your medical condition/s were unable to be assessed as diagnosed because you did not provide evidence that your condition/s have been formally diagnosed by an appropriately qualified medical practitioner/specialist.

This assessment was made based on the medical evidence you provided, an internal medical assessment and/or Job Capacity Assessment on <date>.

These were all considered when determining your claim.'

Note: internal medical assessment refers to MAT report/SA479.

DSP rejected NSI - Impairment Rating less than 20 points + Read more ...

Tell the customer:

'Your claim for Disability Support Pension was unsuccessful as your medical condition/s were considered fully diagnosed, treated and stabilised however, based on all of the evidence provided an impairment rating of less than 20 points was assigned.

This assessment was made based on the medical evidence you provided and the Job Capacity Assessment or Disability Medical Assessment on <date>.

These were all considered when determining your claim.'

DSP rejected NDT - condition not diagnosed, reasonably treated and stabilised + Read more ...

Tell the customer:

'Your claim for Disability Support Pension was unsuccessful as your medical condition/s was/were not considered to be diagnosed, reasonably treated and stabilised and therefore an impairment rating was unable to be assigned.

The assessment was made based on the medical evidence you provided, and the Job Capacity Assessment or Disability Medical Assessment on <date>.

These were all considered when determining your claim.'

Customer does not agree with or understand why DSP claim has been unsuccessful + Read more ...

If the customer does not understand or agree with why the DSP claim was rejected for the medical reasons above, including where the customer has provided, or will provide, further medical evidence for consideration, explain their options to request:

- an explanation
- a formal review

For action required, see [First contact about a decision and the internal review process](#).

Procedure ends here.

13

Program of Support (POS) + Read more ...

A customer with a severe impairment assessed as medically eligible for DSP, does not need to participate in a POS.

A severe impairment is defined as 20 points or more assigned under one Impairment Table.

If the customer is assessed as not having a severe impairment they may need to have participated in a POS before being assessed as eligible.

If the customer's claim has been rejected because they have not actively participated in a POS + Read more ...

'Your Disability Support Pension was unsuccessful because you were assessed as not having actively participated in a Program of Support. People claiming Disability Support Pension must have actively participated in a Program of Support for at least 18 months within the 3 years prior to their claim.

Any periods where the person is granted a temporary exemption from having to participate in the program do not count towards the required 18 months.

A Program of Support is provided by a designated provider who specifically tailors a program to address the person's level of impairment, individual needs and barriers to employment.

The Program of Support must be one that is wholly or partly funded by the Australian Government. A Program of Support provides vocational, rehabilitation and employment services, with a particular focus on developing skills the person requires to improve their capacity to find, gain or remain in employment.

Services Australia considers evidence about a person's inability to continue participating in a Program of Support because of their condition.

This is generally where the person is unable (solely because of their impairment) to improve their capacity to find, gain or remain in employment through continued participation in the program.

This evidence needs to be supported by the person's program provider and considered by an assessor. Services Australia can only consider these provisions if the person has already commenced in a program.'

See:

- the [Resources](#) page for POS rejection fact sheet
- [Program of Support \(POS\) requirements for Disability Support Pension \(DSP\)](#)
- [Rejecting a new claim for Disability Support Pension \(DSP\) including manifest rejections](#)

Customer does not agree with or understand why DSP claim has been unsuccessful + Read more ...

If the customer does not understand or agree with why the DSP claim was rejected for the medical reasons above, including where the customer has provided, or will provide, further medical evidence for consideration, explain their options to request:

- an explanation
- a formal review

For action required, see [First contact about a decision and the internal review process](#).

Procedure ends here.

14

Explanation of decision or formal review of decision + Read more ...

For more help with how to answer customer enquiries, see [Reviews and appeals for Disability Support Pension \(DSP\) rejection or cancellation decisions](#).

Explanation of Decision + Read more ...

If the customer does not understand the reason for the decision, they may request an explanation from a Subject Matter Expert (SME).

Tell the customer:

- their request will be allocated to a SME
- the SME will investigate the decision and try to phone them to discuss
- the call will display as a private number, please answer this call

See [Request for an explanation or application for a formal review](#).

Circumstances where a customer cannot request an Explanation of Decision by a SME + Read more ...

Customers cannot request an explanation by a SME if they:

- have applied for a formal review of the same decision, or

- previously requested an explanation of the same decision and a SME has provided an explanation. Tell the customer:
 - they have the right to apply for a formal review if they do not agree with the decision

Formal Review by an Authorised Review Officer (ARO) + Read more ...

If the customer does not agree with the decision, they have the option of applying for a formal review which will be undertaken by an ARO. Check if the customer will be providing extra evidence.

Tell the customer:

- their review will be allocated to an Authorised Review Officer
- the Authorised Review Officer will try to phone them (if required) to discuss their review before making a decision
- the call will display as a private number, please answer this call

See [Request for an explanation or application for a formal review](#).

Progress of a Formal Review by an ARO + Read more ...

If the customer is **asking about the progress of their ARO review**, tell the customer:

'Your review has been received and an ARO will try to phone you if required to discuss your review before making a decision.

The call will display as a private number. Please answer this call.'

See [SME explanations, ARO referrals and implementing ARO decisions](#).

15	Customer complaints + Read more ... If a complaint is received, record the details in the Customer Feedback tool. See Managing complaints and feedback. If the complaint cannot be resolved or meets a Complaint Escalation Reason, escalate the matter to a Level 2 complaint. Complaints can be escalated via a warm transfer to the Escalated Complaints and Feedback team, or the Customer Feedback Tool if the customer does not wish to be transferred at the time. Warm transfer to Complaints.
----	---

Resources

Forms

[Claim for Disability Support Pension for a Terminal Illness form \(SA494\)](#)

[Claim for Disability Support Pension form \(SA466\)](#)

[Income and Assets form \(SA369\)](#)

[Verification of Terminal Illness form \(SA495\)](#)

Forms (staff)

[Disability Support Pension Medical Eligibility Assessment Recommendation \(SA479\)](#) - For internal use only by Assessment Services, Medical Assessment Team for DSP new claims or appeals. This form must not be used for any other reason and cannot be given to a customer.

Fact sheets explaining common rejection reasons for DSP new claims

[DSP claims - Rejection reasons explained - Insufficient medical evidence](#)

[DSP claims - Rejection reasons explained - Diagnosed, reasonably treated and stabilised](#)

[DSP claims - Rejection reasons explained - 20 points Impairment Table rating requirement](#)

[DSP claims – Rejection reasons explained – Program of Support](#)

Contact details

[Assessment Services](#)

[Government-contracted doctors \(GCD\) - GCD contract management team](#)

[Complaints](#)

[Sonic HealthPlus](#)

Example of a DSP Claim Progress DOC

This example can be used as a guide for updating information relating to a claim.

Item	Description
1	Extra details: DSP Claim Progress General: Customer contacted Centrelink on 21 SEP 2022 regarding claim for Disability Support Pension, Information was obtained via claim for Disability Support pension using Internal Channels. Document created by SAPAPP on 21 SEP 2022 Text: Claim ID: 000000000 DOR has been investigated (detail result i.e. change/no change) PNA date: SA472 consent to contact THP has been coded MEDSA466 and medical evidence is available in eMIFE DSP claim has been streamed under deferred non-medical eligibility processes. Where applicable, updates finalised by SAD No further information is required - follow up of non-medical eligibility will occur after medical qualification established. Customer has 10 years AU residence or QRE Referred to JCA, per MAT Report/SA479

Training & Support

Digital Support

Digital Support	For	Type
Progress of claim - Claim on hold RFI	All	VOD
Progress of claim - Claim on hold JCA	All	VOD
Progress of claim - Claim finalised - Medical rejection	All	VOD
Progress of claim - Claim on hold DMA	All	VOD

s22 (Out of Scope)



Australian Government Services Australia

Reviews and appeals for Disability Support Pension (DSP) rejection or cancellation decisions 008-03190000

Currently published version valid from 18/12/2024 12:51 AM

Background

s22 (Out of Scope)

This procedure is under **review**. Read Operational Message [Disability Subject Matter Experts \(SME\) - MAT referrals](#)

This document explains reviews and appeals of decisions for a DSP customer including when and how to make a Job Capacity Assessment (JCA) referral.

Rejected DSP claim/ cancelled DSP

When a customer's claim for DSP is rejected or their DSP is cancelled, they have the right to have the decision reviewed. There are several [levels of review and appeal](#) both internal and external to Services Australia.

If appropriate, referrals for Medical Assessment Team (MAT), Job Capacity Assessment (JCA) or Disability Medical Assessment (DMA) may be requested during the process.

Note: if the DSP claim has been rejected for reasons **FRC/FSD/FRP/POI/IME/OTH/GCD** or **FME** and the customer has provided the required information within 13 weeks of the rejection, the claim can be reopened without the need for a Subject Matter Expert (SME) quality check/explanation of decision or formal review.

An internal [review of decision](#) must be complete before initiating an external review.

Internal:

- before 15 May 2021, a quality check by a SME
- from 15 May 2021, an explanation of the decision by a SME, or
- formal review of the decision by an Authorised Review Officer (ARO)

External:

- Administrative Review Tribunal (ART) first review
- ART second review
- Federal Court, on a point of law only
- High Court, with leave of the Court

Quality check of DSP medical decision requested before 15 May 2021

If required, the Medical Assessment Team (MAT) will refer customers for an Appeal Job Capacity Assessment (JCA) after a Subject Matter Expert (SME) request to reassess medical evidence.

The **SME Request MAT reassessment** [Fast Note](#) was amended to include additional information required for MAT to refer the customer for an Appeal JCA.

For DSP SMEs, where a DSP claim has been rejected and the customer has requested a review of decision before 15 May 2021:

- SME will refer to an Authorised Review Officer (ARO) if the DSP claim was rejected based on a Disability Medical Assessment (DMA) recommendation
- SME will refer to MAT where further medical evidence was provided
- MAT will refer to JCA (if required) for DSP Review of Decision

Explanation of DSP medical decisions requested from 15 May 2021

From 15 May 2021, when a customer requests an explanation of a decision to reject or cancel DSP due to medical eligibility. Customers can either:

- request an explanation of a decision which will be provided by a Subject Matter Expert (SME), or
- apply for a formal review of a decision which will be done by an Authorised Review Officer (ARO)

Although DSP claims are processed in Process Direct, action all SME explanation processes in Customer First/Customer Record.

For DSP manual medical reviews, SME explanation processes are actioned in Customer First.

Payment pending review (PPR)

From 15 May 2021, **only** consider PPR for customers who have applied for a formal review of the decision to cancel their DSP. See [Payment Pending Review \(PPR\) of decision to cancel DSP due to medical eligibility](#).

Implementing review of decision outcomes

Service Officers or Subject Matter Experts must follow the appropriate procedures to finalise and apply review of decision outcomes for:

- [ARO decisions](#)
- [ART decisions](#)

Job Capacity Assessment (JCA) requests for ART, Federal Court or High Court

All new assessments required for the:

- Administrative Review Tribunal (ART) first review, will be made by an Authorised Review Officer (ARO)
- ART second review, Federal Court or High Court, will be referred directly to [Assessment Services](#) from the Litigation and Information Release Branch. These referrals will be managed by the Assessment Services National Administration Team (ASNAT) Support Team

Impairment Table changes from 1 April 2023

From 1 April 2023, a new version of Impairment Tables was introduced. The new tables are used to assess a customer's medical eligibility for all DSP claims lodged on or after this date. See [The Impairment Tables](#).

The [Resources](#) page contains:

- suggested Q999 letter text
- forms for staff
- intranet links
- contact details

Related links

[Request for an explanation or application for a formal review](#)

[Reviews by an Authorised Review Officer \(ARO\)](#)

[SME explanations, ARO referrals and implementing ARO decisions](#)

[Implementing the outcome of a review of a participation failure decision](#)

[Administrative Review Tribunal \(ART\)](#)

[The Health Professional Advisory Unit \(HPAU\)](#)

[Appeals \(APL\) system](#)

[Job Capacity Assessment \(JCA\) referral](#)

[Checking and actioning a Job Capacity Assessment \(JCA\) report](#)

[Access to scanned medical information for Assessment Services](#)

[The Impairment Tables](#)

[Initiating and actioning a manual medical review for Disability Support Pension \(DSP\)](#)

Process

This document explains reviews and appeals of decisions for a DSP customer including when and how to make a Job Capacity Assessment (JCA) referral.

On this page:

[Customer contact about a rejected DSP claim or DSP cancellation](#)

[SME quality checks/explanations for DSP claims rejected for non-medical reasons](#)

[SME quality checks of DSP medical decisions for reviews requested before 15 May 2021](#)

[SME explanations of DSP medical decisions requested on or after 15 May 2021](#)

[Implementing ARO/ART decisions on or after 15 May 2021](#)

[Making a JCA referral for a formal review of decision](#)

[Making an ESAt or JCA referral when a review of a previous decision is pending](#)

Customer contact about a rejected DSP claim or DSP cancellation

Table 1: for non-disability processing and disability trained staff.

