

s22



## Australian Government

---

### Services Australia

#### Disability Support Pension (DSP) manifest eligibility 008-03030140

Currently published version valid from 10/02/2025 4:02 PM

#### Background

s22

This document outlines how to assess DSP manifest eligibility. If a DSP customer meets the manifest eligibility rules, the claim may be granted if non-medical eligibility is met.

#### Manifest medical eligibility for DSP

All DSP grants, including manifest decisions, **must**:

- reflect legislative requirements, **and**
- be clearly documented

Granting DSP under the manifest eligibility rules only occurs if the decision is:

- clearly supported by a Services Australia (the agency) health or allied health professional, or a Government-contracted Doctor (GCD) recommendation, and is made via:
  - a Disability Support Pension Medical Assessment recommendation (MAT/SA479)
  - a Job Capacity Assessment (JCA)
  - a Disability Medical Assessment (DMA), or
  - the Health Professional Advisory Unit (HPAU)

Manifest medical eligibility is met if the customer meets one of the following:

- is permanently blind (meets the DSP policy rules for manifest blindness - this does **not** include customers with visual impairments assessed using the Impairment Tables)
- is terminally ill (the medical evidence confirms the condition is terminal and life expectancy is less than 2 years, or the average life expectancy for a person with the same condition is less than 2 years)
- has a diagnosed intellectual disability where the medical evidence indicates a valid Full Scale IQ of less than 70

- needs nursing home level care as indicated by medical evidence.  
**Note:** a person does not have to be in a nursing home to be manifestly eligible. They may be getting the same level of care at home (usually provided by a carer/s)
- has Category 4 HIV/AIDS. **Note:** all potential manifest cases for Category 4 HIV/AIDS must be referred to the [Health Professional Advisory Unit \(HPAU\)](#) for consideration, or
- is receiving a Department of Veterans' Affairs (DVA) Disability Compensation Payment at Special Rate (Totally and Permanently Incapacitated (TPI)) paid under the [Veterans' Entitlements Act 1986](#)

**Note:**

- Military Rehabilitation Compensation Act (MRCA) Special Rate Disability Pension recipients claiming DSP are:
  - **not** considered manifest without further assessment, and
  - required to provide medical evidence
- a current DSP customer can provide medical evidence indicating they may meet the manifest medical eligibility rules. Reassessment of their DSP must be based on a MAT recommendation

The [Resources](#) page contains the Manifest criteria for DSP.

**Conditions indicating possible manifest eligibility for DSP**

Social Security law includes 2 lists of medical conditions to help assessors identify manifest eligibility on the grounds of terminal illness, nursing home level care or intellectual disability:

- **List 1** - includes conditions that meet the manifest eligibility rules on diagnosis alone (except in cases where the prognosis is unclear)
- **List 2** - includes conditions which may, upon further investigation, meet the manifest eligibility rules

The lists are intended to supplement the manifest eligibility rules. Although a condition is not on the list, a manifest grant can be made if the claimant meets at least one of the manifest criteria rules. The conditions on the lists are not intended to cover manifest grants on the grounds of permanent blindness, or Category 4 HIV/AIDS.

If the prognosis is unclear, including for List 1 conditions, an agency health or allied health professional, or GCD is to contact the claimant's treating doctor to discuss the person's condition, treatment regime and likely prognosis. Opinion may also be sought from the HPAU.

The [Resources](#) page contains details on both lists to help with manifest determinations.

**Medical evidence**

To meet manifest medical eligibility, current supporting evidence must be provided such as:

- a specialist report
- a report from a special school for people with an intellectual disability, or

- the Disability Compensation Payment Special Rate (paid under the [Veterans' Entitlements Act 1986](#)) decision letter from the Department of Veterans' Affairs (DVA).  
**Note:** Military Rehabilitation Compensation Act (MRCA) Special Rate Disability Pension recipients claiming DSP are not considered manifest without further assessment and must provide [medical evidence](#) to have their DSP claim assessed.

Customers with intellectual disability may not need to undergo new specialist testing when there is already evidence available. For example, an IQ test may be sufficient evidence even if it is more than 2 years old.

An agency health or allied health professional will assess the medical evidence.

For:

- List 1** conditions, the diagnosis and prognosis must be provided by an appropriately qualified health professional
- List 2** conditions, further information in addition to the diagnosis is required.  
See [Resources](#) for additional actions required for List 2 medical conditions

The [Verification of Terminal Illness form \(SA495\)](#) form may be supplied. This can be completed by the customer's treating doctor where the customer does not have medical evidence showing the diagnosis and prognosis of their condition. This form:

- is automatically issued with a [Claim for Disability Support Pension for a Terminal Illness form \(SA494\)](#), or
- can be accessed by the treating doctor through the Services Australia website

The customer or their treating doctor can provide additional medical evidence with the SA495, but is not required. If more details or clarification is required, the agency will contact the customer's treating health professional to discuss the SA495/evidence.

The following non-medical factors must **not** be considered when assessing the functional impact of a medical condition:

- a depressed labour market
- caring responsibilities
- individual employer preference, or
- recruitment practices

### **Suspected fraud**

Assessors must follow the process outlined in [Managing suspected fraudulent medical evidence](#) if they identify the medical evidence is:

s47E(d)

If Disability processing staff identify an issue with medical evidence, they must:

s47E(d)

s47E(d)

### Identifying customers who may be manifestly medically eligible

A Medical Assessment Team (MAT) work item is allocated to an Assessor when a DSP claim is lodged.

Assessors must:

- check and assess all scanned medical evidence
- complete a Disability Support Pension Medical Eligibility Assessment Recommendation form (MAT report/SA479)
- record a MAT Recommendation **DOC** on the customers record, and
- upload the MAT report/SA479 to the customer's record

If more information is required, the Assessor must contact:

- the customer
- their Treating Health Professional/s (THP), and/or
- HPAU

When Assessors assess the medical evidence, they determine if:

- the customer is manifestly medically eligible
- the customer is manifestly medically ineligible
- there is insufficient medical evidence for an assessment of the medical condition/s and the functional impacts
- there is any doubt as to the authenticity of the medical evidence
- there is a current and valid assessment that can be used, or
- a JCA referral is required to determine medical eligibility

Once the MAT report/SA479 is scanned to the customer's record, a work item is allocated to a Disability Processing Service Officer to assess eligibility for DSP, including checking non-medical eligibility.

A JCA is not required if it is clear the customer is manifestly medically eligible for DSP. For more details about appropriate JCA referrals, see [Job Capacity Assessment \(JCA\) referral](#).

### Manifestly blind

DSP (Blind) is **only** granted if a customer meets the manifestly blind criteria for permanent blindness.

Customers are **not** considered manifestly blind when a Medical Assessment Team (MAT), Job Capacity Assessment (JCA) or Disability Medical Assessment (DMA) assess the customer as:

- manifestly medically eligible for any other reason (other than permanent blindness), or
- medically eligible under the Impairment Tables. This includes where the JCA and DMA report indicates the customer has:
  - low vision, or any other visual impairment, and
  - an Impairment Rating of 20 points or more

**Note:** if DSP is granted as the customer has an Impairment Rating of 20 points or more for their visual impairment, manifest medical eligibility is **not** met. s47E(d)

. The [Process](#) page contains more details.

### **Terminal illness**

If an online DSP claim indicates the customer has a terminal illness, the Medical Assessment Team (MAT) work item is fast tracked to an Assessor for actioning.

Customers can lodge a [Claim for Disability Support Pension for a Terminal Illness form \(SA494\)](#) with or without a [Verification of Terminal Illness form \(SA495\)](#) form. The SA494:

- simplifies the DSP new claim process, and
- make sure claims are actioned as a priority

Supporting non-medical documents are still needed to correctly assess eligibility and payability.

### **Identification of manifest eligibility in a JCA and DMA**

Manifest medical eligibility is usually assessed as part of a Medical Assessment Team (MAT) recommendation. However, a customer may also be assessed as being manifestly medically eligible following a Job Capacity Assessment (JCA). This includes cases where new medical evidence supports a change in a medical condition.

If a customer is assessed as being manifestly medically eligible as part of a JCA, the report:

- recommends manifest medical eligibility and the relevant manifest category
- indicates the relevant medical condition is likely to persist for more than 2 years and is verified by medical evidence
- includes the diagnosed, reasonably treated and stabilised (DTS) rationale, and
- contains details of any further investigations undertaken by the assessor including:
  - consultation with HPAU, and/or
  - contact with the health professionals listed in the evidence

Customers who meet manifest medical eligibility based on a JCA are not required to attend a Disability Medical Assessment (DMA).

Manifest medical eligibility can also be recommended by a Government-contracted Doctor (GCD). As in a JCA report, the GCD includes details about further investigations or discussions with health professionals, in the DMA report.

### Assessing non-medical eligibility

If a customer meets manifest medical eligibility, all non-medical and payability rules must be met before the DSP claim is granted.

These include:

- customer was 16 years of age, and under Age Pension age when the claim was lodged  
**Note:** early claims can be accepted up to 3 months before a customer turns 16
- identity is confirmed, or [alternative identity](#) is coded, if applicable
- residency criteria is met
- customer's (and/or partner's) income and/or assets do not exceed the relevant pension test limits, and
- no compensation preclusion period exists

### Streaming

Streaming a DSP claim includes:

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

See [Streaming a new claim for Disability Support Pension \(DSP\)](#).

### Identity confirmation

Establishing a person's identity is critical to reduce identity fraud, security and privacy risks for the customer and Services Australia. Identities with a confirmed status provide a higher level of confidence in the claimed identity.

Customers can achieve a [confirmed identity](#):

- by providing the required identity documents, or
- by completing a facial comparison ([linkage](#)). (They can do this in person with Services Australia), or
- when their IP3 Digital ID is accepted by Centrelink and shows as **s 47E(d)** in the **s47E(d)** in Process Direct

In some cases, a customer may need support to confirm their identity. If a customer cannot confirm their identity, they **must** complete an [Alternative identity assessment](#):

- in person, or
- by phone when there is a valid reason they are unable to attend in person

A nominee can provide identity documents on behalf of the customer. They can do this:

- in person
- online, or
- by phone

A nominee can also complete an Alternative Identity assessment on behalf of the customer when there is a genuine reason. For example, a customer is profoundly disabled or incapacitated.

### **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:

- lists of manifest medical conditions
- suggested text for the Q999 letters for deceased customers
- text for Q888 letters
- contact details for the Centrelink DVA Clearance Team, the Level 2 Helpdesk and SSO direct referral
- relevant forms

### **Related links**

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

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

[Streaming a new claim for Disability Support Pension \(DSP\)](#)

[What is medical evidence for Disability Support Pension \(DSP\)?](#)

[Employment Services Assessment \(ESAt\) overview](#)

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

[Assessment Services](#)

[The Impairment Tables](#)

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

[Disability Medical screens](#)

[Pension Supplement](#)

[Income and assets tests for blind customers](#)

[Assessing Disability Support Pension \(DSP\) after a Disability Medical Assessment \(DMA\)](#)

[Determining proof of rent for the Verification field on the Accommodation Details \(AC\) screen](#)

[Creating, reviewing and deleting documents \(including Fast Notes and DOA DOCs\)](#)

[Claiming Pensioner Education Supplement \(PES\)](#)

[Family and domestic violence](#)

[Separating safely - protecting personal details](#)

## Process

This document outlines how to assess DSP manifest eligibility. If a DSP customer meets the manifest eligibility rules, the claim may be granted if non-medical eligibility is met.

### Process Direct

#### On this page:

[Assessing and processing manifest eligibility for DSP](#)

[Finalising a claim for manifest eligibility for DSP](#)

### Assessing and processing manifest eligibility for DSP

Table 1

Step	Action
1	<p><b>Work allocation + Read more ...</b></p> <p>See <a href="#">Process Direct navigations, common screens and functions</a> for information about launching the tool and accessing Work Items.</p> <p>s47E(d)</p> <p>The Work Item opens to s47E(d) on the s47E(d) screen.</p> <p>For a DSP Claim, <a href="#">go to Step 2</a>.</p> <p>For a <a href="#">Fast Note</a> from the DVA Clearance Team advising current DSP customer is now Totally and Permanently Incapacitated (TPI) manifest, <a href="#">go to Step 11</a>.</p>
2	<p><b>Manifest medical eligibility recommendation + Read more ...</b></p> <p>When a DSP claim is lodged, the customer's medical evidence is reviewed by Assessment Services. An assessment is completed to determine if the customer is:</p> <ul style="list-style-type: none"> <li>manifestly medically eligible</li> </ul>



	<ul style="list-style-type: none"> <li>• required to undertake a further medical assessment, or</li> <li>• medically ineligible for DSP</li> </ul> <p>The following occurs when the Medical Assessment Team (MAT) assessment is complete:</p> <ul style="list-style-type: none"> <li>• the assessor completes and uploads a Disability Support Pension Medical Eligibility Assessment Recommendation (MAT report/<b>SA479</b>)</li> <li>• the <b>SA479</b> displays in <b>s47E(d)</b> menu icon in the customer's record</li> <li>• a <b>s 47E(d)</b> <b>DOC</b> is added to the customer's record and shows on <b>s47E(d)</b></li> <li>• the claim status changes to <b>s 47E(d)</b> , and</li> <li>• allocates to a Disability Processing Service Officer to progress the DSP claim</li> </ul> <p>If the customer satisfies manifest medical eligibility, the <b>s 47E(d)</b> <b>able on the s47E(d)</b> screen populates with medical information. A Disability Processing Service Officer then assesses all non-medical eligibility before the claim can be granted.</p> <p>Assessment of where the customer's Continuing Inability to Work (CITW) or Permanent Blindness occurred is done by the MAT Assessor if manifest eligibility is recommended. The MAT report/SA479 cannot be submitted without this assessment.</p> <p>Has the customer had a MAT report/SA479, Job Capacity Assessment (JCA) or Disability Medical Assessment (DMA) completed recommending manifest medical eligibility?</p> <ul style="list-style-type: none"> <li>• <b>Yes:</b> <ul style="list-style-type: none"> <li>○ by an Assessor within a MAT report/SA479 or JCA, <a href="#">go to Step 3</a></li> <li>○ by a Government-contracted Doctor (GCD) in a DMA, go to <a href="#">Assessing Disability Support Pension (DSP) after a Disability Medical Assessment (DMA)</a></li> </ul> </li> <li>• <b>No</b>, see <a href="#">Streaming a new claim for Disability Support Pension (DSP)</a>. Procedure ends here</li> </ul>
3	<p><b>Review DSP claim + Read more ...</b></p> <ul style="list-style-type: none"> <li>• If manifest eligibility is determined by MAT, the DSP claim allocates to a Service Officer. Go to the <b>Review claim</b> below</li> <li>• If manifest is determined by a JCA, in most cases, the JCA report allocates to a Service Officer for action and the DSP claim remains on hold. <b>s47E(d)</b></li> </ul>

s47E(d)

**Review claim**

s47E(d)

**Paper claim**

Scanned forms SA466, SA494 or SA439 on a customer's record automatically generate:

- a SOA shell work item, and
- referral to MAT

The SOA shell contains no claim information apart from the CRN and personal details.

To view paper claims and scanned supporting documents:

s47E(d)

For online/ACC claims, customer's responses populate on their record, for paper claims staff must manually code the customer's responses.

Service Officers must determine if the customer has lodged a complete claim which includes all relevant forms and non-medical information to support their claim, including (if required):

- the Income and Assets form (SA369) if a paper claim was lodged (if not current on an income support payment)
- modules or other financial information (for example, tax returns, shares information)  
**Note:** if the customer is assessed as manifestly medically eligible due to [permanent blindness \(BLI\)](#), income and asset details may not be needed
- [Identity Confirmation](#) documents, or coding of [Alternative Identity](#) if applicable
- Tax File Number

	<a href="#">Go to Step 4.</a>
4	<p><b>Check non-medical information</b></p> <p><b>Identity</b> + Read more ...</p> <p>Go to the <b>s47E(d)</b> screen, check the customer's <b>Identity Status</b>. If:</p> <ul style="list-style-type: none"> <li>confirmed, no further action is required</li> <li><b>not</b> confirmed and identity is provided, see <a href="#">Coding identity documents</a></li> <li>the customer <b>cannot</b> confirm their identity, or will be able to at a later date see <a href="#">Alternative Identity</a></li> </ul> <p><b>Tax File Number</b> + Read more ...</p> <p>Check the <b>s47E(d)</b> screen.</p> <ul style="list-style-type: none"> <li>If the customer has supplied a TFN or authority to use their TFN from a previous claim in an online/ACC claim, this automatically populates the <b>s47E(d)</b> screen. No further updates are required</li> <li>If the customer has supplied their TFN or authority to use TFN from a previous claim, in a paper claim, code the TFN/Authority on the <b>s47E(d)</b> screen</li> <li>If the customer has provided evidence that they have lodged an application with the ATO, for example their online TFN application summary and matching Australia Post receipt, record the TFN category as <b>s47E(d)</b></li> <li>In limited circumstances, a customer can be exempt from supplying a TFN. For example, if a customer is assessed as medically eligible for DSP and considered profoundly disabled, and: <ul style="list-style-type: none"> <li>no other person, such as a nominee is handling their affairs, or</li> <li>the other person is having difficulty complying with the TFN request</li> </ul> </li> <li>If a TFN exemption is applied, document the <b>s47E(d)</b> <b>DOC</b> with the exemption details</li> </ul> <p>For more details about coding TFN's, see <a href="#">Requesting a Tax File Number (TFN)</a>.</p> <p><b>Pension Supplement</b> + Read more ...</p> <p>Check the frequency of payment of Pension Supplement requested by the customer.</p> <p>If the customer has requested:</p> <ul style="list-style-type: none"> <li><b>fortnightly</b> payment no coding is required, payments default to fortnightly</li> <li><b>quarterly</b> payment, code on <b>s47E(d)</b> screen. See <a href="#">Pension Supplement</a></li> </ul>

	<p>s47E(d) + Read more ...</p> <p>Go to the s47E(d) screen if a Provisional entry exists and check the following: s47E(d)</p> <p>If the gaining office needs updating due to a change of address, select s47E(d) and update: s47E(d)</p> <p>s47E(d) ) + Read more ...</p> <p>Unless an exemption has been granted, all payments to customers are made via direct credit into the customer's account at a:</p> <ul style="list-style-type: none"> <li>• bank</li> <li>• credit union, or</li> <li>• building society</li> </ul> <p>See <a href="#">Payment destination</a>.</p> <p>Customers can also authorise a third party to receive payments on their behalf. See <a href="#">Nominees</a>.</p> <p>s47E(d)</p> <p>s47E(d) + Read more ...</p> <ul style="list-style-type: none"> <li>• Check the customer's address details are updated. See <a href="#">Updating address details</a></li> <li>• The date of event on the s47E(d) screen is determined: <ul style="list-style-type: none"> <li>○ on the customers circumstance, and</li> <li>○ if the customer or partner are receiving another payment, such as Family Tax Benefit (FTB)</li> </ul> </li> <li>• To determine the correct date of event (DOV), see <a href="#">Completing the Accommodation Details (AC) screen and assessing Rent Assistance (RA)</a></li> </ul>
--	---

- If verification is provided, code the appropriate verification code. See [Processing proof of rent for the Verification field on the Accommodation Details \(AC\) screen](#)
- If <sup>s47E(d)</sup> has code **s47E(d)** due to **s47E(d)** being applied at the [Rapid Stream](#) stage, see [Determining proof of rent for the Verification field on the Accommodation Details \(AC\) screen](#)
- **s47E(d)**

**Note:** if a customer advises they are separating, see [Separating safely - protecting personal details](#) to ensure personal information is kept safe

- If the customer is ISP/CUR, and there are no changes to address/accommodation details, <sup>s47E(d)</sup> needs an update if it has not been updated in the past 12 months. See [Determining proof of rent for the Verification field on the Accommodation Details \(AC\) screen](#) for details

#### **Relationship details + Read more ...**

On the **s47E(d)** screen:

- **s47E(d)** ) shows linked records, such as nominees and the customer's partner (including any Relationship Qualifier Code)
- **s47E(d)** ) table shows the customer's relationship details. Changes to the customer's marital status should have been updated at the Rapid Streaming stage, see [Streaming a new claim for Disability Support Pension \(DSP\)](#)
- If the customer indicates they are partnered but not living together due to illness, assess if the customer is a [member of an illness separated couple](#)
- If there could be a 'special reason' not to treat a partnered person as a member of a couple, see [Treatment of a partnered person as single under Section 24 new determinations](#)

**Note:** if the Living Arrangements question set is completed and recommends a form SS293 or SS284 is required, these do **not** auto trigger from Process Direct. Staff must manually issue the forms, if required. See [The Living Arrangements question set](#)

- If the customer advises they are separated and living with their previous partner, a Member of a Couple (MoC) assessment is required. The outcome of the MoC assessment determines the coding required on the **s47E(d)** ) screen. See [Member of a Couple \(MoC\) and Separated under one roof \(SUOR\) assessments](#)

**Note:** where a customer advises they are separating, see [Separating safely - protecting personal details](#) to ensure personal information is kept safe.

	<p>s 47E(d)</p> <p>If additional information or a non-medical referral is required, do not action at this stage, <a href="#">go to Step 5</a> to check the customer's non-medical eligibility.</p>
5	<p><b>Non-medical eligibility</b></p> <p><b>Age</b> + Read more ...</p> <p>To be eligible for DSP, customers must be aged between 16 years and under Age Pension age when they claim.</p> <p><b>Note:</b> DSP claims can be accepted if the customer claims within 13 weeks of their 16th birthday, the Pension Assessment (PNA) must be amended. Where a DSP claim is being finalised prior to the 16th birthday, s47E(d)</p> <p><b>Residency</b> s47E(d) + Read more ...</p> <p>See <a href="#">Residence assessment for customers claiming Disability Support Pension (DSP)</a> about the residence criteria for DSP claims.</p> <p>If an assessment of 'where their Continuing Inability to Work (CITW) occurred' is required for residency purposes, and manifest is determined by a:</p> <ul style="list-style-type: none"> <li>• MAT Assessor - this information should be included in the MAT report/SA479. If this has not been assessed, see <a href="#">Streaming a new claim for Disability Support Pension (DSP)</a></li> <li>• JCA - this information should be included in the Assessment Summary section of the JCA Report. If this has not been assessed, see <a href="#">Checking and actioning a Job Capacity Assessment (JCA) report</a></li> </ul> <p><b>Note:</b> use this information to code the s47E(d) screen later in the process.</p> <p><b>Income and assets</b> + Read more ...</p> <ul style="list-style-type: none"> <li>• Income and asset details provided in an online claim automatically populate on the customer's record. When advised in a paper claim, manual coding is required</li> <li>• Customers may be required to provide evidence. If evidence is supplied, staff must update the screens to reflect the evidence provided. Specific coding may also be required to update these screens</li> <li>• For details about coding income and assets and when verification is required, see <a href="#">Coding income and assets for Centrelink payments and services</a></li> </ul>

- If a customer is assessed as manifest blind, they are not subject to the income and asset test, unless they are claiming Rent Assistance.  
See [Income and assets tests for blind customers](#)
- If a customer with a visual impairment indicated on their claim they were claiming due to 'blindness', they may not have been asked to disclose their income and assets
  - If the customer has **not** been assessed as manifestly medically eligible due to permanent blindness, request their income and asset details
  - Customers assessed with a 20 pts under Impairment Table 12 (Visual Function) are **not** manifest blind. See [Assessing Disability Support Pension \(DSP\) after a Disability Medical Assessment \(DMA\)](#)

#### **Compensation** + Read more ...

DSP (including blind) is a compensation affected payment (CAP) that:

- can be affected by the receipt of a compensation lump sum and/or periodic payment
- may be recovered, reduced and/or precluded if a customer or their partner receives compensation

See [The effect of compensation on Social Security payments](#).

Compensation payments are recorded on the **s47E(d)** in the customer's record (in Customer First) unless otherwise advised by the Compensation Recovery Team (CRT).

For example, [income from personal injury insurance schemes and disability benefits](#) coding on the **s47E(d)** screen.

See [Coding Compensation and damages \(Mod C\) to request a clearance](#) for details about customers that are getting, or may be eligible to get, payments of compensation.

Check if compensation payments (periodic and/or lump sum payments) will impact the customer from:

- their DSP claim date (PNA/Start Date), and
- the 13 weeks after this date

#### **Department of Veterans Affairs (DVA)** + Read more ...

If the customer is getting income from DVA, notification is usually received from either DVA or the customer:

- DVA automatically transmits details of grants and variations of certain payments, as well as indexation rates, throughout the year

- If a customer advises at the new claim stage they are getting DVA income, seek confirmation of the type of income and amount from the DVA Clearance Team. For DVA income already recorded resulting in either claim rejection, rate change or no impact, staff must get a DVA clearance before finalising the claim

See [Payments from the Department of Veterans' Affairs \(DVA\) and referrals to the DVA Clearance Team](#).

#### **Employment + Read more ...**

- **Employment Separation Certificate (SU1).** If the customer states they and/or their partner have ceased work in the previous 12 months, SU1 is required. The online claim identifies if an SU1 is required and requests this as part of the Next Steps process within the online claim. For more details, see [Employment Separation Certificate \(SU001\)](#)
- **Previous continuous employment income.** Check to see if the customer or/and partner have any previous continuous employment income on their record that is not advised within their online claim, refer to [s47E\(d\)](#) screen:

[s47E\(d\)](#)

- **Final employment income.** If the customer and/or their partner is to be paid final employment income in the first entitlement period, code the details within the claim. The claim may reject if the employment income is over the threshold. If information from the customer or in the claim, indicates they and/or their partners paid employment income will preclude payment for the first entitlement period:

[s47E\(d\)](#)

- **Reporting.** If the customer and/or partner have ongoing employment income, the customer is to be placed on reporting via the [s47E\(d\)](#) screen **before** finalising the claim, see [Reporting screens](#)

#### **Customer currently working + Read more ...**



	<p>In circumstances where a manifestly medically eligible customer is currently working in unsupported employment of 15 or more hours per week at the time of claiming, Assessment Services must consider the customer's employment situation in the recommendation (MAT or JCA). <a href="#">s47E(d)</a></p> <p>If the customer's current 'open' employment has <b>not</b> been considered in a:</p> <ul style="list-style-type: none"> <li>• MAT report/SA479 - see <a href="#">Streaming a new claim for Disability Support Pension (DSP)</a></li> <li>• JCA - see <a href="#">Checking and actioning a Job Capacity Assessment (JCA) report</a></li> </ul> <p>Procedure ends here until the MAT report/JCA report has been reviewed.</p> <p>When the MAT report/JCA has been reviewed, progress the DSP claim. If:</p> <ul style="list-style-type: none"> <li>• medical eligibility is no longer met, see <a href="#">Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections</a></li> <li>• more information is required, <a href="#">go to Step 6</a></li> <li>• a non-medical referral is required, <a href="#">go to Step 8</a></li> <li>• no further information or assessments are required, go to <a href="#">Table 2</a> to finalise the claim</li> </ul>
6	<p><b>Request information + Read more ...</b></p> <ul style="list-style-type: none"> <li>• If information has been requested via the online claim, or a Request for Information (RFI) issued for a paper claim, it should not be requested again</li> <li>• If the claim is: <ul style="list-style-type: none"> <li>○ a <b>paper claim</b>, check if there has been a requesting information letter issued asking the customer to lodge the required forms or information. See <a href="#">Requesting information (CLK)</a></li> <li>○ an <b>online claim</b>, check if there is an existing task</li> </ul> </li> <li>• If a Request for Information has been issued for a paper claim or is there an existing task for an online claim, <a href="#">go to Step 7</a></li> <li>• If a request for information has <b>not</b> been made: <ul style="list-style-type: none"> <li>○ determine if the supporting documentation/evidence provided is acceptable. See <a href="#">Documents required for Centrelink new claims</a></li> <li>○ if Services Officers can get the information verbally, attempt to contact the customer before issuing a request. This includes where the customer and/or partner have employment income, and earnings details</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ if the information cannot be obtained verbally, see <a href="#">Requesting information (CLK)</a></li> <li>• The RFI generally updates the status of the DSP Claim to <b>On Hold</b>. If the claim is not On Hold, <b>s47E(d)</b></li> <li>• Annotate the <b>s 47E(d)</b> <b>DOC</b> and apply Hold to User <ul style="list-style-type: none"> <li>○ If a non-medical referral is also required, <a href="#">go to Step 8</a></li> </ul> </li> </ul>
7	<p><b>Request for Information previously issued</b> + Read more ...</p> <p>If an RFI has previously been issued, or a Task for an Online claim exists, has the allowable time passed for the return of the relevant forms?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, allowable time <b>has</b> passed: <ul style="list-style-type: none"> <li>○ Consider if the claim should be rejected <b>FRC</b>, noting any vulnerabilities or difficulties the customer may have with providing information</li> <li>○ Multiple requests for the same information is not needed. Where the outstanding information can be obtained verbally for example, payslips/employment income for ongoing employment (customer and/or partner), an attempt to contact (where appropriate) should be made, before rejecting the claim. See <a href="#">Requesting Information (CLK)</a></li> <li>○ Consider <a href="#">Alternative Identity</a> processes if the only item outstanding is identity confirmation</li> <li>○ Where information cannot be obtained and allowable time has passed, see <a href="#">Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections</a></li> <li>○ Procedure ends here</li> </ul> </li> <li>• <b>No</b>, allowable time <b>has not</b> passed: <ul style="list-style-type: none"> <li>○ Where the information required can be obtained verbally for example, employment income details for ongoing employment (customer and/or partner), attempt to contact the customer (where appropriate). See <a href="#">Requesting Information (CLK)</a></li> <li>○ Where unable to contact the customer, or verbal request is not appropriate, use the <b>s47E(d)</b></li> <li>○ <b>s47E(d)</b></li> <li>○</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Annotate the <b>s47E(d)</b> <b>DOC</b> on <b>s47E(d)</b> with action undertaken including a note advising manifest medical eligibility has been met</li> <li>○ <a href="#">Claim to be held to user</a></li> <li>○ Procedure ends here, until the due date</li> </ul>
8	<p><b>Action non-medical referrals</b></p> <p><b>Complex Assessment Officer</b> + Read more ...</p> <ul style="list-style-type: none"> <li>• See <a href="#">Identifying and making suitable referrals to the Complex Assessment Officer (CAO)</a> <b>s47E(d)</b></li> </ul> <p><b>Member of a Couple Assessment (MOCA)</b> + Read more ...</p> <ul style="list-style-type: none"> <li>• See <a href="#">Confirming the need for a Member of a Couple (MoC) assessment</a> <b>s47E(d)</b></li> </ul> <p><b>Compensation</b> + Read more ...</p> <ul style="list-style-type: none"> <li>• See <a href="#">Coding Compensation and damages (Mod C) to request a clearance</a> <b>s47E(d)</b></li> </ul> <p><b>DVA income</b> + Read more ...</p> <p>If the customer advised compensation details or Department of Veterans' Affairs (DVA) income:</p> <ul style="list-style-type: none"> <li>• See <a href="#">Payments from the Department of Veterans' Affairs (DVA) and referrals to the DVA Clearance Team</a> <b>s47E(d)</b></li> </ul>