Step	Action
1	Determine DSP rejection/cancellation reason + Read more ... When a customer's claim for DSP is rejected or their DSP is cancelled, they have the right to have the decision reviewed. It is important the decision is discussed with the customer, at first point of contact. If the customer has lodged new information but not requested an explanation or applied for a formal review, the Service Officer is to consider the new information and: • if the original decision can be reassessed and the outcome will be fully favourable, do a reassessment • if the new information will not change the original decision, or if the decision can be reassessed but the outcome will not be fully favourable, make genuine attempts to contact the customer to discuss the new information and provide review and appeal options If the customer requests an explanation, applies for a review or provides more information regarding a decision, the action required depends on the reason for the rejection or cancellation: • reason FRC/FSD/FRP/POI or IME/OTH (insufficient medical evidence), go to Step 2 • reason GCD, go to Step 3 • reason FME, go to Step 4 • reason NTC/NTP, go to Step 5 • medical reason, such as NSI, NDT, POS, MDI (excluding reason IME/OTH - insufficient medical evidence), go to Step 6 • all other DSP rejection and cancellation reasons, go to Step 7 Disability SME only

	To action a Subject Matter Expert (SME): • quality check/explanation for a non-medical decision, see Table 2 • quality check requested before 15 May 2021, see Step 1 in Table 3, or • explanation of decision requested from 15 May 2021, see Step 1 in Table 4
2	DSP claim rejected or DSP cancelled for reason FRC/FSD/FRP/POI or IME (Insufficient medical evidence) + Read more ... Non-disability processing staff Claim can be re-opened/payment restored where: • DSP claim has been rejected or DSP cancelled for reason FSD/FRC/FRP/POI or IME, and • customer has provided the required information within 13 weeks of the rejection A SME quality check/explanation of decision or formal review is not required in this instance: • For cancellations, see Restoration of Disability Support Pension (DSP) for action required for a cancelled payment • For rejections, see Request to reassess a rejected claim DSP manual medical review If DSP is cancelled for reason FRC for not providing requested information for a DSP manual medical review, see Initiating and actioning a manual review for Disability Support Pension (DSP). s47E(d) Procedure ends here.
3	DSP claim rejected for reason GCD + Read more ... If the DSP claim was rejected for reason GCD (failed to attend/participate in a Disability Medical Assessment), reopen and reassess the DSP claim. A SME quality check/explanation or formal review is not required if the customer: • contacts within 13 weeks of the rejection, and • indicates their intention to attend a Disability Medical Assessment (DMA) See Disability Medical Assessment (DMA) appointment outcome for action required. Procedure ends here.
4	DSP claim rejected for reason FME + Read more ... DSP claim is rejected for FME (failed to attend medical assessment - JCA). If the customer fails to attend a Job Capacity Assessment, and it could not be completed as a file or phone assessment, or the customer would not participate in the assessment, the JCA referral is finalised as UTC (Unable to

complete) and claim rejected.

DSP Claim can be reopened and reassessed if the customer:

- contacts within 13 weeks of the rejection, and
- indicates their intention to attend/participate in the JCA

Non-disability processing staff

- Create an open work item, use [Fast Note - s47E\(d\)](#) which will include keyword **REJREV**.
- Tell the customer a skilled officer will reassess their claim

Disability processing staff

- Reindex the claim and progress the claim, see [Streaming a new claim for Disability Support Pension \(DSP\)](#)

Procedure ends here.

5

DSP claim rejected or DSP cancelled for reason NTC/NTP (Tax File Number) + Read more ...

When a DSP claim is rejected or DSP is cancelled for reason NTC (Customer failed to supply Tax File Number) or NTP (Partner failed to advise Tax File Number).

DSP claim can be reopened and reassessed/DSP can be restored if the customer:

- contacts within 13 weeks of the rejection/cancellation, and
- provides the required TFN for customer and/or partner

For DSP cancellations, see [Restoration of Disability Support Pension \(DSP\)](#) for action required for a cancelled payment.

For DSP rejections:

- **Non-disability processing staff**
 - Create an open work item, use [Fast Note - s47E\(d\)](#) which will include keyword **REJREV**
 - Tell the customer a skilled officer will reassess their claim
- **Disability processing staff**
 - Reindex the claim and progress the claim, see [Streaming a new claim for Disability Support Pension \(DSP\)](#)

Procedure ends here.

6

DSP claim rejected or DSP cancelled for a medical reason (NSI, NDT, POS, MDI or any other medical reason), excluding reason IME - insufficient medical evidence + Read more ...

If the customer does not understand or agree with the decision as to why their claim was rejected or cancelled for the medical reasons above, including where the customer has provided, or will provide, further medical evidence for consideration, explain their options to request:

- an explanation
- a formal review

For action required, see [Reviews and appeals](#).

Procedure ends here.

7

All other DSP rejections or cancellations + Read more ...

If the customer does not understand, or agree with a decision, explain their options to request an explanation of the decision or a formal review. For action required, see [First contact about a decision and the internal review process](#).

Customers can also choose to lodge a new claim:

- For DSP, see [Claiming Disability Support Pension \(DSP\)](#)
- For alternative Income Support payments, see [Identifying entitlements and services for the customer \(CLK\)](#)

SME quality checks/explanations for DSP claims rejected for non-medical reasons

Table 2: for appropriately trained staff only.

Step	Action
1	SME quality check/explanation registered for rejection or cancellation reason FRC/FSD/POI, IME/OTH, GCD or FME or NTC/NTP + Read more ... Reopen the DSP claim, or restore DSP without the need for Subject Matter Expert (SME) quality check/explanation or formal review, if a SME quality check has been registered for rejection/cancellation reason: • FRC/FSD/FRP/POI or IME/OTH and the customer has supplied all the required information within 13 weeks of the rejection • GCD and the customer has contacted within 13 weeks of rejection indicating their intention to attend a Disability Medical Assessment (DMA) • FME, and the customer has contacted within 13 weeks of rejection indicating their intention to attend/participate in JCA • NTC/NTP, and the customer has contacted within 13 weeks of rejection and has supplied required Tax File Number (TFN) information The SME must make genuine attempts to contact the customer to tell them a SME quality check/explanation is not required and the DSP claim can be reopened/ DSP restored. If the customer requests to withdraw the quality check/explanation: • Action the withdrawal using the Internal Review/ Explanation script • Rejection: ◦ reindex DSP claim and progress accordingly in Process Direct ◦ annotate DSP Progress DOC on s47E(d) to advise claim has been reopened • Cancellation: ◦ restore DSP, see Restoration of Disability Support Pension (DSP) If the customer cannot be contacted: DSP rejection: • Reindex claim and progress accordingly in Process Direct • Annotate the DSP Appeal/Explanation DOC and DSP Progress DOC on s47E(d) to advise claim has been reopened • Hold the DSP Appeal/Explanation DOC for 7 days • DSP claim and DSP Appeal held under Table 6 of Work Optimiser for staff • When the DSP Appeal/Explanation DOC becomes due, make genuine attempts to contact the customer to discuss withdrawing the quality check/explanation: ◦ if the customer agrees to withdraw the quality check/explanation, action the withdrawal using the Internal Review/ Explanation script ◦ if contact is unsuccessful, hold DSP Appeal/Explanation DOC for a further 7 days Continue to make contact attempts to discuss the quality check/explanation until the DSP claim is finalised. Record all attempts to contact the customer about the quality check/explanation in the DSP Appeal/Explanation DOC and DSP Progress DOC on s47E(d) If customer contact is unsuccessful, finalise the quality check/explanation when the claim is finalised. DSP cancellation: • Restore DSP • Run the Internal Review/Explanation script and finalise the explanation as Decision completed changed (set aside and substituted) Procedure ends here.

2	SME quality check/explanation registered for rejection reason DIA (excess income and assets) or OTH (compensation income too high) + Read more ... Where a SME quality check/explanation has been registered for rejection reason: • DIA (excess income and/or assets), or • OTH (compensation income too high) and the SME determines: • the rejection was correct and non-medical eligibility is not met, go to Step 3 • non-medical eligibility is met, and the customer requires a medical assessment (referral to JCA), reopen the DSP claim and refer to JCA The SME must make genuine attempts to contact the customer to tell them a SME quality check/explanation is not required and the DSP claim can be reopened. If the customer requests to withdraw the quality check/explanation: • action the withdrawal using the Internal Review/ Explanation script • reindex DSP claim and progress accordingly in Process Direct • annotate DSP Progress DOC on s47E(d) to advise claim has been reopened If the customer cannot be contacted: • reindex claim and progress accordingly in Process Direct • annotate the DSP Appeal/Explanation DOC and DSP Progress DOC on s47E(d) to advise claim has been reopened • hold the DSP Appeal/Explanation DOC for 7 days • hold the DSP claim and DSP Appeal. See Table 6 on Work Optimiser for staff • when the DSP Appeal/Explanation DOC becomes due, make genuine attempts to contact the customer to discuss withdrawing the quality check/explanation: ◦ if the customer agrees to withdraw the quality check/explanation, action the withdrawal using the Internal Review/ Explanation script ◦ if contact is unsuccessful, hold DSP Appeal/Explanation DOC for a further 7 days Continue to make contact attempts to discuss the quality check/explanation until the DSP claim is finalised. Record all attempts to contact the customer about the quality check/explanation in the DSP Appeal/Explanation DOC and DSP Progress DOC on s47E(d) If customer contact is unsuccessful, finalise the quality check/explanation when the claim is finalised. Procedure ends here.
3	All other non-medical decisions + Read more ... For all other non-medical rejection/cancellation reasons, the SME must follow the process in SME explanations, ARO referrals and implementing ARO decisions. Procedure ends here.

SME quality checks of DSP medical decisions for reviews requested before 15 May 2021

Table 3: for appropriately trained staff only.

Step	Action
1	DSP claim rejected on basis of MAT/JCA Recommendation - SME referral to MAT + Read more ... If a customer has requested a Subject Matter Expert (SME) quality check after a DSP Claim has been rejected based on Medical Assessment Team (MAT) or JCA and:

- no new evidence has been supplied, go to [SME explanations, ARO referrals and implementing ARO decisions](#)
- new medical evidence has been provided, or a SME identifies an error in the original decision recommendation, the case must be returned to MAT, use [Fast Note - s47E\(d\)](#)

DSP SME **must**:

- complete all the required information in the **Fast Note**
- record notes in the **DSP Appeal DOC** and clearly outline the reason for return to MAT. For example, new medical evidence lodged or details of the error identified in original decision
- place the **DSP Appeal DOC** on **Hold to User** for 7 days, see [Table 6](#) of Work Optimiser for staff

MAT Assessor is to:

- consider existing medical evidence in the context of the appeal request, and
- complete a new recommendation to support the review of decision and uploads this to Document Tools (**UNSSPOC** or **SA479**)

Note: where new medical information is not relevant to the original decision under consideration (that is, DSP claim date and 13 weeks thereafter), however the Assessor indicates the evidence may require further assessment, the Assessor will recommend the decision is unchanged and add notes to the SA479/MAT Recommendation. The SME is to discuss a possible reclaim with the customer.

If an appeal JCA referral is required:

- complete the **JCA ref required post MAT (F2F, Phone, File) Fast Note**
- select referral reason **DSPA (Appeal)** in **Fast Note**
- annotate the **DSP Appeal DOC**, with the text '**MAT Direct referral to JCA**', and
- place the appeal **DOC** on hold for 28 days

MAT Assessors not trained in the JCA referral process must take the **DSP Appeal DOC** off hold so it allocates back to a SME to complete the JCA referral.

Where a JCA referral is not required, return the work item to the DSP SME by taking the **DSP Appeal DOC** off hold.

A **new** MAT recommendation **must** be completed in all scenarios where **new medical evidence is submitted** as part of the request for a review of a decision, even if this evidence does not change the outcome of the recommendation.

In scenarios where the customer has appealed a rejection as a result of an assessment of their DSP claim, and a different rejection reason applies because of a new assessment, **do not reindex and reject the claim**.

[Issue the customer with a Q351 letter](#) advising of the outcome of the quality check, select Option 1 Incorrect decision at <REVDC2 of the Q351 letter and include the new rejection reason in the free text area.

In any scenario where the customer cannot be contacted to advise of the outcome of the quality check:

- finalise the quality check and
- [issue the customer with a Q351 letter](#) to notify the customer of the outcome and their further review rights. See [SME explanations, ARO referrals and implementing ARO decisions](#)

2

SME action post MAT Reassessment + Read more ...

The SME is to review the MAT outcome. If a quality issue is identified, the SME is to refer back to the MAT via the **DSP MAT Query Fast Note** and select relevant option.