	s47E(d)
9	<p><b>DSP claim comes off hold</b> + Read more ...</p> <p>When a DSP claim comes off hold after a Request for Information or non-medical referral:</p> <ul style="list-style-type: none"> <li>• if all requested information is returned, and clearances/non-medical referrals are complete, the claim is ready to process. Go to <a href="#">Table 2</a></li> <li>• if the clearance or non-medical referrals are <b>not</b> complete: s47E(d)</li> </ul> <ul style="list-style-type: none"> <li>• if the customer has <b>not</b> provided all requested information at claim submission, or fails to respond to the request for information within the time allowed, consider if the claim should be rejected. See <a href="#">Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections</a></li> <li>• if the customer does <b>not</b> meet non-medical eligibility, <a href="#">go to Step 10</a></li> </ul>
10	<p><b>Reject claim on non-medical grounds</b> + Read more ...</p> <p>Although the customer has been assessed as being manifestly medically eligible, they do not meet the non-medical criteria therefore their claim is to be rejected.</p> <p>If the claim is to be rejected for residency reasons, see <a href="#">Table 2</a>.</p> <p>For all other non-medical rejections, see <a href="#">Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections</a>.</p>
11	<p><b>DVA advises DSP customer is granted TPI</b> + Read more ...</p> <p>Where the Department of Veterans' Affairs (DVA) advises a current DSP customer has been granted Disability Compensation Payment - Special Rate (TPI) Totally and Permanently Incapacitated, the DVA Clearance Team:</p> <p>s47E(d)</p>

	<p>s47E(d)</p> <p>DIS Processing:</p> <p>s47E(d)</p>
--	--

#### Finalising a claim for manifest eligibility for DSP

Table 2

Step	Action
1	<p><b>Code the DSP new claim where manifest medical eligibility is met</b> + Read more ...</p> <p>Before selecting s47E(d) in the claim:</p> <p>s47E(d)</p>

	<p>s47E(d)</p> <p>See <a href="#">Process Direct navigation, common screens and functions</a> for more information on how to navigate and update screens.</p> <p>For manifest medical eligibility recommended by the Assessor in the:</p> <ul style="list-style-type: none"> <li>• Medical Assessment Team (MAT) report/SA479, <a href="#">go to Step 2</a></li> <li>• Job Capacity Assessment (JCA), including a current &amp; valid assessment, <a href="#">go to Step 3</a></li> </ul>
2	<p><b>Manifest medical eligibility decision recommended in a MAT report/SA479 + Read more ...</b></p> <p>Medical information automatically updates the s47E(d) screen when a MAT reportSA479 is submitted.</p> <p>s47E(d)</p> <p>If manual coding is required, go to the s47E(d) screen from the Task Selector on the s47E(d) screen or type s47E(d) into the s47E(d) .</p> <p>s47E(d)</p>

s47E(d)

[Go to Step 4.](#)

3	<p><b>Manifest medical eligibility decision recommended in a JCA</b> + Read more ...</p> <p>Accept the JCA report. See <a href="#">Checking and actioning a Job Capacity Assessment (JCA) report</a> for process information.</p> <p>Once the JCA report has been accepted, check the <sup>s47E(d)</sup> screen and the <sup>s47E(d)</sup> screens display the information downloaded from the JCA report. The relevant manifest indicator pre-populates onto the <sup>s47E(d)</sup> field on the <sup>s47E(d)</sup> screen when the JCA report is accepted.</p> <p>The DSP claim must be manually coded and finalised, including all non-medical criteria.</p> <p>Where a JCA or ESAt upgraded to a JCA recommends manifest medical eligibility is met, and this is considered Current &amp; Valid for the claim, the report will already be accepted, and medical data displayed on the <sup>s47E(d)</sup> screen. <sup>s47E(d)</sup></p> <p><a href="#">Go to Step 4.</a></p>
4	<p><b>Granted on basis of permanent blindness</b> + Read more ...</p> <p>Customer is <b>only</b> considered permanently blind where:</p> <ul style="list-style-type: none"> <li>• MAT report/SA479: <b>Mnfst Elig Ind</b> is <b>Y</b> for reason <b>BLI - Permanent Blindness</b>, or</li> <li>• JCA or Disability Medical Assessment (DMA): Manifest indicator is '<b>B</b>' - <b>Permanent Blindness (BLI)</b></li> </ul> <p><b>Note:</b> customers <b>are not</b> manifestly blind or eligible for DSP (Blind) when MAT report/SA479, JCA or DMA assess the customer as:</p> <ul style="list-style-type: none"> <li>• manifestly medically eligible for any other reason (other than BLI), or</li> <li>• medically eligible under the Impairment Tables (for example, Table 12 visual function), or</li> <li>• where the JCA and DMA report: <ul style="list-style-type: none"> <li>○ indicates the customer has low vision, or any other visual impairment, <b>and</b></li> <li>○ assigns an Impairment Rating of 20 points or more</li> </ul> </li> </ul> <p>Is the customer assessed as manifestly medically eligible because of permanent blindness (<b>BLI</b>)?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, <a href="#">go to Step 5</a></li> <li>• <b>No</b>, <a href="#">go to Step 6</a></li> </ul>



5	<p><b>Code the <sup>s47E(d)</sup> screen for customers being granted manifest for permanent blindness (BLI) + Read more ...</b></p> <p><b>Note:</b> if the customer has been assessed under the Impairment Tables with no indication of meeting <a href="#">permanent blindness</a> criteria - <a href="#">go to Step 6</a>.</p> <p>s47E(d)</p>                      <p><b>Continuing Inability to Work (CITW)</b></p> <p>s47E(d)</p>                      <p><b>Pension Disability Information</b></p> <p>s47E(d)</p> <ul style="list-style-type: none"> <li>○ 'Y – Yes' means the customer's pension will be exempt from the income and asset test</li> <li>○ 'N – No' is for Income and Assets declared. If the customer wants to claim Rent Assistance (RA) in addition to the minimum guaranteed pension rate, and/or have a partner also on a payment who is not blind, income and assets must be declared. The customer will receive income and asset reviews just like any other pensioner For help with coding the s47E(d) field, see <a href="#">Income and assets tests for blind customers</a></li> </ul>
---	---

	<p>s47E(d)</p> <p><a href="#">Go to Step 7.</a></p>
6	<p><b>Code details on the</b> s47E(d) <b>screen for other conditions</b> + Read more ...</p> <p>s47E(d)</p> <p><b>Continuing Inability to Work (CITW)</b></p> <p>s47E(d)</p> <p><b>Note:</b> where a customer has 10 years Australian Residence or a Qualifying Residence Exemption - code the s47E(d) field as s47E(d)</p> <p><b>Pension Disability Information</b></p> <p>s47E(d)</p>

	<p>s47E(d)</p> <ul style="list-style-type: none"> <li>If a customer is under 21 years of age and claiming independence and this is supported by available evidence, enter the appropriate code on the <sup>s47E(d)</sup> screen in the s47E(d) field. See <a href="#">Assessing payment rates and independence for Disability Support Pension customers under 21 years</a></li> </ul> <p>To finalise the DSP claim, if the CITW occurred while the customer was a resident of another country (not Australia) or if the edit s47E(d) appears, go to <a href="#">Residence assessment for customers claiming Disability Support Pension</a>.</p>
7	<p><b>Review claim details</b> + Read more ...</p> <p><b>Claim start date</b></p> <p>s47E(d)</p> <p>See <a href="#">Streaming a new claim for Disability Support Pension (DSP)</a> and <a href="#">Start Day</a>.</p> <p>s47E(d) coding when the start date/PNA varies from the DOR:</p> <ul style="list-style-type: none"> <li>Where the start date is <b>earlier</b> than the date of receipt (DOR of the claim: s47E(d))</li> <li>Where the start date is <b>later</b> than the DOR, including a future date: s47E(d)</li> </ul> <p>s47E(d)</p> <p>s47E(d)</p>

	<p>Determine if <a href="#">Former resident provisions</a> apply if the customer:</p> <ul style="list-style-type: none"> <li>• is an Australian Resident, and</li> <li>• has returned to live in Australia after a period of residence in another country</li> </ul> <p><b>Employment income</b></p> <p>If a final employment income payment is received in the first entitlement period that is above the income threshold, DSP is not payable. The legislation states a customer cannot access a nil rate employment income rate (<b>CUR/CZR</b>) in the first entitlement period. The start date is to be moved in this situation (excluding claims for DSP Blind customers exempt from the income and asset test).</p> <p>s47E(d)</p> <ul style="list-style-type: none"> <li>• If the claim is going to reject due to the final amount of paid employment income precluding payment in the initial entitlement period, check if the start date has been adjusted on the s47E(d) screen. If it has not, change the start date by: s47E(d)</li> <li>• Assess if the customer is subject to: <ul style="list-style-type: none"> <li>○ an <a href="#">Income Maintenance Period (IMP)</a>: the customer may be subject to an IMP if they or their partner (if applicable) have received leave or redundancy entitlements after ceasing or terminating employment. This is usually found on the Employment Separation Certificate (SU001) or redundancy documentation, and/or</li> <li>○ a <a href="#">Seasonal Work Preclusion Period (SWPP)</a>: the SWPP may apply to customers if they or their partner (if applicable) have been engaged in seasonal, intermittent or contract work in the 6 months before claiming an allowance</li> <li>○ If customer and/or partner have ongoing employment income, code s47E(d) to place customer on reporting, see <a href="#">Reporting screens</a></li> </ul> </li> </ul>
8	<p><b>Service Offer Interview (SOI)</b> + Read more ...</p> <p>If <b>DSP</b> is <b>granted</b> - a SOI is not required except if:</p> <ul style="list-style-type: none"> <li>• requested by the customer/nominee</li> </ul>

	<ul style="list-style-type: none"> <li>• the customer or their partner has variable earnings</li> <li>• the customer is studying (if the customer is studying Service Officers should invite them to claim Pensioner Education Supplement (PES)). See <a href="#">Claiming Pensioner Education Supplement (PES)</a></li> <li>• an update to their Family Tax Benefit income estimate is required</li> </ul> <p>If an <b>SOI is not required</b>, <a href="#">go to Step 9</a>.</p> <p>If an <b>SOI is required</b>, can it be attempted on the same day the claim is being finalised?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, <a href="#">go to Step 9</a></li> <li>• <b>No</b>, do not grant the DSP claim at this time: <b>s47E(d)</b></li> </ul>
9	<p><b>Finalise the DSP claim + Read more ...</b></p> <p><b>When all updates are completed</b></p> <p><b>On the <b>s47E(d)</b> screen</b> <b>s47E(d)</b></p> <p><b>On the <b>s47E(d)</b> screen</b></p> <p>Check the assessment to make sure correct grant/reject outcome is displayed</p>

s47E(d)

If the customer was receiving Assistance for Isolated Children (AIC) prior to granting DSP, and an AIC overpayment appears on the <sup>s47E(d)</sup> screen, the debt must be sent for investigation.

#### **Customer has had a change in circumstances**

Where the customer has had a change in circumstances, manual adjustments may be needed to pay the customer their correct entitlement.

Where the customer is currently in receipt of another payment e.g. JSP, the overpayment of JSP will normally automatically deduct from the arrears of DSP. This is called an internal benefit transfer (BTR).

It is important Service Officers check the correct BTR offset is displaying at <sup>s47E(d)</sup> so the customer is not overpaid. Where there has been a change in circumstances, and the system is unable to correctly calculate the BTR amount, refer to [Debts resulting from internal transfers and clearances](#) and [How to manually calculate arrears](#).

#### **Customer has passed away**

See [Processing a claim after the death of customer](#).

To ensure electronic messages are not sent to a deceased customer, staff must manually unsubscribe customers from all electronic messaging. See [Centrelink letters online and Electronic Messaging](#).

The system generated grant letter must be inhibited from the <sup>s47E(d)</sup> screen and a manual letter must be issued to:

- the Executor of the Estate (if applicable), or
- to the Estate of the Late <customer's name>

	<p>Issue the manual letter via the <b>s47E(d)</b> application. See the <a href="#">Resources</a> page for examples of suitable letter text.</p> <p><b>Imprisonment</b></p> <p>Always check for a <b>s47E(d)</b> <b>DOC</b> on the customer's record before finalising a claim. See <a href="#">Confirming prison admission and release dates</a>.</p> <p>Where the customer lodged a claim before going into prison, a manual arrears adjustment may be needed. Follow the manual process in <a href="#">How to manually calculate arrears</a>.</p> <p>For all coding help, refer to <a href="#">Local Peer Support (LPS)</a>.</p> <p>Finalise the claim:</p> <ul style="list-style-type: none"> <li>the system will create a <b>s 47E(d)</b> <b>Note</b> and will pause for additional details to be added. Include any important details such as manual adjustments made to arrears/overpayments on the <b>s47E(d)</b> or <b>s47E(d)</b> screens. This will assist the Quality Management Officer (QMO) if the claim is selected for Quality Management Assessment (QMA). These adjustments will need to be re-coded by the QMO. See <a href="#">Online Document Recording (ODR)</a></li> <li>Complete the <a href="#">Disability Support Pension Service Offer Interview (SOI)</a> if required</li> </ul> <p>Where a customer has been granted DSP for a period prior to entering prison, manually suspend the DSP. Refer to <a href="#">Suspension of Disability Support Pension (DSP)</a>.</p> <p>Where an AIC overpayment has been sent for investigation, Service Officers must send a <b>Fast Note</b> to the AIC Smart Centre. <b>s47E(d)</b></p> <p>If the customer was in receipt of a taxable payment whilst being assessed for DSP, Service Officers should check the <b>s47E(d)</b> screen to see if any tax has been deducted from the payment.</p> <p>In the event of a retrospective benefit transfer any tax deducted from the losing payment in the current financial year should be refunded to the customer. See <a href="#">Refunding Australian Taxation Office (ATO) excess tax deductions</a>.</p> <p><b>Note:</b> if a customer has received Crisis Payment <b>and</b> a change has occurred, a manual reassessment of Crisis Payment may be required. For more information, see <a href="#">Reviewing and reassessing Crisis Payment (CrP)</a>.</p> <p><b>Check for outstanding Carer Payment/ Carer Allowance claims</b></p> <p>Request priority processing if:</p> <ul style="list-style-type: none"> <li>the DSP claimant is being cared for, and</li> </ul>
--	--

	<ul style="list-style-type: none"> <li>there is an outstanding Carer Payment (CP) and/or Carer Allowance (CA) claim</li> </ul> <p>Refer to <a href="#">Immediate new claim and non-new claim processing</a>, to request priority processing.</p>
--	--

## Customer First

### On this page:

[Assessing and processing manifest eligibility for DSP](#)

[Finalising a claim for manifest eligibility for DSP](#)

## Assessing and processing manifest eligibility for DSP

Table 1

Step	Action
1	<p><b>Manifest medical eligibility recommendation (MAT report) + Read more ...</b></p> <p>When a DSP claim is lodged, the customer's medical evidence is reviewed by Assessment Services. An assessment is completed to determine if the customer is:</p> <ul style="list-style-type: none"> <li>manifestly medically eligible</li> <li>required to undertake further medical assessment, or</li> <li>medically ineligible for DSP</li> </ul> <p>The following occurs when the MAT is completed:</p> <ul style="list-style-type: none"> <li>the assessor completes and uploads a Disability Support Pension Medical Eligibility Assessment Recommendation (MAT report/<b>SA479</b>)</li> <li>the <b>SA479</b> displays in <b>s47E(d)</b> menu icon in the customer's record</li> <li>a MAT Recommendation <b>DOC</b> is added to the customer's record and shows on <b>s47E(d)</b> and</li> <li>a work item allocates to a Disability Processing Service Officer to progress the DSP claim</li> </ul> <p>If the customer satisfies manifest medical eligibility criteria, Service Officer must assess the non-medical eligibility before the claim can be granted.</p> <p>Where manifest medical eligibility is met, the MAT report/SA479 includes an assessment of where the customer's CITW or permanent blindness occurred.</p> <p>Is there a MAT report/SA479, Job Capacity Assessment (JCA) or Disability Medical Assessment (DMA) where manifest medical eligibility is recommended?</p> <ul style="list-style-type: none"> <li><b>Yes:</b> <ul style="list-style-type: none"> <li>by an Assessor in a MAT report/SA479 or JCA, <a href="#">go to Step 2</a></li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ by Government-contracted Doctor (GCD) in a DMA report, go to <a href="#">Assessing Disability Support Pension (DSP) after a Disability Medical Assessment (DMA)</a></li> <li>• <b>No</b>, see <a href="#">Streaming a new claim for Disability Support Pension (DSP)</a>. Procedure ends here</li> </ul> <p><b>Note:</b> if there is a <b>Fast Note</b> from the DVA Clearance Team advising a current customer is now Totally and Permanently Incapacitated (TPI) manifest, <a href="#">go to Step 10</a>.</p>
2	<p><b>Review DSP claim</b> + Read more ...</p> <p>Before processing the DSP claim:</p> <ul style="list-style-type: none"> <li>• Check for a started <sup>s47E(d)</sup> activity on <sup>s47E(d)</sup> If present, cancel the activity</li> <li>• Review the claim and supporting documents: <ul style="list-style-type: none"> <li>○ DSP Online/ACC claims can be only viewed in Process Direct, go to <a href="#">Process Direct</a></li> <li>○ Paper claims, see <sup>s47E(d)</sup></li> <li>○ If an online/ACC claim was lodged, the customer's responses populate in the record. If the claim is a paper claim with a SOA shell created, the customer's responses must be manually coded</li> </ul> </li> </ul>
3	<p><b>Check non-medical information</b></p> <p><b>Identity Confirmation</b> + Read more ...</p> <p>From <sup>s47E(d)</sup> link the customer's Identity Status, if:</p> <ul style="list-style-type: none"> <li>• confirmed, no further action is required</li> <li>• <b>not</b> confirmed and identity is provided, see <a href="#">Coding identity documents</a></li> <li>• the customer can provide identity at a later date, consider Identity Review Period</li> <li>• the customer cannot confirm their identity, or can provide them at a later date see <a href="#">Alternative Identity</a></li> </ul> <p><sup>s47E(d)</sup> + Read more ...</p> <ul style="list-style-type: none"> <li>• Check the <sup>s47E(d)</sup> screen and make sure the correct Office is displaying for service reason DSP</li> <li>• Update the <sup>s47E(d)</sup> if required</li> </ul> <p><b>Tax File Number (TFN)</b> + Read more ...</p>

- If the customer has supplied a TFN or authority to use their TFN from a previous claim in an online/ACC claim, this automatically populates the screen. No more updates are required <sup>s47E(d)</sup>
- If the customer has supplied their TFN or authority to use TFN from a previous claim, in a paper claim, code the **TFN/Authority** on the <sup>s47E(d)</sup> screen
- If the customer has provided evidence that they have lodged an application with the ATO, for example their online TFN application summary and matching Australia Post receipt, record the TFN category as <sup>s 47E(d)</sup>
- In limited circumstances, a customer can be exempt from supplying a TFN. For example:
  - where a customer is assessed as medically eligible for DSP and considered profoundly disabled, and no other person, such as a nominee is handling their affairs, or
  - the other person is having difficulty complying with the TFN request
- See [Requesting a Tax File Number \(TFN\)](#)

#### **Pension Supplement + Read more ...**

Check the frequency of payment of Pension Supplement requested by the customer.

If the customer has requested:

- **fortnightly** payment, no coding is required, payments default to fortnightly
- **quarterly** payment, code on <sup>s47E(d)</sup> screen.  
See [Pension Supplement](#)

<sup>s47E(d)</sup> + Read more ...

Unless an exemption has been granted, all payments to customers are to be made via direct credit into the customer's account held at a:

- bank
- credit union, or
- building society

See [Payment destination](#).

Customers can also authorise a third party to receive payments on their behalf.

See [Nominees](#).

<sup>s47E(d)</sup>

<sup>s47E(d)</sup>

+ Read more ...

- Check the customer's address details are updated. See [Updating address details](#)
- The date of event on the **s47E(d)** screen is determined:
  - on the customers circumstance, and
  - if the customer or partner are receiving another payment, such as Family Tax Benefit (FTB)
- To determine the correct date of event (DOV), see [Completing the s47E\(d\) screen and assessing Rent Assistance \(RA\)](#)
- If verification is provided, code the appropriate verification code. See [Processing proof of rent for the Verification field on the s47E\(d\) screen](#)
- If the customer is ISP/CUR, and there are no changes to address/accommodation details, **s47E(d)** needs an update if it has not been updated in the past 12 months. See [Determining proof of rent for the Verification field on the s47E\(d\) screen](#) for details

**Relationship details + Read more ...**

- **s47E(d)** shows linked records, such as nominees and the customer's partner (including any Relationship Qualifier Code)
- Check the **s47E(d)** screen to see the customer's relationship details
- Changes to the customers marital status should have been updated at Streaming, see [Streaming a new claim for Disability Support Pension \(DSP\)](#)
- If the customer indicates they are partnered but not living together due to illness, assess the customer is a member of an illness separated couple
- If there could be a special reason not to treat a partnered person as a member of a couple, see [Treatment of a partnered person as single under Section 24 new determinations](#)
- If the Living Arrangements question set is complete and recommends SS293 or SS284 forms are required, see [The Living Arrangements question set](#)
- If the customer advises they are separated and living with their previous partner, a Member of a Couple (MoC) assessment is required. The outcome of the MoC assessment determines the coding required on the **s47E(d)** screen. See [Member of a Couple \(MoC\) and Separated under one roof \(SUOR\) assessments](#)
- **s47E(d)**

	<p><b>Note:</b> if a customer advises they are separating, see <a href="#">Separating safely - protecting personal details</a> to ensure personal information is kept safe</p> <p>s47E(d)</p>
4	<p><b>Non-medical eligibility</b></p> <p><b>Age</b> + Read more ...</p> <p>To be eligible for DSP, customers must be aged between 16 years and under Age Pension age when they claim.</p> <p><b>Note:</b> DSP claims can be accepted if the customer claims within 13 weeks of their 16th birthday, the Pension Assessment (PNA) must be amended. Where a DSP claim is being finalised prior to the sixteenth birthday, s47E(d)</p> <p><b>Residency</b> s47E(d) + Read more ...</p> <p>See <a href="#">Residence assessment for customers claiming Disability Support Pension (DSP)</a> about the residence criteria for DSP claims.</p> <p>If an assessment of 'where their Continuing Inability to Work (CITW) occurred' is required for residency purposes, and manifest is determined by a:</p> <ul style="list-style-type: none"> <li>• MAT Assessor - this information should be included in the MAT report/SA479. If this has not been assessed, see <a href="#">Streaming a new claim for Disability Support Pension (DSP)</a></li> <li>• JCA - this information should be included in the Assessment Summary section of the JCA Report. If this has not been assessed, see <a href="#">Checking and actioning a Job Capacity Assessment (JCA) report</a></li> </ul> <p><b>Note:</b> use this information to code the s47E(d) screen later in the process.</p> <p><b>Income and assets</b> + Read more ...</p> <ul style="list-style-type: none"> <li>• Income and asset details provided in an online claim automatically populate on the customer's record. When advised in a paper claim, manual coding is required</li> <li>• For details about coding Income &amp; Assets and when verification is required, see <a href="#">Coding income and assets for Centrelink payments and services</a></li> <li>• If a customer is assessed as manifest blind, they are not subject to the income and asset test, unless they are claiming Rent Assistance. See <a href="#">Income and assets tests for blind customers</a></li> </ul>

- If a customer with a visual impairment indicated on their claim that they were claiming due to 'blindness', they may not have been asked to disclose their income and assets
  - If the customer has **not** been assessed as manifestly medically eligible due to permanent blindness, request their income and asset details
  - Customers assessed with a 20 pts under Impairment Table 12 (Visual Function) are **not** manifest blind. See [Assessing Disability Support Pension \(DSP\) after a Disability Medical Assessment \(DMA\)](#)

#### **Compensation** + Read more ...

DSP (including blind) is a compensation affected payment (CAP) that:

- can be affected by the receipt of a compensation lump sum and/or periodic payment
- may be recovered, reduced and/or precluded if a customer or their partner receives compensation

See [The effect of compensation on Social Security payments](#).

Compensation payments are recorded on the **s47E(d)** in the customer's record (in Customer First) unless otherwise advised by the Compensation Recovery Team (CRT).

For example, [income from personal injury insurance schemes and disability benefits](#) coding on the **s47E(d)** screen.

Check if compensation payments (periodic and/or lump sum payments) will impact the customer from:

- their DSP claim date (PNA/Start Date), and
- the 13 weeks after this date

#### **Department of Veterans Affairs (DVA)** + Read more ...

If the customer is receiving income from DVA, notification is usually received from either DVA or the customer:

- DVA automatically transmits details of grants and variations of certain payments, as well as indexation rates, throughout the year
- If a customer advises at the new claim stage that they are receiving DVA income, seek confirmation of the type of income and amount from the DVA Clearance Team

See [Payments from the Department of Veterans' Affairs \(DVA\) and referrals to the DVA Clearance Team](#).