If the MAT decision:

- is **unchanged and the rejection supported**, contact the customer and finalise appeal as outlined in [SME explanations, ARO referrals and implementing ARO decisions](#). Where the MAT determines the decision is unchanged because the new medical information is outside the DSP claim period, however may require further assessment, discuss reclaiming DSP
- **recommends manifest medical eligibility:**
 - MAT will assess Continuing Inability to Work (CITW) where manifest medical eligibility is met. If [CITW assessment](#) is required but has not been assessed, use **DSP MAT Query Fast Note s47E(d)** to request CITW assessment

	- hold DSP Appeal DOC for 7 days under Table 6 of Work Optimiser for staff - once CITW has been assessed, see Residence Assessment for customers claiming Disability Support Pension - finalise claim as outlined in Granting Disability Support Pension (DSP) (manifest) or Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections - contact customer and finalise appeal as outlined in SME explanations, ARO referrals and implementing ARO decisions ▪ recommends JCA Referral: - MAT will refer to JCA in most instances and place the DSP Appeal DOC on hold for 28 days - if JCA Referral has not been actioned by MAT, create a JCA Referral via Fast Note using referral reason DSPA (Appeal) - annotate the DSP Appeal DOC to advise JCA Referral has been actioned, and Hold to User for 28 days, see Table 6 of Work Optimiser for staff
3	SME action post JCA Assessment + Read more ... If the JCA decision: ▪ supports rejection: - SME to action (accept) JCA as outlined in Checking and actioning a Job Capacity Assessment (JCA) report - contact customer and finalise appeal as outlined in SME explanations, ARO referrals and implementing ARO decisions ▪ supports manifest grant: - assess DSP claim per normal process - make sure non-medical eligibility is assessed. See Granting Disability Support Pension (DSP) (manifest) - contact customer and finalise appeal as outlined in SME explanations, ARO referrals and implementing ARO decisions ▪ supports DSP eligibility (not manifest): - the auto Disability Medical Assessment (DMA) referral should occur - if the auto DMA referral is not successful, action DMA referral for reason DMA Appeal as outlined in Disability Medical Assessment referrals - annotate DSP Appeal DOC to advise DMA referral has been made Hold to User for 28 days, see Table 6 of Work Optimiser for staff - when DMA has been submitted, go to Table 6 of Assessing eligibility for Disability Support Pension (DSP) after a Disability Medical Assessment (DMA) to finalise claim - contact customer and finalise appeal as outlined in SME explanations, ARO referrals and implementing ARO decisions
4	DSP claim rejected based on a DMA recommendation - referral to ARO + Read more ... Where the customer's DSP claim was originally rejected based on a DMA recommendation, DSP SMEs must refer the case for a formal review by an Authorised Review Officer (ARO). This includes situations where additional medical evidence has been provided. SME action required: s47E(d)
5	Implementing ARO/ART decisions for DSP medical decisions + Read more ... When an ARO or ART make a decision regarding DSP medical eligibility that requires implementation by a SME, the instructions are recorded on a DOC and allocated to a SME.

When implementing ARO/ART decisions, the SME must:

- review the decision and update the customer's record as per the instructions provided
- check if updates are required to the **s47E(d)** and **s47E(d)** screens
- if the DSP claim was originally rejected based on a MAT Recommendation, there will be no corresponding JCA line present on the **s47E(d)** screen and a **Manual JCA** activity may be required
- refer to Service Support Officer (SSO) via [Direct SSO referral](#) where **s47E(d)** overrides or Manual JCA coding is required. Details of the updates required must include:
 - ARO/ART decision, medical conditions, impairment ratings, work capacity, POS (if applicable), and relevant DSP decision date
- annotate the ARO/ART appeal implementation **DOC** to advise referral to SSO has been made
- **Hold to User** for 28 days, see [Table 6](#) of Work Optimiser for staff

Note: do not index a DSP NCL activity while awaiting updates to be made.

SSO will review the ARO/ART decision and action as follows:

- complete **s47E(d)** overrides, see [Overriding Medical Conditions and Work Capacity recommendations in a Job Capacity Assessment \(JCA\) report](#), or
- refer to [Level 2 Policy Helpdesk](#) to request Manual JCA coding (MANJCA). MANJCA coding is required when there is no existing ESAt/JCA entry or **s47E(d)** or the Event Date of the DSP claim because the medical outcome was determined by a MAT Recommendation or a Current & Valid ESAt/JCA, from an earlier date
- Level 2 will update **s47E(d)** screen details as required, document the record and finalise the Level 2 Enquiry
- SSO will finalise TSC database entry to advise SME that **s47E(d)** overrides or Manual JCA updates have been finalised

The SME will:

- action claim per normal process, including assessment of non-medical eligibility and run the [Appeal Decision Implementation](#) script in Customer Record to update **s47E(d)** system
- if the claim is not ready to be finalised for a non-medical reason, **do not reindex the claim**. Annotate the appeal implementation **DOC** and hold for relevant period with outstanding detail. For example, Request for Information required
- once the non-medical eligibility has been assessed:
 - index and finalise the claim, and
 - run the [Appeal Decision Implementation](#) script

6

DMA Error s47E(d) + Read more ...

ARO decisions:

ARO decisions to grant DSP must be supported by a DMA assessment (unless customer is manifestly medically eligible).

If decision has been made by ARO and:

- no DMA is present, SME must contact the ARO, refer to process in [SME Explanations, ARO referrals and implementing ARO decisions](#)
- DMA is present:
- Reindex the claim in Customer First / Customer Record
- Make sure non-medical eligibility has been established
- Finalise claim as outlined in Customer First subtab [Table 4 of Assessing eligibility for Disability Support Pension \(DSP\) after Disability Medical Assessment \(DMA\)](#)
- Run the [Appeal Decision Implementation](#) script
- DMA report has been accepted and the E595PN error is present: **s47E(d)**
- Check the DMA Report has been accepted and outcome appears or **s47E(d)** screen from the correct Event Date
- If DMA has been accepted and the error is still present, refer to process outlined in the Customer First subtab of [Assessing eligibility for Disability Support Pension \(DSP\) after Disability medical Assessment \(DMA\)](#)

ART decisions

DMA Error **s47E(d)** will be present where ART make a decision to grant DSP but no DMA exists.

When implementing an ART decision and an **s47E(d)** error is present:

- reindex DSP new claim activity in Customer First/Customer Record and make sure claim is fully coded and **ready to be finalised**
- apply all updates within the claim via **s47E(d)**
- go to the **s47E(d)** screen to make sure there are no other errors presenting on AWE
- if **s47E(d)** overrides or Manual JCA coding is required, this must be completed via the [Direct SSO referral](#) web form as a separate request **before** running the **Fast Note**
- use [Fast Note - s47E\(d\)](#) to refer this to a suitably skilled APS5 SSO
- annotate the Appeal implementation **DOC** to advise of the referral to SSO for finalisation due to DMAAWE error and place the DSP new claim activity on hold for 5 working days

Service Support Officer (SSO):

- finalise the claim, and
- record the appeal outcome via the [Appeal Decision Implementation](#) script
- refer to Table 5, Step 3 to determine if a post appeal ESAt is required

If the SSO identifies any errors or outstanding information/assessments required before DSP claim can be finalised, SSO will:

- annotate the Appeal **DOC**
- send feedback to SME via Staff Feedback Tool, and
- refer back to SME via email to their Team Leader for follow up action

SME explanations of DSP medical decisions requested on or after 15 May 2021

Table 4: for appropriately trained staff only.

Step	Action
1	DSP claim rejected or DSP cancelled due to medical review and no new medical evidence lodged + Read more ... If the customer has requested an explanation of the decision after the DSP claim has been rejected or DSP cancelled and no new medical evidence has been supplied, the Subject Matter Expert (SME) must: • check the record to get a clear understanding of why the decision was made • check for any errors or information that was not considered in the original decision: ◦ if an error regarding medical eligibility (for example, incorrect version of the Impairment Tables has been applied) or information that was not considered is identified, go to Step 2 ◦ if no errors in the original decision are identified or no information is provided, make genuine attempts to contact the customer to provide an explanation of the decision If customer contact is successful: • Explain the reason for the decision • Where the rejected DSP claim was lodged before 1 April 2023, tell the customer the Impairment Tables used to assess medical eligibility for DSP have changed from 1 April 2023. Direct the customer to the Services Australia website for more details • Explain their review and appeal rights including: ◦ they can apply for a formal review at any time ◦ it is important to apply for a formal review within 13 weeks of being notified about the decision. If their application is made more than 13 weeks after being notified of the decision and the decision can be changed, they may only receive their entitlement from the date they applied for the formal review ◦ ask the customer if they would like to provide any additional medical evidence to be considered If the customer does not want to supply additional medical information: • use the Internal Review/Explanation script and finalise the request for an explanation with the outcome ENC (Decision not changed)

- if the customer wants to apply for a formal review of the decision, in the script, key today's date as the date the customer applied for a formal review on the **ARO Referral details** screen. See [Using the Internal Review/Explanation script](#)
- where DSP was cancelled due to manual medical review and the customer wants to apply for a formal review of decision, see [Table 4, Step 7](#) in Initiating and actioning a manual medical review for Disability Support Pension (DSP)
- procedure ends here

If the customer indicates they would like to supply additional medical information for the SME explanation:

- tell the customer to supply information within 7 days. Explain that if information is not provided, the explanation will be finalised and no further action will be taken
- update the **Explanation DOC** and hold for 7 days
- **Hold to User**, see [Table 6](#) of Work Optimiser for staff

After 7 day hold period, if information has:

- been supplied, [go to Step 2](#)
- not been supplied, [use the Internal Review/Explanation script](#) to finalise the request for an explanation
- procedure ends here

If customer contact is unsuccessful:

- [use the Internal Review/Explanation script](#) to finalise the request for an explanation with the outcome **ENC (Decision not changed)**
 - the script creates a Q449 letter to be sent to the customer inviting them to contact
- **DOC** the record with the information required to explain the decision to the customer if they contact
- procedure ends here

2 **Customer lodges new medical information or medical error identified** + Read more ...

Determine the basis for the medical rejection or cancellation for example, Medical Assessment Team (MAT), JCA, or Disability Medical Assessment (DMA) where:

- the customer has requested a SME explanation after their DSP claim has been rejected or their DSP has been cancelled and has supplied new medical evidence, or
- an error regarding medical eligibility/evidence has been identified

If the DSP claim was rejected on the basis of:

- MAT or JCA recommendation, [go to Step 3](#)
- DMA recommendation, [go to Step 8](#)

For DSP manual medical reviews, cancellation can only occur from an unfavourable JCA outcome. If this is the reason for the cancellation [go to Step 4](#).

3 **DSP claim rejected based on a MAT or JCA recommendation** + Read more ...

The SME must:

- create an open work item using the [Fast Note](#) - **s47E(d)**
- annotate the **Explanation DOC** clearly advising that additional medical evidence has been provided or an error regarding medical eligibility/evidence has been identified and referred to MAT for consideration and hold for 7 days
- **Hold to User**, see [Table 6](#) of Work Optimiser for staff

The MAT Assessor will:

- consider existing or new medical evidence in the context of the appeal request, and
- complete a new recommendation to support the review of decision and upload this to Document Tools (**UNSSPOC** or **SA479**)

Note: where new medical information is not relevant to the decision under consideration (that is, DSP claim date and 13 weeks thereafter), however the Assessor indicates the evidence may require further assessment. The Assessor will recommend the decision is unchanged and, add notes to the SA479/MAT Recommendation. The SME

is to discuss a possible reclaim with customer. For decisions, with a date of effect before 1 April 2023, tell customer about the new [Impairment Tables](#) from 1 April 2023 and direct them to the Services Australia website.

Once the MAT assessment has been completed, the SME is to review the MAT outcome, if a quality issue is identified, the SME is to refer back to the MAT via **DSP MAT Query Fast Note** and select relevant option.

Where MAT recommends:

- the decision is unchanged or varied, [go to Step 5](#)
- manifest medical eligibility, [go to Step 6](#)
- JCA referral, [go to Step 7](#)

4

DSP cancelled due to a manual medical review because of a JCA recommendation + Read more ...

For DSP cancellations due to manual medical review the SME must:

- email [Assessment Services Development, Assurance, Support Team \(AS DAS\)](#) and advise new additional medical evidence has been provided after DSP cancellation from a medical review
- annotate the **Explanation DOC** clearly saying that additional medical evidence has been provided or an error regarding medical eligibility/evidence has been identified and referred to AS DAS for consideration and hold for 7 days
- **Hold to User**, see [Table 6](#) of Work Optimiser for staff

The AS DAS assessor will:

- consider existing or new medical evidence in the context of the appeal request
- consider a new JCA recommendation to support the review of decision and upload this to Document Tools
- reply to the SME via email to advise if a new JCA will be needed or not

New JCA is not needed

If AS DAS recommends a new JCA is not needed and the decision is unchanged the SME must make [genuine attempts to contact](#) the customer to provide an explanation.

If customer contact is successful:

- explain the reason for the decision, including any changes in medical eligibility
- explain their review and appeal rights, including:
 - they can apply for a formal review at any time
 - it is important to apply for a formal review within 13 weeks of being notified about the decision. If their application is made more than 13 weeks after being notified of the decision and the decision can be changed, they may only receive their entitlement from the date they applied for the formal review
 - the [Payment Pending Review \(PPR\) process](#)
- clearly **DOC** the discussion with the customer, including if they were satisfied with the explanation
- use the [Internal Review/Explanation script](#) and finalise the request for an explanation with the outcome **ENC (Decision not changed)**
 - include details of the AS DAS review of the existing or new medical evidence and the decision not to complete a new JCA recommendation
 - if the customer wants to apply for a formal review of the decision, in the script, at Finalise Explanation and/or Refer to ARO (if appropriate) > Has the customer applied for a formal review by an ARO? > select Yes. See [Using the Internal Review/Explanation script](#). For further information refer to [Table 4, Step 7](#) Initiating and actioning a manual medical review of Disability Support Pension (DSP)
- procedure ends here

If customer contact is unsuccessful:

- use the [Internal Review/Explanation script](#) and finalise the request for an explanation with the outcome **ENC (Decision not changed)**
 - include details of the AS DAS review of the existing or new medical evidence and the decision not to complete a new JCA recommendation
 - the script creates a Q449 letter to be sent to the customer inviting them to contact to discuss the decision
- clearly **DOC** the record saying contact unsuccessful and include the information required to explain the decision to the customer if they contact. Include details about assessment of new medical information and

- the outcome of the JCA assessment
- procedure ends here

New JCA is needed

If AS DAS recommends a new JCA is needed and the JCA submitted recommends the decision is changed and customer remains eligible for DSP, they will advise the SME.