#### **Employment** + Read more ...

	<ul style="list-style-type: none"> <li>• <b>Employment Separation Certificate (SU1).</b> If the customer states they and/or their partner have ceased work in the previous 12 months, SU1 is required. The online claim identifies if an SU1 is required and requests this as part of the Next Steps process within the online claim. For more details, see <a href="#">Employment Separation Certificate (SU001)</a></li> <li>• <b>Previous continuous employment income.</b> Check to see if the customer or/and partner have any previous continuous employment income on their record that is not advised within their online claim, refer to <b>s47E(d)</b> screen:  <b>s47E(d)</b></li> <li>• <b>Reporting.</b> If the customer and/or partner have ongoing employment income, the customer is to be placed on reporting via the <b>s47E(d)</b> screen <b>before</b> finalising the claim, see <a href="#">Reporting screens</a></li> </ul> <p><b>Customer currently working + Read more ...</b></p> <p>In circumstances where a manifestly medically eligible customer is currently working in unsupported employment of 15 or more hours per week at the time of claiming, Assessment Services must consider the customer's employment situation in the recommendation (MAT or JCA). <b>s47E(d)</b></p> <p>If the customer's current 'open' employment has <b>not</b> been considered in a:</p> <ul style="list-style-type: none"> <li>• MAT report/SA479 - see <a href="#">Streaming a new claim for Disability Support Pension (DSP)</a></li> <li>• JCA - see <a href="#">Checking and actioning a Job Capacity Assessment (JCA) report</a></li> </ul> <p>Procedure ends here until the MAT report/JCA report has been reviewed.</p> <p>When the MAT report/JCA has been reviewed, progress the DSP claim. If:</p> <ul style="list-style-type: none"> <li>• medical eligibility is no longer met, see <a href="#">Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections</a></li> <li>• more information is required, <a href="#">go to Step 5</a></li> <li>• a non-medical referral is required, <a href="#">go to Step 7</a></li> <li>• no further information or assessments are required, go to <a href="#">Table 2</a> to finalise the claim</li> </ul>
5	<p><b>Request information + Read more ...</b></p> <ul style="list-style-type: none"> <li>• If information has been requested via the online claim, or an RFI issued for a paper claim, it should not be requested again</li> </ul>

	<ul style="list-style-type: none"> <li>• If the claim is: <ul style="list-style-type: none"> <li>○ a <b>paper claim</b>, check if there has been a requesting information letter issued asking the customer to lodge the required forms or information. See <a href="#">Requesting information (CLK)</a></li> <li>○ an <b>online claim</b>, check if there is an existing task</li> </ul> </li> <li>• If a Request for Information has been issued for a paper claim or is there an existing task for an online claim, <a href="#">go to Step 6</a></li> <li>• If a request for information has <b>not</b> been made: <ul style="list-style-type: none"> <li>○ determine if the supporting documentation/evidence provided is acceptable. See <a href="#">Documents required for Centrelink new claims</a></li> <li>○ if Services Officers can get the information verbally, attempt to contact the customer before issuing a request. This includes where the customer and/or partner have employment income, and earnings details</li> </ul> </li> <li>• For <b>paper claims</b>, issue a <a href="#">Request for Information (RFI) letter</a> using the <b>s47E(d)</b> guided procedure</li> <li>• For <b>online claims</b>, use the <b>s47E(d)</b> guided procedure</li> <li>• If a non-medical referral is also required, <a href="#">go to Step 7</a></li> <li>• Otherwise, stream the claim, and hold for 22 days for reason <b>s 47E(d)</b> and apply <b>s47E(d)</b></li> </ul>
6	<p><b>Request for Information previously issued + Read more ...</b></p> <p>If a Request for Information been issued for a paper claim or if there an existing task for an online claim, has allowable time passed?</p> <ul style="list-style-type: none"> <li>• <b>Yes:</b> <ul style="list-style-type: none"> <li>○ If the allowable timeframe <b>has</b> passed for the return of the relevant forms, consider if the claim should be rejected <b>FRC</b> noting any vulnerabilities or difficulties the customer may have with providing information</li> <li>○ Multiple requests for the same information is not needed</li> <li>○ Where the outstanding information can be obtained verbally for example, employment income details for ongoing employment (customer and/or partner), attempt to contact the customer (where appropriate) before rejecting the claim. See <a href="#">Requesting Information (CLK)</a></li> <li>○ Consider <a href="#">Alternative Identity</a> processes if the only item outstanding is identity confirmation</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Where information cannot be obtained, and allowable time has passed, see <a href="#">Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections</a>. Procedure ends here</li> <li>• <b>No:</b> <ul style="list-style-type: none"> <li>○ If the information needed can be obtained verbally, for example employment income details for ongoing employment (customer and/or partner), attempt to contact the customer, where appropriate. See <a href="#">Requesting Information (CLK)</a></li> <li>○ If unable to contact customer, or a verbal request is not appropriate for a <b>paper</b> claim, use the <b>s 47E(d)</b> or the Q888 to issue a request for the required forms</li> <li>○ If unable to contact the customer or a verbal request is not appropriate for an <b>online</b> claim, use the <b>s47E(d)</b> to create the task</li> <li>○ Use the <b>s47E(d)</b> script to annotate the <b>s 47E(d) DOC</b> advising manifest medical eligibility has been met but additional non-medical information is required before claim can be finalised. Include details of information requested</li> <li>○ Place the DSP NCL activity on hold for the required timeframe and transfer activity to <b>s47E(d)</b></li> <li>○ Claim to be held to user, see <a href="#">Work Optimiser for Staff</a></li> <li>○ If the claim is for a child aged between 16 to 19 years and it cannot be granted immediately, cancellation of <a href="#">Family Tax Benefit (FTB)</a> and <a href="#">Double Orphan Pension (DOP)</a> when a DSP claim is lodged by a child aged 16 to 19 years, must be actioned</li> <li>○ Procedure ends here</li> </ul> </li> </ul> <p><b>Note:</b> where the customer is assessed as manifestly medically eligible due to <a href="#">permanent blindness (BLI)</a>, <a href="#">income and assets</a> details may not be needed.</p>
7	<p><b>Action non-medical referrals</b></p> <p><b>Complex Assessment Officer</b> + Read more ...</p> <ul style="list-style-type: none"> <li>• See <a href="#">Identifying and making suitable referrals to the Complex Assessment Officer (CAO)</a></li> <li>• Stream the claim and update the <b>s 47E(d) DOC</b> for reason <b>s 47E(d)</b></li> <li>• Apply <b>s47E(d)</b></li> </ul> <p><b>Member of a Couple Assessment (MOCA)</b> + Read more ...</p> <ul style="list-style-type: none"> <li>• See <a href="#">Confirming the need for a Member of a Couple (MoC) assessment</a></li> </ul>



	<p>s47E(d)</p> <p><b>Compensation</b> + Read more ...</p> <ul style="list-style-type: none"> <li>See <a href="#">Coding Compensation and damages (Mod C) to request a clearance</a></li> </ul> <p>s47E(d)</p> <p><b>DVA income</b> + Read more ...</p> <p>If the customer advised compensation details or Department of Veterans' Affairs (DVA) income:</p> <ul style="list-style-type: none"> <li>See <a href="#">Payments from the Department of Veterans' Affairs (DVA) and referrals to the DVA Clearance Team</a></li> </ul> <p>s47E(d)</p>
8	<p><b>DSP claim comes off hold</b> + Read more ...</p> <p>When a DSP claim comes off hold after a Request for Information or non-medical referral:</p> <ul style="list-style-type: none"> <li>if all requested information is returned, and clearances/non-medical referrals are complete, the claim is ready to process. Go to <a href="#">Table 2</a></li> <li>if the clearance or non-medical referral are <b>not</b> complete:</li> </ul> <p>s47E(d)</p> <ul style="list-style-type: none"> <li>if the customer has <b>not</b> provided all requested information at claim submission, or fails to respond to the request for information within</li> </ul>

	<p>the <a href="#">time allowed</a>, consider if the claim should be rejected. See <a href="#">Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections</a></p> <ul style="list-style-type: none"> <li>if the customer does <b>not</b> meet non-medical eligibility, <a href="#">go to Step 9</a></li> </ul>
9	<p><b>Reject claim on non-medical grounds</b> + Read more ...</p> <p>Although the customer has been assessed as being manifestly medically eligible, they do not meet the non-medical criteria, therefore their claim is to be rejected.</p> <p>If the claim is to be rejected for residency reasons, see <a href="#">Table 2</a>.</p> <p>For all other non-medical rejections, see <a href="#">Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections</a>.</p>
10	<p><b>DVA advises DSP customer is granted TPI</b> + Read more ...</p> <p>Where the Department of Veterans' Affairs (DVA) advises a current DSP customer has been granted Disability Compensation Payment - Special Rate (TPI) Totally and Permanently Incapacitated the DVA Clearance Team:</p> <p>s47E(d)</p>

	s47E(d)
--	---------

**Finalising a claim for manifest eligibility for DSP**

Table 2

Step	Action
1	<p><b>Code medical condition details on s47E(d) screen + Read more ...</b></p> <p><b>Manifest grant decision determined by Assessor in a MAT report/SA479</b></p> <p>Run the s47E(d) script and select the relevant screen flow (such as, s47E(d) ).</p> <p>As the Disability Support Pension Medical Eligibility Assessment Recommendation (MAT report/SA479) information does not download, manually code the following fields on the s47E(d) screen:</p> <p>s47E(d)</p> <p>s47E(d) Valid manifest</p> <p>grant codes for new claims are:</p> <ul style="list-style-type: none"> <li>○ <b>TRM</b> - Terminal illness</li> <li>○ <b>BLI</b> - meets the test for permanent blindness</li> <li>○ <b>INT</b> - Intellectual disability with valid FSIQ of less than 70 or inability to be tested</li> <li>○ <b>NHM</b> - Assessment indicating nursing home level care required</li> <li>○ <b>HV4</b> - Category 4 HIV/AIDS</li> <li>○ <b>TPI</b> - In receipt of a Department of Veterans' Affairs (DVA) Disability Compensation Payment at Special Rate (TPI), paid under the <a href="#">Veterans' Entitlements Act 1986</a>. Make sure that the s 47E(d) indicator is recorded on the s 47E(d) screen</li> </ul> <p>s47E(d)</p>

	<p><b>Manifest grant decision determined within a JCA or DMA</b></p> <p>Where a manifest decision has been determined as part of the JCA or DMA, and manual finalisation of the claim is required. Run the <b>s47E(d)</b> script.</p> <p>Where the JCA Report requires manual acceptance, refer to <a href="#">Checking and actioning a Job Capacity Assessment (JCA) report</a>.</p> <p><b>s47E(d)</b></p> <p>See <a href="#">Assessing a new claim for Disability Support Pension (DSP) after a Job Capacity Assessment (JCA)</a> or <a href="#">Assessing Disability Support Pension (DSP) after a Disability Medical Assessment (DMA)</a> for more information about the claim process.</p>
2	<p><b>Granted on basis of permanent blindness (BLI) + Read more ...</b></p> <p>A customer is considered to be manifestly medically eligible due to blindness if the medical report indicates:</p> <ul style="list-style-type: none"> <li>• MAT report/SA479 - <b>Mnfst Elig Indicator is Y for reason BLI – Permanent Blindness</b></li> <li>• JCA or Disability Medical Assessment (DMA) - <b>Manifest Indicator is B for Permanent Blindness</b></li> </ul> <p>A customer <b>does not</b> qualify for Disability Support Pension (Blind) (DSB) if Assessment Services assess them as:</p> <ul style="list-style-type: none"> <li>• manifestly medically eligible for another manifest reason. For example, Nursing Home Care (NHM) or Terminal Illness (TRM), or</li> <li>• medically eligible under the Impairment Tables. For example, 20 points under Table 12 - Visual Function</li> </ul> <p>Is DSP being granted because of permanent blindness?</p> <ul style="list-style-type: none"> <li>• <b>Yes, <a href="#">go to Step 3</a></b></li> <li>• <b>No, <a href="#">go to Step 4</a></b></li> </ul>

3	<p data-bbox="331 199 1394 280"><b>Code details on the s47E(d) ) screen for customers being granted for permanent blindness + Read more ...</b></p> <p data-bbox="331 286 432 320">s47E(d)</p> <p data-bbox="331 1908 501 1942"><a href="#">Go to Step 5.</a></p>
---	---

4	<p><b>Code details on the <span style="color: red;">s47E(d)</span> screen for customers being granted for a condition other than permanent blindness + Read more ...</b></p> <p><span style="color: red;">s47E(d)</span></p> <p>See <a href="#">Residence assessment for customers claiming Disability Support Pension</a>.</p>
5	<p><b>Continue updating relevant screens + Read more ...</b></p> <p>The following screens appear in the screen flow:</p> <p><b>Residence</b></p> <ul style="list-style-type: none"> <li>• <span style="color: red;">s47E(d)</span> screen is updated if the customer or their partner, if applicable, has lived overseas in the past. Select the relevant residence screens. For assistance, see <a href="#">Residence assessment for customers claiming Disability Support Pension (DSP)</a></li> <li>• Determine if <a href="#">Former resident provisions</a> apply if the customer: <ul style="list-style-type: none"> <li>○ is an Australian Resident, and</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ A <a href="#">Seasonal Work Preclusion Period (SWPP)</a>: The SWPP may apply to customers if they or their partner if applicable, have been engaged in seasonal, intermittent or contract work in the 6 months before claiming an allowance</li> </ul> <p>s47E(d)</p> <ul style="list-style-type: none"> <li>• If customer is under 21 years of age and <a href="#">claiming independence</a> and this is supported by available evidence, enter the appropriate code on the s47E(d) screen in the s47E(d) : field</li> </ul>
6	<p><b>Child aged between 16 and 21 and living at home</b> + Read more ...</p> <p>Is the DSP claim for a child aged between 16 and 21 years and living at home?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, the child may be eligible (or retain eligibility) for Child Care Subsidy (CCS). <a href="#">Go to Step 7</a></li> <li>• <b>No</b>, <a href="#">go to Step 8</a></li> </ul>
7	<p><b>Guardian/parent receiving Child Care Subsidy (CCS) for the DSP customer</b> + Read more ...</p> <p>Check the guardian/parents' benefit status line and the s47E(d) screen.</p> <p>Is the child CCS current?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, <a href="#">go to Step 8</a></li> <li>• <b>No</b>, invite the guardian/parent to <a href="#">claim CCS</a> for the DSP customer if they are attending child care and that care is approved care. <a href="#">Go to Step 8</a></li> </ul>
8	<p><b>Finalise the DSP claim</b> + Read more ...</p> <p>On the s47E(d) screen:</p> <ul style="list-style-type: none"> <li>• Check the assessment to make sure the correct grant/reject outcome is displayed</li> <li>• Address any errors</li> </ul> <p>s47E(d)</p>



s 47E(d)

**Final Employment Income**

If a final employment income payment is received in the first entitlement period that is above the income threshold, DSP is not payable. The legislation states a customer cannot access a nil rate employment income rate (CUR/CZR) in the first entitlement period. The start date is to be moved in this situation (excluding claims for DSP Blind customers exempt from the income and asset test).

If the claim is going to reject due to the final amount of paid employment income precluding payment in the initial entitlement period, check if the start date has been adjusted on the s47E(d) screen. If it has not, change the start date by:

s47E(d)

The script generates a **DOC** and allows for additional details to be added if required. Include the adjusted start date and reason for the change if appropriate.

If the customer was receiving Assistance for Isolated Children (AIC) prior to granting DSP, and an AIC overpayment appears on the s47E(d) screen, the debt must be sent for investigation.

**Customer has had a change in circumstances**

Where the customer has had a change in circumstances, manual adjustments may be needed to pay the customer their correct entitlement.

Where the customer is currently in receipt of another payment e.g. JSP, the overpayment of JSP will normally automatically deduct from the arrears of DSP. This is called an internal benefit transfer (BTR).

It is important Service Officers check the correct BTR offset is displaying at the s 47E(d) screen, so the customer is not overpaid. Where there has been a change in circumstances, and the system is unable to correctly calculate the BTR amount, refer to [Debts resulting from internal transfers and clearances](#) and [How to manually calculate arrears](#).

**Customer has passed away**

See [Processing a claim after the death of customer](#).

To ensure electronic messages are not sent to a deceased customer, staff must manually unsubscribe customers from all electronic messaging. See [Centrelink letters online and Electronic Messaging](#).

The system generated grant letter must be inhibited from the <sup>s47E(d)</sup> screen and a manual Q999 letter must be issued to:

- the Executor of the Estate (if applicable), or
- to the Estate of the Late <customer's name>

The [Resources](#) page has examples of approved letter text. See [Creating a Q999 or Q888 letter](#).

### **Imprisonment**

Always check for a <sup>s 47E(d)</sup> **DOC** on the customer's record before finalising a claim. See [Confirming prison admission and release dates](#).

Where the customer lodged a claim before going into prison, a manual arrears adjustment may be needed. Follow the manual process in [How to manually calculate arrears](#).

For all coding help, refer to [Local Peer Support \(LPS\)](#).

Finalise the claim.

Where a customer has been granted DSP for a period prior to entering prison, manually suspend the DSP from day after the customer entered custody. Refer to [Suspension of Disability Support Pension \(DSP\)](#).

Where an AIC overpayment has been sent for investigation, Service Officers must send a [Fast Note](#) to the AIC Smart Centre. <sup>s 47E(d)</sup>

If the customer was in receipt of a taxable payment whilst being assessed for DSP, Service Officers should check the <sup>s47E(d)</sup> screen to see if any tax has been deducted from the payment.

In the event of a retrospective benefit transfer any tax deducted from the losing payment in the current financial year should be refunded to the customer. See [Refunding Australian Taxation Office \(ATO\) excess tax deductions](#).

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

### **Check for outstanding Carer Payment/ Carer Allowance claims**

Request priority processing if:

- the DSP claimant is being cared for, and
- there is an outstanding Carer Payment (CP) and/or Carer Allowance (CA) claim

	Refer to <a href="#">Immediate new claim and non-new claim processing</a> , to request priority processing.
9	<p><b>Service Offer Interview (SOI)</b> + Read more ...</p> <p><b>DSP granted</b> - an SOI is not required except if requested by the customer/nominee, the customer or their partner has variable earnings, the customer has indicated that they are studying, or an update to their Family Tax Benefit income estimate is required.</p> <p>Prepare for the SOI by:</p> <ul style="list-style-type: none"> <li>identifying any additional referrals or payments the customer may be eligible for (for example, if the customer is studying, Service Officers should invite them to claim Pensioner Education Supplement (PES)). See <a href="#">Claiming Pensioner Education Supplement (PES)</a></li> <li>identifying if there are any language or cultural barriers to consider</li> </ul> <p>For information to assist in conducting the SOI, see <a href="#">Disability Support Pension (DSP) Service Offer Interview (SOI)</a>.</p> <p>Is contact required?</p> <ul style="list-style-type: none"> <li><b>Yes</b>, <a href="#">go to Step 10</a></li> <li><b>No</b>, check family assistance. If the customer has a dependent child (aged under 19 years) in their care and they or their partner are not receiving Family Tax Benefit (FTB), issue a Q888 inviting the customer to check their eligibility for family assistance. See the <a href="#">Resources</a> page for standard text. Procedure ends here</li> </ul>
10	<p><b>Contact the customer</b> + Read more ...</p> <p><b>Nominees</b></p> <p>Where a nominee arrangement is in place, contact attempts must be made with the nominee. When contact is unable to be made with the nominee, attempts should then be made to contact the customer. Although there is no restriction on contacting customers because they have a nominee, the Service Officer must consider the nominee arrangement exists for a reason and therefore wherever possible, make the initial contact with the customer's nominee. Contact with the customer and/or nominee must be attempted to make sure the customer understands any requirements or potential outcomes.</p> <p>Has contact been successful?</p> <ul style="list-style-type: none"> <li><b>Yes:</b> <ul style="list-style-type: none"> <li><b>Basic details:</b> confirm the customer's <b>s47E(d)</b></li> </ul> <p style="text-align: right;">and other information is correct</p> </li> </ul>

	<ul style="list-style-type: none"> <li>○ <b>Customer support:</b> advise details about payments and concessions being made available to the customer, information about where and when the payments will be made and how much. <b>Note:</b> if the customer is currently on an income support payment, make sure they are made aware of the possible change in payment delivery for a pension</li> <li>○ <b>Customer service:</b> advise details about internal referrals (such as a social worker or Financial Information Service (FIS) Officer), other services being accessed by the customer, service centre and smart centre hours and contact details, other available access options as appropriate (for example, internet), and other internal services such as the Job search facilities</li> <li>○ <b>Check family assistance:</b> if the customer has a dependent child (under the age of 19) in their care and they or their partner are not receiving Family Tax Benefit (FTB), tell the customer to use the <a href="#">Payment and Service Finder</a> on the Services Australia website to check if eligible for FTB</li> <li>○ <a href="#">Go to Step 11</a></li> <li>• <b>No:</b> <ul style="list-style-type: none"> <li>○ If the customer has a dependent child (aged under 19 years) in their care and they or their partner are not receiving Family Tax Benefit (FTB), issue a Q888 inviting the customer to check their eligibility for family assistance. See the <a href="#">Resources</a> page for standard text</li> <li>○ <a href="#">Go to Step 12</a></li> </ul> </li> </ul>
11	<p><b>After the interview + Read more ...</b></p> <ul style="list-style-type: none"> <li>• Finalise any referrals offered and accepted by the customer</li> <li>• Book any appointments discussed</li> <li>• Issue any additional forms or information products discussed/requested</li> <li>• Run the <b>s47E(d)</b></li> </ul> <p>See <a href="#">Disability Support Pension (DSP) Service Offer Interview (SOI)</a>.</p> <p>Make sure any relevant additional information updated and/or provided by the customer is documented on the customer's record.</p> <p>Procedure ends here.</p>
12	<p><b>Contact not successful + Read more ...</b></p> <p>If contact attempts with the customer and/or nominee are unsuccessful, the Service Officer is to:</p>

	<p>s47E(d)</p> <ul style="list-style-type: none"> <li>• See <a href="#">Disability Support Pension (DSP) Service Offer Interview (SOI)</a></li> </ul>
--	---

## References

### Policy

#### Manifest grants

[Social Security Guide, 3.6.2.20, Manifest Grants & Rejections for DSP](#)

[Social Security Guide, 3.6.2.30, Manifest Grants & Continuing Inability to Work \(DSP\)](#)

#### Blindness

[Social Security Guide, 3.6.2.40, Assessment of Blindness for DSP](#)

#### Intellectual disability

[Social Security Guide, 3.6.2.50, Assessment of People with Intellectual Impairments for DSP](#)

#### Assessment of Work-Related Impairment

[Social Security Guide, 3.6.3 Guidelines to the Tables for the Assessment of Work-related Impairment for DSP](#)

### Definitions

[Social Security Guide, 1.1.T.86, Terminal condition \(CA, CP\)](#)

[Social Security Guide, 1.1.C.146, Child with a profound disability \(CP \(child\)\)](#)

[Social Security Guide, 1.1.A.30, Active participation in a program of support \(DSP\)](#)

[Social Security Guide, 1.1.C.146, Child with a profound disability \(CP \(child\)\)](#)

#### Qualification for DSP

[Social Security Guide, 3.6.1.12, Qualification for DSP - 15 Hour Rule](#)

#### Medical and other evidence

[Social Security Guide, 3.6.2.10, Medical & Other Evidence for DSP](#)

### Legislation

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

[Social Security Act 1991 section 94 Qualification for Disability Support Pension](#)

[Veterans' Entitlements Act 1986](#)

## Resources

### Manifest criteria for DSP

Table 1: this table describes information on manifest criteria for determining manifest eligibility for Disability Support Pension (DSP).

Item	Description
<b>Permanently blind</b>	<p>To be manifestly eligible for DSP because of permanent blindness a customer must have:</p> <ul style="list-style-type: none"> <li>• visual acuity on the Snellen Scale after correction by suitable lenses of less than 6/60 in both eyes, or</li> <li>• constriction to within 10 degrees of fixation in the better eye irrespective of corrected visual acuity, or</li> <li>• a combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points</li> </ul> <p>While 'A Request for Ophthalmologist/Optometrist Report' (SA013) is preferred, any report that provides the equivalent information requested by the SA013 is acceptable.</p> <p>See <a href="#">Assessing permanent blindness</a>.</p>
<b>Terminally ill</b>	<p>A customer is manifestly medically eligible for DSP if the medical evidence clearly indicates their current medical condition is chronic and debilitating with a prognosis the condition is terminal where the average life expectancy of a patient with this condition is 24 months or less, and there is a significant reduction in work capacity within this period.</p> <p><b>Note:</b> if not terminal within 2 years, the impact of these conditions may mean a person requires nursing home level care, which is also a DSP manifest category.</p>
<b>Intellectual disability</b>	<p>A customer with a diagnosed intellectual disability may be manifestly granted DSP if they have a valid IQ assessment of less than 70, or provide evidence they are unable to undergo testing because of the severity of their disability.</p> <p>Acceptable forms of evidence include:</p> <ul style="list-style-type: none"> <li>• a current assessment of intellectual function conducted by a psychologist using the WAIS IV or equivalent contemporary assessment</li> </ul>

	<ul style="list-style-type: none"> <li>a report provided by a school attended by the customer advising their diagnosis, IQ score and assessment of adaptive behaviour, or inability to undergo testing</li> <li>a Wechsler Intelligence Scale for Children (WISC) assessment completed between the ages of 12 and 16 years for a customer who is aged 18 years or under</li> </ul> <p>s47E(d)</p>
<b>Category 4 HIV/AIDS</b>	<p>Customers with Category 4 HIV/AIDS are considered manifestly medically eligible for DSP.</p> <p>The medical evidence must clearly state Category 4.</p> <p><b>Note:</b> all potential manifest cases for Category 4 HIV/AIDS are to be referred to the Health Professionals Advisory Unity (HPAU) for consideration.</p>
<b>Department of Veterans' Affairs (DVA) Disability Compensation Payment at Special Rate (Totally and Permanently Incapacitated (TPI))</b>	<p>If a customer is receiving a DVA Disability Compensation Payment at Special Rate paid under the Veteran's Entitlement Act 1986, an impairment rating and work capacity will have already been determined by DVA and be listed in the <a href="#">Special Rate decision letter</a> provided to the customer or can be viewed on the s47E(d) screen in Customer First.</p> <p><b>Note:</b> Military Rehabilitation Compensation Act (MRCA) Special Rate Disability Pension recipients claiming DSP are <b>not</b> considered manifest without further assessment and are required to provide <a href="#">medical evidence</a>.</p> <p>If the customer:</p> <ul style="list-style-type: none"> <li><b>has provided their Special Rate decision letter</b>, check the s47E(d) screen: <ul style="list-style-type: none"> <li>if s47E(d) is displayed as 'ON', customer meets the manifest medical criteria</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ if not displayed, the case must be referred to DVA Clearance Team by creating a <b>s47E(d)</b></li> <li>○ proceed as required when advice is received</li> <li>• <b>has not provided their Special Rate decision letter</b>, however they authorise Services Australia to contact DVA: <ul style="list-style-type: none"> <li>○ customers can use questions in the Claim for Disability Support Pension (SA466) to authorise the agency to obtain confirmation of their TPI status and relevant medical information from DVA</li> <li>○ these cases must be referred to DVA Processing Team by creating <b>s47E(d)</b></li> <li>○ proceed as required when advice is received</li> </ul> </li> <li>• <b>declines to provide their Special Rate decision letter</b>, encourage the customer to authorise Services Australia to obtain confirmation of their TPI status and relevant medical information from DVA. Tell the customer: <ul style="list-style-type: none"> <li>○ access to this information is solely for the purpose of determining their eligibility for DSP</li> <li>○ in order for their DSP claim to proceed, the agency requires the customer to provide sufficient medical evidence and undergo a JCA if they are unwilling to authorise Services Australia to access the information from DVA</li> <li>○ of the DSP medical evidence requirements and the requirement to undertake a JCA unless they clearly meet another of the manifest guidelines for DSP</li> </ul> </li> <li>• <b>declines to provide medical evidence</b>, their claim cannot progress. A Request for Information must be sent to request this information. If the information is not provided, the claim is rejected due to failure to reply to correspondence 'FRC'. See <a href="#">Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections</a></li> </ul>
<b>Customer requires nursing home level care</b>	<p>Customers are accepted as manifestly eligible for DSP where evidence clearly indicates they:</p>



	<ul style="list-style-type: none"> <li>are a long-term patient of a hospital or nursing home because of illness or infirmity and are unlikely to be discharged in the foreseeable future, or</li> <li>are not in a nursing home/hospital but require the same level of nursing home care (usually provided by carer/s) because of illness or infirmity</li> </ul> <p>Unless the customer has a List 1 condition and meets at least one of the manifest criteria, the supporting medical evidence generally needs to provide details of:</p> <ul style="list-style-type: none"> <li>the nature of the impairment</li> <li>the reason for long-term hospitalisation/nursing home level of care</li> <li>the likelihood of discharge</li> <li>the customer's ability to perform activities of daily living</li> </ul> <p>Some of these requirements may not apply for List 2 conditions.</p> <p><b>Note:</b> the customer must have required long-term hospitalisation/nursing home level of care during the DSP claim period. Manifest medical eligibility for nursing home level care is not satisfied and should be considered under other manifest criteria or assessed under the Impairment Tables, if:</p> <ul style="list-style-type: none"> <li>the customer has a deteriorating condition, <b>and</b></li> <li>will likely require long-term hospitalisation/nursing home level of care in the future but not during the DSP claim period</li> </ul>
--	--