SME can finalise the review:

- [Accept](#) the new JCA report
- Amend the event date on **s47E(d)** screen to the same date of the previous JCA entry
- Restore DSP if it has been cancelled
- Use the [Internal Review/Explanation script](#) and finalise the request for an explanation with the outcome
 - the script creates a Q449 letter to be sent advising that a decision has been changed
- Clearly **DOC** the record saying the customer will remain on DSP
- Procedure ends here

For implementing ARO/ART decisions for DSP manual medical decision, see [Table 5](#).

5

MAT recommends no change or variation to DSP rejection + Read more ...

If the decision is unchanged or varied, the SME must:

- **not** reindex and reject a claim decision, even if the rejection reason has changed. For example, REJ-MTM now REJ-NDT
- make [genuine attempts to contact](#) the customer to provide an explanation

If customer contact is successful:

- explain the reason for the decision, including any changes in medical eligibility
- if the MAT determine the decision is unchanged because the new medical information is outside the DSP claim period, however, may require further assessment, discuss reclaiming DSP
- where the rejected DSP claim was lodged before 1 April 2023, tell the customer the [Impairment Tables](#) used to assess medical eligibility for DSP have changed from 1 April 2023. Direct the customer to the Services Australia website, for more details
- explain their review and appeal rights, including:
 - they can apply for a formal review at any time
 - it is important to apply for a formal review within 13 weeks of being notified about the decision. If their application is made more than 13 weeks after being notified of the decision and the decision can be changed, they may only receive their entitlement from the date they applied for the formal review
- clearly **DOC** the discussion with the customer, including if they were satisfied with the explanation
- [use the Internal Review/Explanation script](#) and finalise the request for an explanation with the outcome **ENC (Decision not changed)**
- if the customer wants to apply for a formal review of the decision, in the script, at **Finalise Explanation and/or Refer to ARO (if appropriate)** > **'Has the customer applied for a formal review by an ARO?'** > select **Yes**. See [Using the Internal Review/Explanation script](#)
- procedure ends here

If customer contact is unsuccessful:

- [use the Internal Review/Explanation script](#) and finalise the request for an explanation with the outcome **ENC (Decision not changed)**
 - the script creates a Q449 letter to be sent to the customer inviting them to contact to discuss the decision
- clearly **DOC** the record saying contact unsuccessful and include the information required to explain the decision to the customer if they contact. Include details about assessment of new medical information and the outcome of the MAT Assessment
- procedure ends here

6

MAT recommends manifest medical eligibility + Read more ...

The SME must check customer's [residence](#) details and determine if a [Continuing Inability To Work \(CITW\) assessment](#) is required, and has been assessed.

If a CITW assessment is required and not assessed:

- use the **DSP MAT Query Fast Note**, select **Option 3 > Report Incomplete** to request CITW assessment
- annotate the **Explanation DOC** to advise referral to MAT to assess CITW and hold for 7 days
- **Hold to User**, see [Table 6](#) of Work Optimiser for staff

Once CITW has been assessed, continue assessment on non-medical eligibility. See [Streaming a new claim for Disability Support Pension](#).

If non-medical eligibility is met:

- finalise claim as outlined in [Granting Disability Support Pension \(DSP\) \(manifest\)](#)
- make [genuine attempts to contact](#) the customer and complete the **Explanation DOC**

If contact is:

- **successful:**
 - explain the decision
 - [use the Internal Review/Explanation script](#) with outcome **Decision completely changed (set aside and substituted)**
- **not successful:**
 - [use the Internal Review/Explanation script](#) with outcome **Decision completely changed (set aside and substituted)**
 - script creates a Q449 letter inviting customer to contact to discuss the decision

If non-medical eligibility is not met make [genuine attempts to contact](#) the customer and explain medical eligibility has been met, but customer is not eligible for DSP due to non-medical eligibility. If contact is:

- **successful:**
 - [use the Internal Review/Explanation script](#) and select the outcome **ENC (Decision not changed)**
 - if the customer wishes to apply for a formal review, in the script, at **Finalise Explanation and/or Refer to ARO (if appropriate)** > 'Has the customer applied for a formal review by an ARO?' > select **Yes**. See [Using the Internal Review/Explanation script](#)
- **not successful:**
 - [use the Internal Review/Explanation script](#) and select the outcome **ENC (Decision not changed)**
- the script creates a Q449 letter inviting customer to contact to discuss the decision
- procedure ends here

7

MAT recommends JCA Referral + Read more ...

MAT **must** take **Explanation DOC** off hold so work item presents to SME for actioning.

The SME must make [genuine attempts to contact](#) the customer.

If customer contact is successful:

- explain that:
 - further assessment of medical eligibility is needed
 - to make sure a thorough assessment, the decision will be referred to an Authorised Review Officer who will undertake a formal review
- [use the Internal Review/Explanation script](#) and finalise the request for an explanation:
 - select the **Outcome** 'Customer has applied for formal review (no explanation provided)'
 - in the **Reason for outcome**, key the text, 'Further assessment of medical eligibility is needed (as per MAT Recommendation). The explanation of decision has been referred to ARO for formal review as per agreed interim process'
 - key today's date as the date the customer applied for a formal review
 - the script creates a Q449 letter to be sent to the customer confirming the referral to ARO
- refer to JCA, use **Fast Note - s47E(d)** select appropriate template (based on the mode of JCA recommended by MAT) and select **Confirm**
 - In the **Fast Note** text, select Reason code DSPA (appeal) and Referral Reason DSP Appeal
 - Make sure the question regarding Residence/Qualifying Residence Exemption is answered correctly, see [Disability Support Pension Residence Screens Checklist](#)
- where the rejected DSP claim was lodged before 1 April 2023, tell the customer the [Impairment Tables](#) used to assess medical eligibility for DSP have changed from 1 April 2023. Direct the customer to the Services Australia website, for more details

- procedure ends here

If customer contact is unsuccessful:

- [use the Internal Review/Explanation script](#) and finalise the request for an explanation:
 - select the outcome **Customer has applied for formal review (no explanation provided)**
 - in the **Reason for outcome**, key the text, 'Further assessment of medical eligibility is needed (as per MAT Recommendation). The explanation of decision has been referred to ARO for formal review as per agreed interim process'
 - key today's date as the date the customer applied for a formal review. See [Using the Internal Review/Explanation script](#)
 - the script creates a Q449 letter to be sent to the customer confirming the referral to ARO
- **cancel the Q449 letter** and issue a **manual** letter. In Customer First/Customer Record:
 - **s47E(d)**
 - [send a Q999 letter](#) to notify the customer that the decision has been referred to an ARO who will undertake a formal review. See suggested text on the [Resources](#) page
 - use the **Create JCA Referral Fast Note** with referral reason **DSPA (Appeal)**
- procedure ends here

8

DSP claim rejected based on DMA recommendation + Read more ...

The SME must:

- investigate the original decision
- check for any errors or information that was not considered in the original decision. For example, information on medical condition which was previously provided but not considered in the DMA report
- review new medical evidence and determine if further assessment of the medical evidence is required. For example, further assessment would not be required if:
 - the medical evidence is the same as the evidence that has already been assessed, or
 - it is clear the new evidence will not impact medical eligibility as it relates to a condition which is likely to persist for less than 2 years

If the SME determines a further medical assessment is:

- not required, [go to Step 9](#)
- required, [go to Step 10](#)

9

SME determines further medical assessment is not required + Read more ...

The SME must make [genuine attempts to contact](#) the customer.

If customer contact is successful:

- explain that new medical evidence has been considered but outcome has not changed
- where the rejected DSP claim was lodged before 1 April 2023, tell the customer the [Impairment Tables](#) used to assess medical eligibility for DSP have changed from 1 April 2023. Direct the customer to the Services Australia website, for more details
- explain their review and appeal rights including:
 - they can apply for a formal review at any time
 - it is important to apply for a formal review within 13 weeks of being notified about the decision. If their application is made more than 13 weeks after being notified of the decision and the decision can be changed, they may only receive their entitlement from the date they applied for the formal review
- [use the Internal Review/Explanation script](#) and finalise the request for an explanation with outcome **ENC (Decision not changed)**
- if the customer wants to apply for a formal review of the decision, in the script, at **Finalise Explanation and/or Refer to ARO (if appropriate)** > **'Has the customer applied for a formal review by an ARO?'** > select **Yes**. See [Using the Internal Review/Explanation script](#)
- procedure ends here

If customer contact is unsuccessful:

	• use the Internal Review/Explanation script and finalise the request for an explanation with outcome ENC (Decision not changed) ◦ the script will create a Q449 letter to be sent to the customer inviting them to contact to discuss the decision • procedure ends here
10	SME determines further medical assessment is required + Read more ... The SME must make genuine attempts to contact the customer. If customer contact is successful: • explain that: ◦ further assessment of medical eligibility is needed ◦ to make sure a thorough assessment, the decision will be referred to an Authorised Review Officer who will undertake a formal review • use the Internal Review/Explanation script and finalise the request for an explanation: ◦ select the outcome Customer has applied for formal review (no explanation provided) ◦ in the Reason for outcome, key the text 'Further assessment of medical eligibility is needed. To make sure a thorough assessment, the explanation of decision has been referred to ARO for formal review as per agreed interim process' ◦ key today's date as the date the customer applied for a formal review ◦ the script creates a Q449 letter to be sent to the customer confirming the referral to ARO • procedure ends here If customer contact is unsuccessful: • use the Internal Review/Explanation script and finalise the request for an explanation ◦ select the outcome Customer has applied for formal review (no explanation provided) ◦ in the Reason for outcome, key the text 'Customer contact regarding explanation of decision was unsuccessful. Further assessment of medical eligibility is needed. To make sure a thorough assessment, the explanation of decision has been referred to ARO for formal review as per agreed interim process' ◦ key today's date as the date the customer applied for a formal review ◦ the script creates a Q449 letter to be sent to the customer confirming the referral to ARO • cancel the Q449 letter and issue a manual letter. In Customer First/Customer Record: ◦ send a Q999 letter to notify the customer that the decision has been referred to an ARO who will undertake a formal review. See suggested text on the Resources page • procedure ends here

Implementing ARO/ART decisions on or after 15 May 2021

Table 5

Step	Action
1	Implementing ARO/ART decisions for DSP medical decisions + Read more ... When an Authorised Review Officer (ARO) or the Administrative Review Tribunal (ART) make a decision about DSP medical eligibility that requires implementation by a Subject Matter Expert (SME), the instructions are recorded on a DOC and allocated to a SME. When implementing ARO/ART decisions: • Review the decision and update the customer's record as per the instructions provided • Check if updates are required to the ^{s47E(d)} and ^{s47E(d)} screens • If the DSP claim was originally rejected because of a Medical Assessment Team (MAT) Recommendation, there will be no corresponding JCA line present on the ^{s47E(d)} screen and a Manual JCA activity may be required

- Refer to Service Support Officer (SSO) via [Direct SSO referral](#) where [s47E\(d\)](#) overrides or Manual JCA coding is required. Details of the updates required must include:
 - ARO/ART decision, medical conditions, impairment ratings, work capacity, POS (if applicable), and relevant DSP decision date
- Annotate the ARO/ART appeal implementation **DOC** to advise referral to SSO been made
- **Hold to User** for 28 days, see [Table 6](#) of Work Optimiser for staff

Note: do not index a DSP NCL activity while awaiting updates to be made.

SSO will review the ARO/ART decision and action as follows:

- Complete [s47E\(d\)](#) overrides per [Overriding Medical Conditions and Work Capacity recommendations in a JCA report](#), or
- Refer to [Level 2 Policy Helpdesk](#) to request Manual JCA coding. MANJCA coding is required when there is no existing Employment Services Assessment (ESAt)/JCA entry on [s47E\(d\)](#) or the Event Date of the DSP claim because the medical outcome was determined by a MAT Recommendation or a Current & Valid ESAt/JCA, from an earlier date
- Level 2 will update [s47E\(d\)](#) screen details as required, document the record and finalise the Level 2 Enquiry
- SSO will finalise TSC database entry to advise SME that [s47E\(d\)](#) overrides or Manual JCA updates have been finalised

The SME will action as follows:

- Action claim per normal process, including assessment of non-medical eligibility and run the [Appeal Decision Implementation](#) script in Customer Record to update [s47E\(d\)](#) system
- If the claim is not ready to be finalised for a non-medical reason, do not reindex the claim. Annotate the appeal implementation **DOC** and hold for relevant period with outstanding detail. For example, Request for Information required
- Once the non-medical eligibility has been assessed:
 - reindex and finalise the claim in Customer First/Customer Record
 - if no error presents and claim is finalised run the [Appeal Decision Implementation](#) script, and
 - [go to Step 3](#) to determine if a post appeal ESAt is required
 - if a DMA Error E959PN presents, [go to Step 2](#)

2

DMA Error [s47E\(d\)](#) + Read more ...

ARO decisions

ARO decisions to grant DSP must be supported by a Disability Medical Assessment (DMA) unless customer is manifestly medically eligible.

- If decision has been made by ARO, and no DMA is present, SME must contact the ARO, refer to process outlined in [SME Explanations, ARO referrals and implementing ARO decisions](#)
- If decision has been made by ARO and DMA is present:
 - Reindex the claim in Customer First / Customer Record
 - Make sure non-medical eligibility has been established
 - Finalise claim as outlined in the Customer First subtab of [Assessing eligibility for Disability Support Pension \(DSP\) after a Disability Medical Assessment \(DMA\)](#)
 - Run the [Appeal Decision Implementation](#) script
 - [Go to Step 3](#), to determine if a post appeal ESAt is required
- If the DMA Report has been accepted and the E595PN error is present:
 - Check the DMA Report has been accepted and outcome appears on [s47E\(d\)](#) screen from the correct Event Date
 - If DMA has been accepted and the error is still present, refer to process outlined in the Customer First subtab of [Assessing eligibility for Disability Support Pension \(DSP\) after Disability Medical Assessment \(DMA\)](#)

ART decisions

DMA Error [s47E\(d\)](#) will present where ART make a decision to grant DSP but no DMA exists.

When implementing an ART decision and an [s47E\(d\)](#) error is present

- Reindex DSP new claim activity in Customer First/Customer Record and make sure claim fully coded and ready to be finalised
- Apply all updates within the claim via [s47E\(d\)](#)

- Go to the ^{s47E(d)} screen to make sure there are no other errors presenting on AWE
- If ^{s47E(d)} overrides or Manual JCA coding is required, this must be completed via the [Direct SSO referral](#) web form as a separate request **before** running the **Fast Note**
- Use [Fast Note](#) - ^{s47E(d)} to refer this to a suitably skilled APS5 SSO
- Annotate the **Appeal implementation DOC** to advise of the referral to SSO for finalisation due to ^{s47E(d)} error and place the DSP new claim activity on hold for 5 working days

Service Support Officer (SSO):

- Finalise the claim
- Record appeal outcome via the [Appeal Decision Implementation](#) script
- [Go to Step 3](#), to determine if a post appeal ESAt is required

If the SSO identifies any errors or outstanding information/assessments required before DSP claim can be finalised, SSO will:

- annotate the Appeal **DOC**
- send feedback to SME via Staff Feedback Tool, and
- refer back to SME via email to their Team Leader for follow up action

3	Post appeal ESAt referral + Read more ... Where ^{s47E(d)} and ^{s47E(d)} screens are updated by manual overrides of the JCA, the amended work capacity may not be recognised by Employment Services Providers such as, Workforce Australia or Disability Employment Services (DES). Therefore, a post appeal implementation ESAt may be required: • If a JCA assessment was undertaken as part of the ARO/ART appeal an ESAt referral is not required. Procedure ends here • If a manual JCA activity (MANJCA) was coded by Level 2 an ESAt referral is not required. Procedure ends here • If ^{s47E(d)} overrides were completed to support the appeal implementation: ◦ Check customer's Participation Summary in Process Direct and view Job seeker registration & provider referral information ◦ If there is no Provider referral, ESAt referral is not required. Procedure ends here • If customer has a current Provider referral, refer for a DSP Volunteer ESAt: ◦ Use Fast Note, enter 'ESAt' or 'ESAt referral' into the Search for Fast Note template box and select Search and select template ESAt Appointment Required ◦ Add text to ESAt referral - post DSP Appeal implementation ESAt required to review work capacity due to ^{s47E(d)} overrides of JCA For more information, see Request an Employment Services Assessment (ESAt).
4	Implementing ARO/ART decisions for DSP manual medical review decisions + Read more ... When an ARO or the ART makes a decision regarding DSP medical review eligibility that requires implementation by a SME the instructions are recorded on a DOC and allocated to a SME. SME actions when implementing ARO/ART decisions: • Review the decision and update the customer's record as per the instructions provided • If updates are required to the ^{s47E(d)} and ^{s47E(d)} screens, refer to SSO via Direct SSO referral to request ^{s47E(d)} overrides • Annotate the Appeal implementation DOC script in Customer Record to update ^{s47E(d)} system A DMA is not required for ARO or ART decisions regarding DSP manual medical reviews.

Making a JCA referral for a formal review of decision

Table 6

Step	Action
------	--------

1	Customer has requested a review of a decision or has appealed a review officer's decision to the Administrative Review Tribunal (ART) first review + Read more ... Customer has requested a review of a decision or has requested an ART first review of a review officer's decision to: • reject a new claim for DSP, or • cancel payment of DSP Tribunals can request Government-contracted Doctors (GCD) to appear before them to give evidence. Note: DSP cannot be granted without the claimant having attended a Disability Medical Assessment (DMA) (excluding manifest cases). See Eligibility for Disability Support Pension (DSP). When a review of decision is received: • the JCA will be booked into the ESS diary as a DSP Appeal by Assessment Services if the request is for a file assessment, the original assessor (where possible) will conduct this assessment, this is due to their prior knowledge of the customer as they have met them in person • the Assessor will then review the previous assessment and additional medical information provided and complete a new report with recommendations A DMA is required where an Authorised Review Officer (ARO) sets aside or varies a DSP claim rejection and: • the claim was manifestly rejected • the JCA report indicated no Diagnosed, Reasonably Treated and Stabilised (DTS) conditions or impairment ratings/s <20 points • the JCA report indicates impairment rating/s >20 points, but: ◦ POS not met, or ◦ work capacity > 15 hours per week, or ◦ inability to work did not occur in Australia Note: a DMA is not required where an ARO sets aside or varies a DSP cancellation due to a manual medical review. See Table 3 in Reviews by an Authorised Review Officer (ARO).
2	Customer has applied for a second review or has lodged an appeal with the Federal or High Court + Read more ... Customer is appealing to the: • ART (second review) • Federal Court, on a point of law only, or • High Court, with leave of the Court To complete a new JCA referral as part of the review and appeal process, there are different teams and roles involved: • Litigation and Information Release (LIR) Branch, go to Step 3 • Assessment Services National Administration Team (ASNAT) Support Team (ASNAT Support), go to Step 4 • Assessment Services Director (ASD), go to Step 5 • Assessment Services Assistant Director (ASAD): ◦ to assign the assessment, go to Step 6 ◦ for quality assurance, go to Step 8 • Assessor, go to Step 7
3	Litigation and Information Release (LIR) Branch, Services Australia Legal Division initiate the JCA request + Read more ... For an ART second review, or an appeal to Federal Court or High Court, an Advocate from the LIR Branch, Services Australia Legal Services Division will email the ASNAT Support requesting a JCA for the customer. The request should include: • Customer name, contact details and Customer Reference Number (CRN) • Details of original claim • Appeal deadline • Original JCA provider

- Prevalent medical conditions and medical evidence. Medical evidence can be obtained by contacting the LIR Branch, Services Australia Legal Services Division
- Date the report is required by, and
- Additional requests (for example, what the report should concentrate on, report submission details)

The LIR Branch are responsible for recording a **DOC** on the customer's record advising an ART second review, Federal Court or High Court Appeal is in progress and details about the JCA referral.

Note: the ART, Federal Court or High Court can request clarification from the [Health Professional Advisory Unit \(HPAU\)](#), in reference to advice the HPAU has previously provided regarding a DSP new claim or DSP medical review.

4

ASNAT Support - action the JCA request + Read more ...

On receipt of the emailed request:

- record details of the customer into the Assessment Services Database as an appeal
- assign the new assessment to the Assessment Services Director (ASD) responsible for the Zone
- email the JCA request to the ASD including:
 - Referral reason (either pre 1/7/06 DSP appeal or DSP appeal)
 - Format of assessment (prescribed by the LIR Branch request)
 - Assessor discipline (determined by customer's primary medical conditions)
 - Report date
 - Arrangements for medical evidence (either attached as PDFs or electronic Medical File Envelope (eMIFE))
 - Request for appointment details and the name of the Assessor to be provided to the ASNAT Support
 - Any other specific aspects the Advocate has requested to have addressed or investigated for example, if the customer has indicated there is a specific symptom that requires further investigation
 - Any special interview conditions required for example, Interpreter

The ASD will acknowledge receipt of the email and make sure the details of the appointment time/date and assessor is provided to the ASNAT Support and the Advocate:

- Advocates must be informed of the time/date of assessment so that:
 - medical information can be provided to the assessor
 - to allow the ART or Court to be informed of the date the assessment will be completed
- the ASNAT Support team will update the Appeals database with the assessment details once provided by the Assessment Services Assistant Director (ASAD), including the Assessor and appointment date/time
- when ASNAT Support is advised who the Assessor is, the ASD will check their qualifications meet requirements, and notify the LIR Branch of the details of the assessment
- two days before the due date, ASNAT Support will check on progress, and send a reminder of the due date to the ASD. When the report has been submitted and received by ASNAT Support, they will send a clearance email to the Director with a coversheet detailing expert witness guidelines and a request for the assessor to lodge a claim for reimbursement in the Assessment services data base for reimbursement from the Department of Social Services

Any additional paperwork received from the LIR Branch needs to be forwarded directly to the Assessor.

Note: ASNAT Support must monitor appeal assessment due dates by checking the Assessment Services Database each morning.

5

Assessment Services Director (ASD) - assign the request + Read more ...

Acknowledge the email request from ASNAT Support and assign the assessment to the appropriate ASAD.

Make sure the details of the appointment time/date and Assessor is provided to ASNAT Support and the Advocate.

If the assessment is not submitted by the day before the due date, a reminder will be received from ASNAT Support to ASD to follow up with the ASAD.

6

Assessment Services Assistance Director (ASAD) - assign the assessment + Read more ...

Assign the JCA assessment request to a team Assessor with the appropriate qualifications to undertake the new assessment, **or** the requested Assessor.

The ASAD makes sure the assessor is aware that:

- they may be required to attend the ART or Court hearing to give evidence about the content of their report and assessment of the customer

- they must use a Contributing Assessor if the [Impairment Table\(s\)](#) used are not within their area of expertise

Provide ASNAT Support with the Assessor details, along with the customer's appointment time/date once arranged.

7

Assessor - complete the DSP Appeal JCA report + Read more ...

Review the medical information, particularly any additional information which was not available for the original assessment and consider the specific request/requirements detailed in the email.

If unable to contact the customer's doctor and get clarification about a medical condition, contact the Health Professional Advisory Unit (HPAU) and discuss.

Where required conduct a face to face assessment. This is required where evidence is provided about a new condition that was not previously assessed.

Engage a Contributing Assessor if the [Impairment Table\(s\)](#) used is not within the assessor's area of expertise.

When completing the report make sure:

- all medical information particularly any additional information which was not available for the original assessment has been reviewed
- specific request/requirements provided by the LIR Branch were addressed/investigated
- if required, a face to face assessment was conducted
- the report includes any differences in assessed work capacity or impairment ratings from the original report and the reasons for these differences, or confirms there is no change with the additional information

Once the draft JCA has been completed, arrange for the ASAD to apply the quality assurance process to the assessment.

The ASNAT Support will send a claim form to the Assessor for them to complete to claim reimbursement from the Department of Social Services once the appeal assessment has been completed.

8

ASAD - quality assurance + Read more ...

In completing a quality assurance (QA) check of an appeal report, the ASAD is required to make sure:

- the Assessor discipline is appropriately matched to the medical condition and the [correct version of the Impairment Tables](#)
- if the report was a file assessment, the report includes advice the Information Sharing Arrangements was **not read** to the client
- the Advocate's requests were met
- the Contributing Assessor was used where required
- the report reviews the customer's present eligibility for DSP and contains comments relating to eligibility for DSP at the time of the original claim, plus 13 weeks
- all decisions are supported by medical evidence
- details of any contact with or attempts to contact the treating doctor were made (where required) are recorded
- any specific requests by the Advocate have been addressed
- all recommendations in the report are fully justified and provide a clear rationale as to how they were reached including an explanation of why any outcomes may differ from the original report
- high quality presentation ensuring the report has no typographical or grammatical errors

The National Support Professional Services Team can offer support and guidance to assist in the completion of complex appeals.

Once the QA check has been completed, the report is to be submitted.

The ASAD is to ask the Assessor to submit the report and provide a copy of the submitted report to the ASD to forward to the ASNAT Support. A copy is also to be forwarded to the LIR Branch where appropriate.

Note: if the report is opened and changed by the Assessor they must advise the LIR Branch of the changes made.

The ASNAT Support will send a claim form to the Assessor to complete to claim reimbursement from the Department of Social Services once they have completed the appeal assessment. The ASAD will make sure that a claim for the time spent on the appeal is sent to ASNAT Support.