### List 1 and 2 conditions

Table 2: this table outlines important information on List 1 and List 2 conditions for assessment of manifest eligibility for Disability Support Pension (DSP)

Item	Description
<b>List 1 conditions</b>	<p>Includes medical conditions that are accepted as manifest for DSP based on diagnosis alone, unless medical evidence clearly indicates the person does not meet at least one of the manifest eligibility rules (see Background).</p> <p>A customer's DSP claim can be manifestly granted based on available evidence without further assessment of medical eligibility, where:</p> <ul style="list-style-type: none"> <li>the diagnosis of a List 1 condition is clear and confirmed by medical evidence, and</li> <li>clarification of prognosis is not required.</li> </ul>

	<p>Where the prognosis is unclear, an agency health or allied health professional or GCD will contact the customer's treating doctor to discuss the customer's condition, treatment regime and likely prognosis. This may include cases where evidence shows a customer's cancer is unlikely to be terminal within 2 years due to successful treatment.</p> <p>Advice about a condition may also be sought from the Health Professional Advisory Unit (HPAU). The HPAU health professional may be able to confirm the expected prognosis, clarify whether terminal or nursing home level care is required, or may contact the treating doctor to clarify, without the need for a further assessment.</p>
<b>List 2 conditions</b>	<p>Includes medical conditions that may:</p> <ul style="list-style-type: none"> <li>• be terminal (terminal within 2 years for DSP purposes)</li> <li>• require nursing home level care, or</li> <li>• indicate manifest intellectual disability</li> </ul> <p>If the DSP customer's medical evidence lists such a condition, it is the responsibility of an Assessor to contact the customer's treating doctor about the likely prognosis and level of care required. Advice about a condition may also be sought from the Health Professional Advisory Unit (HPAU). The HPAU health professional may be able to confirm the expected prognosis, that is, clarify whether terminal or nursing home level care is required, or may ring the treating doctor to clarify, and thereby expedite the claim without the need for a further assessment.</p>
<b>Additional action for List 2 conditions</b>	<p>The additional action is to obtain information on the prognosis or severity of the condition so a decision can be made as to whether manifest medical criteria is met. For potentially terminal cancers, if the treating doctor indicates the condition has reached the grade or stage indicated under Action in the List 2 conditions table below, manifest medical criteria is considered to have been met even if the doctor will not state the condition is likely to be terminal within 2 years. For other conditions, information must be obtained indicating nursing home level care is required or a manifest intellectual disability eligibility is met. If manifest medical criteria is not met, a Job Capacity Assessment (JCA) referral must be made.</p> <p><b>Note:</b> if not terminal within 2 years, the impact of a condition may mean the customer requires nursing home level care, which is also a DSP manifest category.</p>

**List 1 medical conditions**

Table 3: this table contains a list of medical conditions that make a customer manifestly eligible for Disability Support Pension (DSP).

List 1 conditions	Manifest category	Manifest condition classification to be coded
<b>Amyotrophic Lateral Sclerosis (ALS)</b> (Also called Lou Gehrig's disease)	NHM	MND - Motor Neurone Disease
<b>Angelman Syndrome</b> (A chromosomal disorder)	NHM	ANG - Angelman Syndrome
<b>Creutzfeldt-Jacob Disease (CJD) - Adult</b> (A neurogenerative disease)	NHM	ONS - Nervous System - Other
<b>Gallbladder Cancer</b>	TRM	OCT - Cancer/Tumour - Other
<b>Glioblastoma Multiforme</b> (An aggressive brain tumour. Also known as Astrocytoma Grade IV)	TRM	BRN - Cancer/Tumour - Brain
<b>Lesch-Nyhan Syndrome (LNS)</b> (A genetic disorder)	NHM	LNS - Lesch-Nyhan Syndrome
<b>Liver Cancer</b> (Primary cancer of the liver)	TRM	LVR - Cancer/Tumour - Liver
<b>Mantle Cell Lymphoma (MCL)</b> (A rare type of non-Hodgkin lymphoma)	TRM	HDK - Cancer - Hodgkin/Non Hodgkin
<b>MPS III</b> (Mucopolysaccharidosis type III is also known as Sanfilippo Syndrome)	NHM	MPS 3 – Mucopolysaccharidosis (Sanfilippo Syndrome)
<b>MPS VII</b> (Mucopolysaccharidosis type VII is also known as Sly Syndrome)	NHM	ONS - Nervous System - Other
<b>Patau Syndrome</b>	NHM	PAT - Patau Syndrome (Trisomy 13)

(Also known as Bartholin-Patau Syndrome or Trisomy 13)		
<b>Peritoneal Mesothelioma</b> (A cancer of the abdominal lining)	TRM	OCT - Cancer/Tumour - Other
<b>Pleural Mesothelioma</b> (A cancer of the pleura lining the chest wall)	TRM	OCT - Cancer/Tumour - Other
<b>Prader-Willi Syndrome (PWS)</b> (A genetic disorder)	INT	PWS - Prader-Willi Syndrome
<b>Sjogren-Larsson Syndrome (SLS)</b> (A genetic disorder)	INT	SLS - Sjogren-Larsson Syndrome
<b>Small cell cancer of the large intestine</b> (A rare and aggressive type of malignancy of the large intestine cancer. Small cell describes the appearance of the cancer cell under the microscope).	TRM	BOW - Cancer/Tumour - Bowel
<b>Small cell cancer of the ovary</b> (A rare and aggressive type of malignancy of the ovary. Small cell describes the appearance of the cancer cell under the microscope).	TRM	OVN - Cancer/Tumour - Ovarian
<b>Small cell cancer of the prostate</b> (A rare and aggressive type of malignancy of the prostate. Small cell describes the appearance of the cancer cell under the microscope).	TRM	PST - Cancer/Tumour - Prostate
<b>Small cell cancer of the uterus</b> (A rare and aggressive type of malignancy of the uterus. Small cell describes the appearance of the cancer cell under the microscope).	TRM	OCT - Cancer/Tumour - Other

<b>Small cell lung cancer</b>  (A less common and more aggressive type of malignancy of the lung. Small cell describes the appearance of the cancer cell under the microscope).	TRM	LNG - Cancer/Tumour - Lung
---	-----	----------------------------

#### List 2 Prognosis or severity of the condition

Table 4: this table contains a list of medical conditions that may be terminal and the additional action required to indicate that manifest grant of Disability Support Pension (DSP) is appropriate. See Table 6 Additional Action Key requirements that List 2 conditions must meet.

List 2 conditions and action	Manifest category code where action indicates that manifest grant is appropriate	Manifest condition classification to be coded if manifest grant is appropriate
<b>Acute Leukaemia</b>  <b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.	TRM	ALK - Cancer - Leukaemia (Acute)
<b>Adrenal Cancer</b>  <b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.	TRM	OCT - Cancer/Tumour - Other
<b>Anaplastic Adrenal Cancer</b>  <b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.	TRM	OCT - Cancer/Tumour - Other
<b>Astrocytoma - Grade III</b>  (A malignant brain tumour, also known as anaplastic astrocytoma.)	TRM	BRN - Cancer/Tumour - Brain

<b>Action:</b> Confirm the associated grade is 'Grade III or Grade IV'. Must meet Additional Action Key 3.		
<b>Astrocytoma - Grade IV</b>  (A malignant brain tumour, also known as Glioblastoma multiforme. <b>Note:</b> this is a List 1 medical condition.)  <b>Action:</b> Confirm the associated grade is 'Grade III or Grade IV'. Must meet Additional Action Key 3.	TRM	BRN - Cancer/Tumour - Brain
<b>Ataxia Telangiectasia</b>  (A rare inherited disease that affects the nervous system, immune system and other body systems, also known as Louis-Bar Syndrome.)  <b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.	NHM	ATT - Ataxia Telangiectasia
<b>Bladder Cancer</b>  <b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.	TRM	OCT - Cancer/Tumour - Other
<b>Bone Cancer</b>  <b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.	TRM	BON - Cancer/Tumour - Bone
<b>Breast Cancer</b>  <b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.	TRM	BRT - Cancer/Tumour - Breast

<b>Charge Syndrome</b>  (A genetic disorder, also known as Charge Association and Hall-Hittner Syndrome.)  <b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and investigate whether there is an existing IQ score. Must meet Additional Action Key 4.	NHM/INT	CHA - Charge Association
<b>Chronic Myelogenous Leukaemia (CML) Blast Phase</b>  <b>Action:</b> Confirm the associated phase is 'Blast Phase'. Must meet Additional Action Key 5.	TRM	CLK - Cancer - Leukaemia - Chronic
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>  <b>Action:</b> Confirm the customer is receiving domiciliary oxygen therapy. Must meet Additional Action Key 6.	NHM	COA - Chronic Obstructive Airways Disease
<b>Cockayne Syndrome (Types I, II, III)</b>  (A rare genetic disorder resulting in small head size, short stature and delayed development.).  <b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.	NHM	OMS - Other Musculoskeletal and Connective Tissue Disorders
<b>Coffin Lowry Syndrome</b>  (A genetic disorder usually more severe in males than females, characterised by short stature, small head, distinctive facial features, and intellectual disability),  <b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.	NHM	COF - Coffin Lowry Syndrome
<b>Cornelia De Lange Syndrome</b>	NHM/INT	CDL - Cornelia De Lange Syndrome

<p>(A genetic disorder characterised by short stature and intellectual disability).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and investigate whether there is an existing IQ score. Must meet Additional Action Key 4.</p>		
<p><b>Cri Du Chat Syndrome</b></p> <p>(A genetic disorder characterised by delayed development, moderate to severe intellectual disability and a distinctive high-pitched cry).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and investigate whether there is an existing IQ score. Must meet Additional Action Key 4.</p>	NHM/INT	CDC - Cri Du Chat Syndrome
<p><b>Cystic Fibrosis</b></p> <p>(A genetic disorder primarily affecting the lungs and pancreas).</p> <p><b>Action:</b> Confirm the customer is receiving domiciliary oxygen therapy. Must meet Additional Action Key 6.</p>	NHM	CYS - Cystic Fibrosis
<p><b>Dementia</b></p> <p>(There are many types of dementia. The most common is Alzheimer's disease, senile dementia; other types include vascular dementia, Lewy body disease, frontotemporal dementia, alcohol-related dementia, and dementia from Huntington's disease).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	NHM	<p>ALZ - Alzheimer's Disease</p> <p>SEN - Senile Dementia</p> <p>ONS - Other Nervous System</p>
<p><b>Down Syndrome</b></p> <p>(A genetic condition also known as Down's syndrome and Trisomy 21. Symptoms vary but may include low muscle tone, distinctive facial features, short stature,</p>	NHM	DWN - Down Syndrome



<p>poor coordination, mild to severe intellectual disability, and hearing impairment).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and investigate whether there is an existing IQ score. Must meet Additional Action Key 4.</p>		
<p><b>Duchenne Muscular Dystrophy (DMD)</b></p> <p>(A form of muscular dystrophy that mostly affects males and worsens quickly).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	NHM	DUC - Duchenne/Becker Muscular Dystrophy
<p><b>Fragile X Syndrome (Adult)</b></p> <p>(A genetic condition characterised by mild to moderate intellectual disability, distinctive facial features, and motor and language delays. Males usually more severely affected).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and investigate whether there is an existing IQ score. Must meet Additional Action Key 4.</p>	NHM	FXA - Fragile X Syndrome (Adult)
<p><b>Friedreich's Ataxia (FRDA)</b></p> <p>(A rare inherited disease that causes nervous system damage and movement problems, resulting in walking and talking difficulties. Heart disease, diabetes and other problems may also occur).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	NHM	FAD - Friedreich's Ataxia
<p><a href="#">Head and neck cancers</a></p> <p>(These include cancers inside the sinuses, nose, <a href="#">mouth</a>, pharynx, larynx and salivary glands. They do not include brain tumours).</p>	TRM	OCT - Cancer/Tumour - Other

<b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.		
<b>Idiopathic Pulmonary Fibrosis</b> (A progressive disease of older adults resulting in fibrosis of the lungs. Prognosis is often 2-5 years from time of diagnosis). <b>Action:</b> Confirm the customer is receiving domiciliary oxygen therapy. Must meet Additional Action Key 6.	NHM	ORS - Respiratory Disorder - Other
<b>Inflammatory Breast Cancer (IBC)</b> (A rare and aggressive form of breast cancer). <b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.	TRM	BRT - Cancer/Tumour - Breast
<b>Kabuki Syndrome</b> (A rare genetic disorder with developmental delays and intellectual impairment). <b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and investigate whether there is an existing IQ score. Must meet Additional Action Key 4.	NHM/INT	KMU - Kabuki Make-up Syndrome
<b>Kidney Cancer</b> <b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.	TRM	RNL - Cancer/Tumour - Renal
<b>Large Intestine Cancer</b> <b>(Note:</b> small cell cancer of the large intestine is a List 1 condition).	TRM	BOW - Cancer/Tumour - Bowel

<p><b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.</p>		
<p><b>Machado-Joseph Disease (MJD)</b></p> <p>(This is also known as spinocerebellar ataxia type 3. The condition causes progressive loss of muscle control and coordination. Symptoms typically begin in the 3rd to 5th decade of life).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	NHM	ONS - Nervous System - Other
<p><b>MPS I (Hurler Syndrome)</b></p> <p>(Mucopolysaccharidosis I is an inherited disease of metabolism that has severe and mild types. Many parts of the body can be affected).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and investigate whether there is an existing IQ score. Must meet Additional Action Key 4.</p>	NHM/INT	MP1 - Nervous System - MPS 1
<p><b>MPS II (Hunter Syndrome)</b></p> <p>(Mucopolysaccharidosis II is an inherited disease of metabolism that mostly affects males. It is a progressively debilitating disorder).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and investigate whether there is an existing IQ score. Must meet Additional Action Key 4.</p>	NHM/INT	MPS 2 - Hunter Syndrome
<p><b>MPS IV (Morquio Syndrome, MPS I IVA)</b></p> <p>(Mucopolysaccharidosis IV is an inherited disease of metabolism that is a progressive condition mainly affecting the skeleton. Life</p>	NHM	MP4 - MPS IVA (Morquio Syndrome)