The ASAD will make sure that:

- the LIR Branch receives a copy of the submitted report, and

	a claim is sent for work done an Appeal Assessment to ASNAT Support The National Support Professional Services Team will incorporate into the Quality Framework, random sampling of this work to make sure that consistency and quality of ART Appeal reports is maintained.
9	When an 'Appeal Outcome' JCA is required + Read more ... An 'Appeal Outcome' JCA will be required where it is decided, following a review of decision, that the customer's medical condition/s, impairment rating/s or work capacity is different from the most recent JCA report. This must be conducted as a file assessment. The referral is arranged using one of the following reasons: - a JCA using ODSPA Appeal Outcome (DSP) reason will require completion of 'with intervention' work capacity - a JCA completed using ODSPA Appeal Outcome (DSP pre 1/7/06) reason will require completion of 'with mainstream intervention' work capacity There should generally be no need to override the original JCA recommendations on the s47E(d) and s47E(d) screens as the review of decision outcome will be applied to the customer's record once the new report is accepted. The Assessor completing the 'Appeal Outcome' JCA report must make sure the recommendations in the report (including medical conditions, impairment, work capacity and referral recommendations) are consistent with the delegate's decision taking into account relevant medical evidence. Staff accepting a submitted 'Appeal Outcome' JCA report must make sure that: - recommendations about medical conditions, impairment and work capacity are consistent with the review of decision - the correct Event Date is recorded, consistent with the decision being reviewed - appropriate action is taken to connect customers with mutual obligation requirements with the recommended services (such as Disability Employment Services (DES)) DSP customers with participating requirements are identified.
10	Finalise the review + Read more ... To finalise appeal - LIR Branch receives a copy of the submitted report - An appeals claim template is sent to ASNAT Support outlining the work done on the Appeal Assessment On receipt of the completed Appeals claim template, ASNAT Support updates the Assessment Services database to finalise the appeal assessment required and: - check the details have been correctly completed on the claim - add details of the claim to the Assessment Services Support database as required to include the following details: - Customer Name - Job Seeker Identification Number (JSID) / Customer Reference Number (CRN) - Date of Referral - Date of Complete - Cost Centre (if required to make sure costs are applied) - update the Database to finalise the process This data is used to claim funding from the Department of Social Services and provides reporting information for National and Business Managers.

Making an ESAt or JCA referral when a review of a previous decision is pending

Table 7

Step	Action
1	Pending review of a previous decision + Read more ...

	In most cases there should be a DOC on the customer's record showing the progress of their review request and a contact person. If required to confirm the identity of the contact person go to the s47E(d) screen in the s47E(d) system (CLK). Select the relevant appeal record. Check the s47E(d) screen and identify the current review level. Go to the following screens: • for Subject Matter Expert (SME), go to the s47E(d) screen and check the Decision Maker field • for Authorised Review Officer (ARO), go to the s47E(d) screen and check the ARO field • Administrative Review Tribunal (ART first review), for matters: ◦ still current at the ART, go to the s47E(d) screen ◦ finalised at the ART, go to the s47E(d) screen and check the Scrutiny Officer • for ART second review, go to the s47E(d) screen and check the S29 Action Officer field If the deferral DOC is due, go to Step 4. Is a review of decision underway? ▪ Yes, go to Step 2 ▪ No, continue making an ESAt or JCA referral. Procedure ends here
2	Consultation required to determine if referral should be deferred + Read more ... Determine if a new assessment may affect the outcome of the review of decision: • for an internal review, check with the SME or ARO • for an ART first time review (current), check with the ARO • for an ART first time review (finalised and returned to the agency), check with an Advocate in the Legal Services Division • for an ART second review (regardless of progress), check with an Advocate in the Legal Services Division This is important if the review request is concerned with medical or work capacity issues affecting entitlement and mutual obligation requirements.
3	Deferring or proceeding with a referral + Read more ... Does this consultation indicate a new assessment should be deferred until after the current review of decision is finalised? • Yes, create a Note/DOC on the customer's record. Do not finalise the Note/DOC. Resubmit the Note/DOC for the expected decision date of the review (up to a maximum of 28 days) • No, continue making an ESAt or JCA referral. Procedure ends here
4	Finalise the decision + Read more ... When the review of decision has been finalised: • record the outcome of our review • record any action take on the referral • finalise the DOC If still required make a new ESAt or JCA referral.

Resources

Suggested Q999 letter text

Letter text

We are writing to you about your request for an explanation of the decision made on [insert date] to [insert relevant reason. For example, reject your claim for Disability Support Pension/cancel your Disability Support Pension].

Based on the review of your medical evidence, we have determined a further assessment of your medical eligibility is needed. To make sure we provide a thorough assessment, a formal review of the decision will be undertaken.

The review will be conducted by an Authorised Review Officer who will contact you. They are an independent officer who can change the decision if it is wrong. If they agree with the decision they can tell you about other review options that may be available to you and how you can apply for them.

An Authorised Review Officer will generally attempt to contact you and complete their review within 49 days.

This review replaces your previous request for an explanation of the decision.

Appeal Paragraph - Do **not** include the Appeal paragraph.

Forms (staff)

[Level 2 Policy Helpdesk](#)

[Direct Referral to Service Support Officer \(SSO\)](#)

Intranet links

[Assessment Services Branch](#)

[Level 2 Policy Helpdesk](#)

Contact details

[Assessment Services](#)

[Level 2 Policy Helpdesk](#)

Training & Support

Add the course number to the **Search** field in the [Learning Portal](#) (LMS) in ESentials:

- **CLK01303** - The Internal Review Process (CSDG only)
- **CLK01252** - The SME role in Internal Review
- **CLK01586** - DSP Subject Matter Expert (SME)

s22 (Out of Scope)



Australian Government
Services Australia

Suspension of payments (CLK) 102-10030000

Currently published version valid from 12/12/2024 4:01 PM

Background

s22 (Out of Scope)

The document outlines information about suspending Centrelink payments.

Suspension of payments

Payments may be suspended if a customer is **temporarily not qualified for payment** as a result of:

- changes in their circumstances
- failure to comply with the requirements for payment, or
- information is required to ensure that payments are directed correctly (such as a valid address or bank account details)

A decision to suspend a payment has the potential to impact on a customer and **must** be made in accordance with legislation and the relevant process.

Suspension does not necessarily indicate a loss of qualification. Arrears are issued when a payment is restored.

A payment **cannot** be suspended pending investigation.

Reasons for suspension

Reasons for suspension of payment include (but are not limited to):

- a direct credit payment was returned from the financial institution
- the customer failed to reply to correspondence
- the customer failed to attend an interview
- a customer is in gaol or psychiatric confinement
- the customer's [mail has been returned to Centrelink - 'whereabouts unknown'](#)
- employment income or an increase in assets
- qualification provisions specific to certain payments
- the death of an adult or child cannot be confirmed

Income from employment

Before suspending a payment **due to employment income**, consideration must be given to whether the customer can retain certain benefits for a period of time:

- If **under Age Pension age** - Working Credits may enable the customer to [keep some of their income support payment while they are working](#)
- If **over Age Pension age** - and in receipt of a pension (excluding Parenting Payment Single) they may be entitled to the [Work Bonus](#). **Note:** the Work Bonus is not used in the customer's transitional rules calculation, however partners may still benefit by the reduction in total income
- If the customer's income **reduces their fortnightly rate to nil** and some of that income is employment income, the payment may remain [current at nil rate for up to 12 consecutive fortnights](#) and they may retain certain benefits

Customer contact

Before a payment is suspended, information must be requested from the customer under the appropriate section of the Social Security (Administration) Act; section 63, 67, 68, or part 5, division 1. The decision maker must be satisfied that there is sufficient evidence that the customer is either temporarily not qualified for the payment or the payment is not payable.

For information on requesting information, see [Requesting information](#).

Nominee arrangements

If the customer has a correspondence nominee, contact must be attempted with the nominee before the payment is suspended.

Notification of suspension

Customers must be advised of the decision to suspend their payment. If an automatic letter is not issued by the system a manual Q134 or Q999 letter must be sent and include:

- the reason for the suspension
- date of effect
- the information or documentation required to enable payments to be restored
- reference to the relevant act, and
- the customer's review and appeal rights

When the payment is suspended additional appropriate actions are also required, for example, issue letter, code manual review using the appropriate Operational Blueprint process, **DOC** the decision, etc.

Note: a separate Q134 or Q999 will need to be issued to the nominee where the customer has a Correspondence Nominee.

Unfavourable decisions

[When making an unfavourable decision, speak to the customer:](#)

- explain the decision
- give them a chance to provide more information, and
- advise their review and appeal rights

Customer contacts after suspension

When a customer contacts about a suspended payment, explain the reason for suspension. The Service Officer should also provide information about the required documents or tell the customer what is needed so the payment can be restored.

Partnered customers

If the customer and their partner are both receiving a payment and information is needed that will impact both customers' entitlements, individual requests for information must be issued using the same [time allowed to respond](#).

The [requests for information](#) must be sent at the same time. This is to ensure that where a suspension is required for failing to respond to the request, this can be applied to both records at the same time.

An adverse decision for not responding to a request for information can only be made regarding the customer that was issued the request. It cannot be applied to a partner, unless they were also issued a request for information and failed to respond.

Date of effect

The date of effect of a decision to suspend a customer's payment depends on the specific circumstances relating to the suspension. If the customer or their partner informs the agency of a change in circumstances, generally the date of effect is the date on which the event or change in circumstances occurred. An exception exists with respect to events and changes in circumstances concerning employment or non-employment income, where a working credit balance applies.

If the customer fails to provide requested information when responding to a section 63 or section 68 notice, the date of effect of this adverse determination is generally the day following the expiration of the [time allowed to respond](#).

For customer's already paid for this date, the date of effect for the suspension will be Date Paid To (DPT) plus 1 (DPT+1). See [Resources](#) for examples.

Reviewing suspension - cancellation or restoration of payment

Suspended payments can be reviewed within 13 weeks of the suspension. If a customer does not contact or provide the requested information, the suspended payment may be cancelled and a notification of the cancellation will be issued.

A payment may be restored when the customer re-establishes their qualification for the payment or provides the required information.

For details about:

- restoring payments, see [Restoration of payments \(CLK\)](#)
- cancelling payments, see [Cancellation of payments \(CLK\)](#)

Customer experiencing vulnerability or at risk

If a customer experiencing vulnerability or is at risk of remaining without income support payment for a minimum of 6 weeks because of an automatic suspension or cancellation, the customer may be eligible for manual intervention. Customers who are overseas permanently are not eligible for this initiative.

Correspondence returned from customer's address

As a part of the customer's notification obligations, they must advise the agency of a change of address within 14 days of moving. If mail is returned from the address currently shown on the customer's record, the customer will be considered to be 'whereabouts unknown' (WUK). This mail is forwarded to the agency's scanning provider. Once scanned, the record will be automatically suspended whereabouts unknown.

Automatic cancellation (CAN) or suspension (SUS) can occur if customers are **not** identified as:

- vulnerable
- experiencing vulnerability, or
- requiring exception processing

Additional support or help may be needed by customers in these categories before updating the customer record. See [Identifying customer vulnerability and risk issues](#).

Payments can be restored when the customer contacts and confirms the correct address. See the relevant Operational Blueprint procedure for restoring the payment.

The [Resources](#) page has date of effect suspension examples and more information about the legislative basis for suspending payments.

Contents

[Cancellation and suspension of Carer Payment \(CP\) and/or Carer Allowance \(CA\)](#)

[Return to sender \(RTS\) mail for Centrelink](#)

[Cancellation or suspension of ABSTUDY payments](#)

[Suspension of Age Pension](#)

[Suspension of payments of Assistance for Isolated Children \(AIC\) Scheme](#)

[Suspension of Disability Support Pension \(DSP\)](#)

[Suspending, cancelling and restoring Farm Household Allowance \(FHA\)](#)

[Suspension of Mobility Allowance \(MOB\)](#)

[Suspension of JobSeeker Payment \(JSP\) and Youth Allowance \(YA\)](#)

[Suspension of Parenting Payment \(PP\)](#)

[Suspension of Pensioner Education Supplement \(PES\) and ABSTUDY PES](#)

[Youth Allowance \(YA\) \(job seekers, students and trainees\) cancellations, suspensions and restorations](#)

Related links

[Cancellation, suspension and rejection reason codes \(CLK\)](#)

[Requesting information \(CLK\)](#)

[Creating a Q134 letter](#)

[Making an unfavourable decision \(CLK\)](#)

[How to code and action a manual review](#)

[Manual review after automatic payment suspension and cancellation of vulnerable customers](#)

[Initial contact about a decision and the review of decision process](#)

[Identifying customer vulnerability and risk issues](#)

[Online Document Recording \(ODR\)](#)

[Creating, reviewing and deleting documents \(including Fast Notes and DOA DOCs\)](#)

[Cancellation of payments](#)

[Restoration of payments](#)

[Managing compliance with compulsory requirements](#)

[Working Credit](#)

[Confirmation of the death of an adult or child](#)

References

Links to the ABSTUDY Policy Manual go to pdf and docx documents. Select the document and go to the reference(s) below.

[ABSTUDY Policy Manual](#)

- 2.4, Suspension and cancellation of ABSTUDY payments
- 3.1 - 3.9, Overpayments and Recovery of Allowances
- 3.2, Authority to Raise and Recover a Debt
- 9.1, Primary Eligibility Criteria for ABSTUDY
- 81.2, Qualification for ABSTUDY Pensioner Education Supplement (PES)

[Assistance for Isolated Children \(AIC\) Scheme Policy Guidelines](#)

- 1.5, Reviews and Appeals
- 3.7, Eligibility period
- 5.5, Eligibility for PES
- 7.2.1, Obligations
- 7.2.3, Use of information by government

[Social Security Guide, 3.1.3, Notification & Recipient Obligations](#)

[Social Security Guide, 3.1.4, Imprisonment, Psychiatric Confinement & Prison Release](#)

[Social Security Guide, 3.1.11, Working Credit](#)

[Social Security Guide, 3.1.11.30, Working Credit Depletion](#)

[Social Security Guide, 3.1.12, Employment Income Nil Rate Period](#)

[Social Security Guide, 3.2.3, YA - Qualification & Payability](#)

[Social Security Guide, 3.3.1, PA - Qualification & Payability](#)

[Social Security Guide, 3.3.1.60, Notification & Recipient Obligations for PA](#)

[Social Security Guide, 3.3.1.70, Continuation Variation or Termination of PA](#)

[Social Security Guide, 3.4.1.50, Notification & Recipient Obligations for Age](#)

[Social Security Guide, 3.4.1.60, Continuation, Variation or Termination of Age](#)

[Social Security Guide, 3.4.3, WA - Qualification & Payability](#)

[Social Security Guide, 3.4.3.50, Notification & Recipient Obligations for WA](#)

[Social Security Guide, 3.4.3.60, Continuation Variation or Termination of WA](#)

[Social Security Guide, 3.5.1.150, continuation Variation or Termination of PP](#)

[Social Security Guide, 3.5.1, PP - Qualification & Payability](#)

[Social Security Guide, 3.6.1.20, Qualification for DSP during Employment - 30 Hour Rule](#)

[Social Security Guide, 3.6.1.100, Continuation Variation or Termination of DSP](#)

[Social Security Guide, 3.6.4.150, Continuation, Variation or Termination of CP](#)

[Social Security Guide, 3.6.4.60, Changes to Care Receiver Situation - Effect on CP Qualification](#)

[Social Security Guide, 3.6.4.70, Changes to Carer Situation - Effect on CP Qualification](#)

[Social Security Guide, 3.6.6.100, Termination of MOB](#)

[Social Security Guide, 3.6.7.190, Continuation, Variation or Termination of CA](#)

[Social Security Guide, 3.7.1, SpB - Qualification & Payability](#)

[Social Security Guide, 3.8.3.110 Notification & Recipient Obligations for PES](#)

[Social Security Guide, 8.6.4.20, Automatic Cancellations & Variations](#)

Legislation

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

Note: there is no legislation for ABSTUDY or Assistance for Isolated Children (AIC).

Social Security Act 1991

- section 1158, Some social security payments not payable during period in gaol or psychiatric confinement following criminal charge

Social Security (Administration) Act 1999

- section 63, Requirement to attend etc.
- section 64, Effect of failing to comply with requirement to attend etc.
- section 67 or 68, Non-compliance with notice
- section 80, Cancellation or suspension determination
- section 81, Cancellation or suspension for non-compliance with certain notices
- section 96, suspension instead of cancellation under section 93
- section 97, suspension taken to have been under section 96
- part 5, division 1, Non-compliance with section 192 to 196 notices

Resources

Date of effect suspension examples

Table 1

Item	Description
1	Date of effect - customer not paid Income support customer is issued a section 63 or 68 notice on 14 October to provide details. Allowing time for mail delivery, the customer has been given 23 days to respond, that is, by 6 November. Follow up activity is actioned on 8 November where it is identified that customer failed to provide requested details. Customer has been paid to 31 October. Date of effect for suspension is 7 November, the date following the allowable time to provide details.
2	Date of effect - customer already paid Income support customer is issued a section 63 or 68 notice on 14 October to provide details. Allowing time for mail delivery, the customer has been given 23 days to respond, that is, by 6 November. Follow up activity is actioned on 19 November where it is identified that customer failed to provide requested details. Customer has been paid to 14 November. General date of effect for suspension is 7 November (the date following the allowable time to provide details), however as customer has already been paid for that date, the date of effect to be used is 15 November, Date Paid to plus 1, (DPT+1).

Legislation for suspending or cancelling social security payments

Table 2



[Legislation underpinning suspension decisions](#)

Item	Description
1	General power to cancel/suspend Social Security (Administration) Act (SSAA) section 80 The Secretary or delegate may determine that payment is to be cancelled or suspended if they are satisfied that a social security payment is or has been paid to a person: • who is not or was not qualified (1) (a) • to whom the payment is not or was not payable (1) (b)
2	Non-compliance with notices SSAA section 81 The Secretary or delegate may determine that payment is to be cancelled or suspended if: • a person receiving a social security payment (other than JobSeeker Payment) has been given a notice under section 67 or 68 or a notice under part 5, division 1 and has not complied • a person and partner both receiving a social security payment, and partner has been given a section 67 or 68 notice or a notice under part 5, division 1 and the notice also related to matters that might affect the person's payment, and partner has not complied • a person receiving a social security payment has been given a notice under section 67 or 68 that requires the person to inform the agency of a proposal to leave Australia, person does not comply and leaves Australia, and portability period has not ended

Training & Support

Add the course number to the **Search** field in the [Learning Portal \(LMS\)](#) in ESSentials:

- **CLK01111** - Suspensions, cancellations & restoration
- **CLK01269** - Manual suspension of payments

s22 (Out of Scope)



Australian Government
Services Australia

Cancellation of payments 102-10020000

Currently published version valid from 12/12/2024 4:02 PM

Background

s22 (Out of Scope)

Customers contacting Services Australia may be subject to a security notice. These records are managed by Business Integrity Division, see [Cancellation of payments when security notice issued](#).

This document outlines the circumstances under which a customer's payment should be cancelled. It also provides links to further information for each specific payment type.

Cancellation of payment

Cancellation of payment should occur when a customer:

- no longer meets the qualification and/or payability provisions for their current income support payment
- fails to comply with the notification requirement and/or recipient obligations
- claims a more suitable payment for which they are eligible
- requests that the payment is cancelled

Before cancelling a customer's payment, care should be taken to establish that the customer is no longer eligible for that payment.

Payment that has been suspended and not restored must be cancelled after a period in accordance with relevant policy guidelines.

If a decision is made to cancel a customer's payment, they must be immediately advised about the decision and their right to [request an explanation or apply for a formal review](#). **Note:** this includes customers who request to have their payment cancelled.

Cancellation of payments when security notice issued

From 1 December 2014, new provisions require Services Australia to cancel a person's welfare benefit or concession card when the Attorney-General provides a security notice to the Minister for Social Services.

The Attorney-General can issue a security notice in relation to a person, when he/she considers the individual should not be eligible to receive welfare benefits for national security reasons.

It is expected that many individuals subject to a security notice will not be in receipt of welfare payments or Family Tax Benefit, however future entitlements will be effected for as long as the security notice remains in effect.

Loss of eligibility

Customers who are the subject of a security notice are not entitled to receive any payments or concession cards until the security notice has been revoked by the Attorney-General. If they lodge a claim for a payment or concession card it will be rejected. The security notice stays in force until the Attorney-General revokes the notice. The Attorney-General must review the decision to issue a security notice every 12 months whilst the security notice is in force. **Note:** affected customers may have an FTB child in their care. The Attorney-General may recommend, via a Security Notice that family assistance payments can continue to be paid to a payment nominee, who must act in the best interest of the dependents.

Customers will be advised of the cancellation of payment or rejection of their claim by letter. The letter will also tell the customer that the action taken by the agency is as result of a security notice issued by the Attorney-General and not a decision that is made or changeable by the agency.

Customer management

Records subject to a security notice are made 'Restricted Access' to minimise application or re-application for payment. A new cancellation and rejection reason **SNI -Security Notice Issued** has also been introduced. These records are managed by Business Integrity Division. Customers must **not** be provided with contact details of the responsible Restricted Access Officer.

Given the sensitivities of these cases, a central processing team has been established to make sure security notices are actioned immediately. Service Zone Leaders are advised of any security notices received for customers within their Zone by the Business Integrity Division.

Customers or their nominees contacting the agency to discuss the cancellation of payment as a result of a security notice should be advised of the following:

'The decision to issue a security notice is made by the Attorney-General. The cancellation of the payment and/or concession card is because the security notice has been issued and is not a decision made by an officer from this agency. If you do not agree with the decision made by the Attorney-General to issue a security notice, you may wish to seek legal advice'.

Other individuals not cancelled or rejected due to a security notice

Individuals whose payments have not been cancelled as a result of a security notice being issued, may be eligible for payment in their own right. For example, other family members can test their eligibility for payment in line with the usual claiming processes.

Customer has employment income

When the customer has employment income:

- If **over Age Pension age** and in receipt of a pension (excluding Parenting Payment Single (PPS)) they may be entitled to the [Work Bonus](#). **Note:** the Work Bonus is not used in the customer's transitional rules calculation, however partners may still benefit by the reduction in total income
- If **under Age Pension age**, Working Credit may enable the customer to [keep some of their income support payment while they are working](#). **Note:** if the customer's payment is later restored or they are

granted another income support payment that has access to Working Credit, they may be eligible to [transfer or restore their previous working credits or Income Bank balance](#)

- If the customer's income **reduces their fortnightly rate to nil** and some of that income is employment income, the customer's payment may [remain current at nil rate for up to 12 fortnights](#) and they may retain certain benefits

If the customer is **not qualified for payment** and the decision to cancel payment is made, ensure an advice is sent to the customer with the cancellation reason and their [review and appeal rights](#).

Before making any changes to a customer record, it is important that staff are confident of the 'bona fides' of the caller and the caller's competence to provide accurate information.

Legislation used in decision

When cancelling a payment, Centrelink staff should state under which section of Social Security Law the decision is based. As an example, Social Security (Administration) Act 1999, Section 80 Cancellation or suspension determination.

Tax and Centrepay deductions

[Where the customer had a tax deduction](#) prior to the cancellation of their payment, the tax deduction will be automatically terminated after a 2 week grace period. The 'grace' period allows an instruction to be kept current. If the customer returns to payment within that period the instruction will be activated automatically. If the customer reclaims after the grace period a new request for tax deductions will be required.

[Centrepay](#) deduction instructions will be terminated after a 2 week grace period, after the cancellation occurs. The 'grace' period allows an instruction to be kept current. If the customer returns to payment within that period the instruction will be activated automatically. If they reclaim after the grace period a new application for Centrepay deductions will be required.

Contents

[Coding a cancellation](#)

[Cancellation or suspension of ABSTUDY payments](#)

[Cancellation of Age Pension](#)

[Cancellation and debt raising of Assistance for Isolated Children \(AIC\) Scheme payments](#)

[Cancellation of Austudy or Youth Allowance \(YA\) student and Australian Apprentices](#)

[Cancellation and suspension of Carer Payment \(CP\) and/or Carer Allowance \(CA\)](#)

[Cancellation of Commonwealth Seniors Health Card \(CSHC\)](#)

[Cancellation of Disability Support Pension \(DSP\)](#)

[Cancellation of Double Orphan Pension \(DOP\)](#)

[Cancellation of Family Tax Benefit \(FTB\)](#)

[Suspending, cancelling and restoring Farm Household Allowance \(FHA\)](#)

[Cancellation of a Low Income Health Care Card \(LIC\)](#)

[Cancellation and Period of Grace for Mobility Allowance \(MOB\)](#)

[Cancellation at customer's request of JobSeeker Payment \(JSP\) or Youth Allowance \(YA\) \(job seeker\)](#)

[Cancellation of Parental Leave Pay \(PPL\)](#)

[Cancellation of Parenting Payment \(PP\)](#)

[Cancellation of membership for Pension Bonus Scheme \(PBS\)](#)

[Cancellation of Pensioner Education Supplement \(PES\) and ABSTUDY PES](#)

Related links

[Cancellation, Suspension and Rejection reason codes \(CLK\)](#)

[Starting, changing and cancelling a Centrepay deduction at the request of a customer](#)

[Commencing or returning to work](#)

[Transitional rules for pension customers who were on payment at 19 September 2009](#)

[Home Equity Access Scheme cancellation and rejections](#)

[Initial contact about a decision and the review of decision process](#)

References

Policy

[Social Security Guide, 1.1.E.102, Employment income](#)

[Social Security Guide, 1.1.R.55, Receiving](#)

[Social Security Guide, 3.1.12, Employment Income Nil Rate Period](#)

[Social Security Guide, 3.2.3, YA - Qualification & Payability](#)

[Social Security Guide, 3.7.1, SpB - Qualification & Payability](#)

[Social Security Guide, 3.10.5.50, Adverse Determinations - Date of Effect](#)

[Social Security Guide, 3.10.2.80, Recipient Loses Entitlement](#)

[Social Security Guide, 3.4.1.60, Continuation, Variation or Termination of Age](#)

[Social Security Guide, 3.3.1.70, Continuation, Variation or Termination of PA](#)

[Social Security Guide, 3.3.3.60, Continuation, Variation or Termination of Austudy](#)

[Social Security Guide, 3.6.1.100, Continuation, Variation or Termination of DSP](#)

[Social Security Guide, 3.1.11.30, Working Credit Depletion](#)

[Social Security Guide, 8.6.4.10, Date of Effect of Non-Automatic Adverse Determinations](#)

[Social Security Guide, 8.6.4.20, Automatic Cancellations & Variations](#)

Legislation

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

[Social Security \(Administration\) Act 1999](#)

- section 80, Cancellation or suspension determination
- section 81, Cancellation or suspension for non-compliance with certain notices
- section 82, Cancellation or suspension for failure to take action to obtain foreign payment

[Social Security Act 1991](#)

- section 23(4A), General Definitions
 - subsection (4A) Despite subsection (4), if: ...'
- section 23(4AA), General Definitions
 - subsection (4AA) For the purposes of subsection (4A), the following are ...'
- section 2.11, division 1, Qualification for youth allowance
- section 2.15, division 1, Qualification for and payability of special benefit
- section 2.15a, division 1, Qualification for and payability of partner allowance
- section 2.8A, division 1, Time limit on grants of widow allowance
- section 3.10, division 1, Ordinary income concept
- section 8(1A), Employment Income
 - subsection (1A), 'A reference in this Act to employment income,...

[A New Tax System \(Family Assistance\) \(Administration\) Act 1999](#)

[Paid Parental Leave Act 2010](#)

[Counter-Terrorism Legislation Amendment \(Foreign Fighters\) Act 2014](#)

Training & Support

Add the course number to the **Search** field in the [Learning Portal \(LMS\)](#) in ESSentials:

- **CLK01111** - Suspensions, cancellations & restoration

s22 (Out of Scope)



Australian Government

Services Australia

Centrelink customer requests a new Customer Reference Number (CRN) 102-13010000

Currently published version valid from 5/06/2024 12:15 AM

Background

s22 (Out of Scope)

This document outlines information that staff should discuss with a Centrelink customer when a new CRN is requested.

New CRN request

Centrelink customers may request a new CRN due to concerns for their privacy or safety. Advise the customer there is little or no advantage in creating a new or multiple record as these records will be linked and this creates the following problems:

- information will be transferred from one record to the other
- fragmented data across 2 records
- potential consequences for interacting with other agencies, such as ATO

Reassure the customer that:

- an authentication process occurs at every contact
- every access to their record is logged by the Customer Record Access Monitor (CRAM)

Advise the customer of security options such as:

- adding a password to their Centrelink record
- [enabling extra security options for a myGov account](#)
- Restricted Access record

Protecting your privacy

If a customer believes their personal information and identity credentials may be at risk, advise them to contact the [Scams and Identity Theft helpdesk](#).

The [Resources](#) page contains links to contact details for the Witness Protection help line and Identity Security and Verifications Section.

Related links

[Customer Record Access Monitor \(CRAM\) report](#)

[Authenticating a Centrelink customer](#)

[Customer password on a Display on Access DOC](#)

[Restricted Access and eligibility](#)

[Centrelink self service - access status, locking and unlocking](#)

[Accessing and using Centrelink self service](#)

[Using myGov accounts](#)

[Troubleshooting myGov](#)

[Types of Centrelink records](#)

[Advice of a scam or theft or loss of personal information](#)

Process

This document outlines information that staff should discuss with a Centrelink customer when a new CRN is requested.

Discussion points for when a new CRN is requested

What to discuss with a Centrelink customer when they request a new CRN.

Item	Description
1	Encourage customers to use other means of securing their Centrelink record + Read more ... A new CRN or multiple CRN will be linked to their existing CRN and is not an endorsed method of protecting or securing a customer's privacy.
2	Reassure customers of normal security measures + Read more ... Authentication processes are used at each customer contact before any information is released. See Authenticating a Centrelink customer. Every access to a customer's record is logged by the Customer Record Access Monitor (CRAM).
3	Password on record + Read more ... Any customer can request a password be added to their Centrelink record. The password will need to be provided for every phone call and at every face-to-face contact before any information is disclosed.

	See Customer password on a Display on Access DOC .
4	Self service access reset + Read more ... Customers can have their self service access reset. See Centrelink self service options. myGov accounts Extra Security for myGov can be enabled. For customers accessing their Centrelink online account via myGov see Sign in to myGov and account management.
5	Restricted Access + Read more ... If greater security is required, a customer can request Restricted Access be applied to their record. Only authorised staff will be able to access their record. This is generally staff within the National Restricted Access Team. The Resources page contains a link to the National Restricted Access intranet page.
6	Identity Security and Verifications Section + Read more ... Provide the customer with the details of the Scam and Identity helpdesk if they believe their personal information has been put at risk. The Resources page contains links to the Identity Security and Verifications Section Intranet page.
7	Witness Protection + Read more ... s47E(d) If a customer requests a new CRN due to involvement in a Witness Protection Program, advise the customer to contact their relevant State or Territory Witness Protection Program case officer. The agency has set up a Witness protection help line for staff-assisted enquiries only.

Resources

Contact details

[Witness protection information](#)

Intranet links

[Data Quality Unit Intranet page](#)

[Data Quality Unit - Office Locator](#)

[Identity Security, Digital and Scams Section Intranet page](#)

[National Restricted Access Intranet page](#)

s22 (Out of Scope)



Australian Government
Services Australia

Letters from incarcerated customers 102-23042128

Currently published version valid from 18/12/2024 4:04 PM

Background

s22 (Out of Scope)

This document outlines the process to follow when imprisoned customers (in gaol or psychiatric confinement) write to Services Australia and actions to take to address their concerns.

Identifying vulnerability for incarcerated customers

Vulnerability is not always linked to a specific customer group or characteristic. It is related to a customer's individual circumstances. Customers experiencing vulnerability may require additional support or assistance to access payments and services. This includes customers who are in prison or psychiatric confinement.

See the [Resources](#) page for a link to the Vulnerability Strategy intranet page for more information.

Queries from incarcerated customers in an Australian prison

Incarcerated customers are often confined to their cells and have their movements restricted due to lockdowns. Restrictions for each facility are for different reasons and usually applied at short notice. Lockdowns often prevent access to social, educational and employment related programs including use of the prison phone service which can be used to contact Service Australia's self-managed digital service.

While most incarcerated customers are not receiving a payment (or service) from the agency, they may write to the agency with various issues, including:

- questions about past payments, or
- to check eligibility for a payment in the future,
- legal issues and questions about child support,
- changes in their circumstances,
- getting their Medicare number identity information, or
- general enquiries

Please Note: staff **must not** close a work item query until a response has been provided to the incarcerated customer.

Replying to an incarcerated customer

The agency helps customers across a range of payments, programs and services through various service delivery channels.

Staff assigned an incarcerated customer's enquiry must consider the most appropriate service delivery channel to respond. Factors to consider for incarcerated customers:

- they cannot receive phone calls unless these are pre-arranged or facilitated
- they can make phone calls but these are time limited to 10 minutes and subject to granted or withdrawn privileges
- most commonly do not have access to online services (most have no access and it varies from prison to prison)

Incarcerated customers can receive correspondence but it's important to check before issuing a letter as the customer could have been moved to a new location. Once the customer's location has been established, staff must write a letter in response to queries received and try to resolve their enquiry or concerns.

Writing to an incarcerated customer

Where the action taken by staff on the customer's record does not result in a system generated letter to address all the customer's queries, staff must use the manual letter [Q888 template](#). All manual letters must adhere to the agency's writing guide.

Related links

[Adding a customer to the system](#)

[Confirming prison admission and release dates](#)

[Creating a Q999 or Q888 letter](#)

[Creating, reviewing and deleting documents \(including Fast Notes and DOA DOCs\)](#)

[Incarcerated Customer Services](#)

[Initial contact about a decision and the review of decision process](#)

[Level 1 - Manage complaints and feedback](#)

[Admission process for customers entering prison or psychiatric confinement](#)

[Request for an explanation or application for a formal review](#)

[Request for Information \(RFI\) letter](#)

[Searching for a customer on the system](#)

[Using the Internal Review/Explanation script](#)

Process

This document outlines the process to follow when customers incarcerated in an Australian prison send letters to Services Australia.

On this page:

[Receiving and reviewing letters from incarcerated customers](#)

[Review and action letter](#)**Receiving and reviewing letters from incarcerated customers**

Table 1.

Step	Action
1	Receiving letters from incarcerated customers + Read more ... Services Australia may receive letters from incarcerated customers about, but not limited to: • An income support payment enquiry • Final payment for last reporting period prior to entering prison or psychiatric confinement • Family Tax Benefit enquiry or reconciliation outcome • Outstanding determined/undetermined debts • General payment enquiry • Explanation of decision / formal review / appeal • Customer feedback (complaint, compliment or suggestion) Letters can be received via a number of channels outlined on our website. The Resources page has a link to the Services Australia website. Service Officers are allocated these letters via digital image. Where a Service Officer has been assigned a work item, go to Step 2.
2	Search customer record + Read more ... Check the following screens: • Records benefit status line (SUS-IMP or CAN-IMP), or • s47E(d) (via the admissions DOC) Is the customer currently incarcerated? • Yes, go to Step 3 • No: ○ follow the relevant Operational Blueprint process to action the enquiry ○ Service Officers may be required to recategorise a work item ○ procedure ends here for non-incarcerated customers
3	Confirming current correctional facility address + Read more ... Service Officers must make sure the correct postal address is current on the record. Is the postal address coded on the record? • Yes, go to Step 4

	• No: ○ Email the Face to Face Incarcerated Customer Servicing team (F2FICS) . See Resources ○ Once the prison address is confirmed and updated where needed, go to Step 4
4	Check letter + Read more ... Investigate the customer record and check the letter. Does the letter refer to a compliment, complaint or feedback? • Yes, see Level 1 - Manage complaints and feedback • No, go to Step 5
5	Request for personal information, an explanation of decision, or an application for a formal review + Read more ... Check what the letter relates to: • a new request (initial) for an explanation or an application for a formal review • an existing request for an explanation of decision or application for formal review For example, a letter asking for an explanation or formal review may consist of words such as 'I do not agree' or 'I should have been paid'. If the customer has a nominee, go to Table 2 If the enquiry is: • an initial contact for an explanation or an application for a formal review, see Initial contact about a decision and the review of decision process • about an existing explanation of decision, see Request for an explanation or application for a formal review • about an existing application for a formal review, see Request for an explanation or application for a formal review • regarding an Authorised Review Officer (ARO), see Reviews by an Authorised Review Officer (ARO) • requesting access to their personal information, see Customer requests access to their personal information for release of information guideline, go to Step 6 • none of the above, go to Step 6 Note: a facilitated call may be able to be arranged by the F2F ISCD. See Resources.
6	Complete enquiry + Read more ... Is the Service Officer suitably skilled to action the enquiry? • Yes, go to Table 2 • No,

	○ recategorise the work item, see Work Optimiser for staff if required ○ procedure ends here
--	---

Review and action letter

Table 2.

Step	Action
1	Confirm reason for customer contact + Read more ... Review the letter and customer record to decide the appropriate action. Where the incarcerated customer has provided more information as requested within a previous Q888 or Request for Information (RFI) letter, go to Step 6. Has the customer provided enough information to proceed and complete the enquiry? • Yes, go to Step 4 • No, go to Step 2
2	More information is required + Read more ... The system has a variety of documents available within the s47E(d) that meet technical capability and quality standards. If the workflow is not suitable, issue another letter type, create a manual letter. Is there an appropriate RFI letter that can be sent to the customer? • Yes, go to Step 3 • No, go to Step 5 to create manual letter
3	Send RFI - more information is required + Read more ... Access the s47E(d) process in Process Direct: • s47E(d) • • •

	○ s47E(d) ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ Procedure ends here.
4	Complete/Action enquiry + Read more ... Action the work item and complete enquiry as required. Service Officers may be required to refer to the relevant Operational Blueprint files to action update accordingly. Once work item is complete and outcome is determined, go to Step 5 to issue a letter to advise outcome.
5	Issue a Q888 letter + Read more ... Service Officers must draft a Q888 letter. There are endorsed text options to help draft the letter. See Incarcerated Customers templates for the options. Note: any extra free text included in the letter must be approved before sending. Staff can seek approval from: • Local Peer Support (LPS) • Service Support Officer (SSO), or • Team Leader (TL) Note: staff must: • make sure the Q888 is sent centrally • manual letters can only be addressed to a single recipient • when a manual letter is issued to a customer with a correspondence nominee, another identical letter must also be issued to that nominee. See Nominees

	Q888 request more information Once the letter has been sent, create a DOC to record: • all relevant details of what has been requested of the customer • include the log on of the supervisor who approved the letter • place the work item/activity on HOLD for reason Customer to Provide Information for 28 days Procedure ends here. Q888 to advise the enquiry is completed (outcome letter) Mark the work item/activity as complete on the s47E(d) screen. Procedure ends here.
6	Customer makes subsequent contact + Read more ... Did the customer respond within the appropriate time frame? • Yes: ○ Staff must action all updates ○ Create a DOC to record all relevant information on the customers record ○ Mark the activity as completed on the s47E(d) screen ○ Issue a Q888 letter to advise the enquiry is completed (outcome letter), see Step 5 • No: ○ Staff must action any updates where possible ○ Create a DOC to record reasons why the enquiry is not completed in full and record what actions have been taken. Make sure the DOC clearly outlines what is expected of the incarcerated customer for future contact ○ see Step 5 to issue a Q888 letter to advise the enquiry is completed (outcome letter) ○ mark the activity as completed on s47E(d) screen Procedure ends here.

References

Legislation

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

[Social Security \(Administration\) Act 1999](#), section 63, Requirement to attend etc.

[A New Tax System \(Family Assistance\)\(Administration\) Act 1999](#), section 154, General power to obtain information

[Social Security \(Administration\) \(Class of Persons – Intent to Claim\) Determination 2018](#)

Resources

Intranet links

[Incarcerated customer directory](#)

[Confirming admission and release](#)

[Vulnerability Strategy page](#)

[The Writing Guide](#)

[Plain English Policy](#)

[Preferred terms for the Services Australia](#)

[Australian Government Style Manual](#)

Services Australia website

[Write to us](#)

[Accessing our services](#)

Training & Support

Add the course number to the **Search** field in the [Learning Portal \(LMS\)](#) in ESSentials:

- **MPL00333** - Incarcerated Customer Service Offer 1
- **MPL00334** - Incarcerated Customers 2
- **MPL00335** - Working with State and Territory Corrective Services and Youth Justice
- **MPL00336** - Incarcerated Customers Entering Custody
- **MPL00337** - Services during incarceration
- **MPL00338** - Pre and post release servicing
- **CSP00692** - Managing Incarcerated Customers