<p>expectancy can be severely reduced depending on the severity of the condition).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>		
<p><b>MPS VI (Maroteaux-Lamy Syndrome)</b></p> <p>(Mucopolysaccharidosis VI is inherited disease of metabolism that usually first becomes evidence in early childhood. Many tissues and organs become enlarged and inflamed or scarred).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	NHM	MP6 - MPS VI (Maroteaux-Lamy Syndrome)
<p><b>Multiple System Atrophy (MSA)</b></p> <p>MSA is a rare progressive neurodegenerative disease that affects the autonomic nervous system (blood pressure, digestion) and movement. It is divided into 2 types: MSA-C (cerebellar phenotype) and MSA-P (parkinsonian phenotype).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	NHM	ONS - Nervous System - Other
<p><a href="#">Neck and Head Cancers</a></p> <p>(These include cancers inside the sinuses, nose, <a href="#">mouth</a>, pharynx, larynx and salivary glands. They do not include brain tumours.)</p> <p><b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.</p>	TRM	OCT - Cancer/Tumour - Other
<b>Non-Small Cell Lung Cancer</b>	TRM	LNG - Cancer/Tumour - Lung

<p><b>(Note:</b> small cell lung cancer is a List 1 condition).</p> <p><b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.</p>		
<p><b>Ornithine Transcarbamylase (OTC) Deficiency</b></p> <p>(An inherited disorder that causes ammonia to accumulate in the blood. The early onset form may result in developmental delay and intellectual disability. The later-onset form can be less severe).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	NHM	ONS - Nervous System - Other
<p><b>Ovarian Cancer</b></p> <p><b>(Note:</b> small cell ovarian cancer is a List 1 condition).</p> <p><b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.</p>	TRM	OVR - Cancer/Tumour - Ovarian
<p><b>Pancreatic Cancer</b></p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	TRM	PCS - Cancer/Tumour - Pancreas
<p><b>Pelizaeus-Merzbacher Disease</b></p> <p>(This is an inherited condition affecting the brain and spinal cord).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	TRM	ONS - Nervous System - Other

<p><b>Primary Lateral Sclerosis</b></p> <p>(Primary lateral sclerosis is a rare form of motor neuron disease that is slowly progressive and with a longer life expectancy than ALS).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	TRM/NHM	MND - Motor Neuron Disease
<p><b>Primary Pulmonary Hypertension</b></p> <p><b>Action:</b> Confirm the customer is receiving domiciliary oxygen therapy. Must meet Additional Action Key 6.</p>	NHM	OCS - Circulatory System - Other
<p><b>Rett (RTT) Syndrome</b></p> <p>(A rare genetic neurological disorder that almost exclusively affects females. Typically, sufferers have no verbal skills and about 50% do not walk).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	NHM	RTT - Rett Syndrome
<p><b>Salivary Tumours</b></p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.</p>	TRM	OCT - Cancer/Tumour - Other
<p><b>Seckel Syndrome</b></p> <p>(An extremely rare genetic disorder characterised by short stature, microcephaly, moderate to severe intellectual impairment, and various skeletal abnormalities).</p> <p><b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and investigate whether there is an existing IQ score. Must meet Additional Action Key 4.</p>	NHM/INT	SES - Seckel Syndrome

<b>Small Intestine Cancer</b>  <b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.	TRM	BOW - Cancer/Tumour - Bowel
<b>Smith-Magenis Syndrome</b>  (A developmental disorder that results in mild to moderate intellectual disability, delayed speech and language skills, and behavioural and other problems).  <b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and investigate whether there is an existing IQ score. Must meet Additional Action Key 4.	NHM/INT	SMG - Smith-Magenis Syndrome
<b>Steele-Richardson-Olszewski diseases (aka progressive supranuclear palsy)</b>  (A neurodegenerative disease that usually develops in later life characterised by gaze dysfunction, parkinsonism, and cognitive dysfunction).  <b>Action:</b> Confirm the likely prognosis of the progressive condition including the impact of dementia. Must meet Additional Action Key 7.	NHM	ONS - Nervous System - Other
<b>Stomach Cancer</b>  <b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.	TRM	STM - Cancer/Tumour - Stomach
<b>Thyroid Cancer</b>  <b>Action:</b> Establish prognosis and/or level of care required as prognosis can vary and/or the condition is progressive. Must meet Additional Action Key 1.	TRM	THY - Cancer/Tumour - Thyroid

<b>Ureter Cancer</b>  <b>Action:</b> Confirm the associated grade/stage/phase is 'with distant metastases or inoperable, unresectable or recurrent'. Must meet Additional Action Key 2.	TRM	OCT - Cancer/Tumour - Other
---	-----	-----------------------------

#### Alternative Diagnostic and Diagnostic Sub-Categories for List 1 and 2 Conditions

The following details will assist agency DSP assessors to correctly identify Manifest Grant cases. Whilst the Conditions in List 1 and 2 are identified by a single diagnostic term, there are often diagnostic sub-categories or alternative diagnostic terms that can be used interchangeably or compatibly to describe the same condition.

Table 5: this table contains some of the most commonly referenced List 1 and List 2 Conditions and their interchangeable/compatible sub-categories and/or alternative diagnostic terms.

List 1 or 2 conditions	Sub-categories/alternative diagnosis terms
Large Intestine Cancer	Colon/Large Bowel Cancer, Sigmoid flexure Cancer, Sigmoid Colon Cancer, Rectum/Rectal Cancer, Anus/Anal Cancer, Hepatic flexure Cancer, Splenic flexure Cancer, Ileum Cancer.
Neck and Head Cancers	<p>Mouth or oral Cancers - includes the lips, inside cheeks, the front two-thirds of the tongue, floor of the mouth, jaw and gums.</p> <p>Salivary gland - includes the parotid glands, submandibular glands or sublingual glands.</p> <p>Pharyngeal Cancers - includes the throat (pharynx), nasopharyngeal, oropharyngeal and hypopharyngeal.</p> <p>Laryngeal Cancers - includes voice box/larynx, nasal cancer or paranasal sinus cancer (includes nose, nasal cavity or the sinuses)</p> <p><b>Note:</b> cancer can start in the tissue of the brain, eye, oesophagus, thyroid gland, skin and scalp. It can also start in the bone or muscle of the head and neck. These cancers are not classified as head and neck cancer.</p>
Small Intestine Cancer	Small Bowel Cancer, Jejunum Cancer, Ileum Cancer
Kidney Cancer	Renal Cancer
Liver Cancer	Hepatic Cancer, Hepatoma, Hepatocellular Carcinoma (HCC), Cholangiocarcinoma or Bile Duct Cancer, Angiosarcoma



Alternative terms for Cancer	Adenocarcinoma, Sarcoma, Malignancy, Malignant, Tumour, Carcinoma, Corruption, Canker, Leukemia, Lymphoma, Melanoma
------------------------------	---

### Additional Action

Additional Action key is required to manifestly grant a customer's DSP claim.

List 1 Conditions - A diagnosis of a List 1 condition is sufficient in itself to manifest grant a customer unless medical evidence clearly indicates the person does not meet at least 1 of the manifest eligibility criteria. Where the prognosis is unclear, an agency health or allied health professional, or Government-contracted Doctor (GCD) will contact the claimant's treating doctor to discuss the person's condition, treatment regime and likely prognosis. Opinion may also be sought from the agency Health Professional Advisory Unit.

List 2 Conditions - A diagnosis of a List 2 condition and fulfilment of the Additional Action key is required to manifestly grant a customer's DSP claim.

Table 6: this table provides an overview of the Additional Action Key requirements for List 2 Conditions.

<b>List 2 Condition - Additional Action Key</b>	<b>Additional Action Key requirement</b>
For List 2 Conditions which must meet Additional Action Key 1	Confirmation that the condition is progressive or a less than 2 year life expectancy or Nursing Home Level Care requirements.
For List 2 Conditions which must meet Additional Action Key 2	Confirmation of the associated grade/stage/phase is with distant metastases or inoperable, unresectable or recurrent. No details about life expectancy are required.
For List 2 Conditions which must meet Additional Action Key 3	Confirmation of the associated grade as Grade III or Grade IV. No details about life expectancy are required.
For List 2 Conditions which must meet Additional Action Key 4	Confirmation on Nursing Home Level Care requirements or IQ score which indicates manifest eligibility.
For List 2 Conditions which must meet Additional Action Key 5	Confirmation of the associate phase as Blast Phase. No details about life expectancy are required.
For List 2 Conditions which must meet Additional Action Key 6	Confirmation that the customer is receiving domiciliary oxygen therapy. Medical evidence confirms Nursing Home Level Care will be needed.

For List 2 Conditions which must meet Additional Action Key 7	Confirmation of the likely prognosis of the progressive conditions and that prognosis indicates that Nursing Home Level Care will be required.
---	--

### Definitions to support List 2 additional actions

**Metastatic = Stage 4:** Once a cancer is called Metastatic/Metastasized/Metastases it is automatically classified as Stage 4. This stage means that the cancer has spread to other organs or parts of the body. The terms Secondary or Advanced Cancer are also used to describe Metastatic Cancer.

**Distant Metastases:** Cancer that has spread from its original location or primary site to distant organs or lymph nodes.

**Domiciliary Oxygen Therapy:** is the home administration of oxygen (for at least 15 hours every day) to treat or prevent the symptoms and manifestations of hypoxemic (low arterial blood oxygen concentration) medical conditions.

**Nursing Home Level (NHL):** Medical evidence indicating customer is a long term patient of a hospital or nursing home or requires NHL care because of illness or infirmity and are unlikely to be discharged in the foreseeable future. The medical evidence needs to provide details of the:

- nature of the impairment and reason for long term hospitalisation
- likelihood of discharge, and
- ability to perform activities of daily living (e.g. feeding, grooming, dressing, showering/bathing, management of financial/personal affairs, mobility, decision making, etc).

**Note:** a person **does not** have to be in a nursing home to be manifestly granted DSP, it is sufficient that they require the same level of care (usually provided by carer/s).

Assessors should check whether the customer has a Carer and if they do review the Carer Payment and/or Carer Allowance Medical Report (SA332A). To identify a Carer, go to [s47E\(d\)](#) in Customer First. Then use the Carer's CRN to search Medical Evidence for Carer Medical Report (SA332A). Details from this report can be used to support NHL manifest grant criteria.

### Q999 Approved letter text

Table 7: this table describes the approved text for a Q999 letter for deceased customers.

Item	Text
1	<p><b>Pension grant letter for deceased customer</b></p> <p>After finalising a claim for a deceased customer, a correct letter must be issued. Claims for deceased customers are sensitive and care should be taken to make sure all processes and outcomes are correct. See:</p> <p><a href="#">Death of one member of a pensioner couple</a></p>

	<p><a href="#">Death of a single pensioner</a></p> <p><a href="#">Death of a member of a pensioner and allowee couple</a></p> <p><a href="#">Centrelink - Notification, confirming and recording a death</a></p> <p><a href="#">Centrelink letters online and Electronic Messaging</a></p> <p>s47E(d)</p> <p>Go to Step 2.</p>
2	<p><b>Alternative Pension grant letter for deceased customer</b></p> <p>Estate of the late &lt;customer's name&gt;</p> <p>Address</p> <p>Date</p> <p>'Dear Sir/Madam,</p> <p>Please accept our sympathy on the recent loss of &lt;customer's name&gt;. We realise that this is not a good time to discuss payments but it is important that we advise you of the outcome of &lt;customer's name&gt; claim for Disability Support Pension.</p> <p>The claim for Disability Support Pension has been granted from &lt;date&gt;.</p> <p>A payment of \$XXXX, which includes \$XXXX Pension Supplement, will be delivered to &lt;customer's name&gt; nominated bank account on &lt;date&gt;.</p> <p>This is an information notice given under social security law.'</p> <p><b>Note:</b> the Appeal paragraph must be included.</p>

## Forms

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

[Request for Ophthalmologist/Optometrist Report form \(SA013\)](#)

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

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

## Forms (staff)

[Disability Support Pension Claim at age 16 \(SA439\)](#)

## Contact details

[Department of Veterans' Affairs \(DVA\) - Centrelink DVA Clearance Team \(SCS\)](#)

[Level 2 Policy Help Desk](#)

[Direct referral to SSO](#)

**Q888 text - Inviting principal carers to check eligibility for Family Tax Benefit (FTB)**

You may be eligible for family assistance based on your circumstances.

To find out if you are eligible for other payments and services, please go to [servicesaustralia.gov.au/paymentfinder](https://servicesaustralia.gov.au/paymentfinder)

s22



## Australian Government Services Australia

### The Impairment Tables 008-03040050

Currently published version valid from 20/11/2024 7:31 PM

### Background

s22

This document outlines how to use the Impairment Tables for making decisions about eligibility for Disability Support Pension (DSP).

### Impairment Table changes from 1 April 2023

From 1 April 2023, new Impairment Tables were introduced. The Tables assess a customer's medical eligibility for DSP claims lodged on or after this date. The 2011 Tables are still used for DSP claims/medical reviews and appeals lodged before this date. The 2011 Tables show as 2012 on the system.

Key changes are:

- **Diagnosed, Reasonably Treated and Stabilised (DTS)** replaces Fully Diagnosed, Treated and Stabilised (FDTS)
- **likely to persist for more than 2 years**, replaces permanent for DSP
- a registered psychologist can provide evidence for mental health conditions, in addition to a clinical psychologist/psychiatrist

### Using the Impairment Tables

The Tables look at a person's ability to work and are based on functional impact not the medical condition.

The Tables are used to assess the impact and give a rating. The [References](#) page includes a link to the Impairment Tables.

Assessing Continuing Inability to Work (CITW) and an impairment rating are not needed if the person meets the manifest criteria. Assessing where CITW occurred for residency purposes may still be needed.

For [Disability Support Pension \(DSP\) qualification](#), an impairment rating of at least 20 points **and** a continuing inability to work must be met and are of equal importance. This does not mean the person can get DSP but they do not meet medical qualification.

Each Table has instructions on how to use them including:

- the body functions covered by the Table
- who can diagnose the medical condition
- the need for supporting evidence to be provided to confirm symptoms advised by the person
- examples of supporting evidence that can be used, who can provide it and conditions that can be assessed under that Table

There is no Table for pain. If chronic pain is diagnosed, reasonably treated and stabilised, the impact is rated using the Table that covers the function affected. Chronic pain can affect different body functions so several Tables may be used.

Each level of functional impact has a points rating.

The scale is:

- no or minimal functional impact - 0 points
- mild functional impact - 5 points
- moderate functional impact - 10 points
- severe functional impact - 20 points
- extreme functional impact - 30 points

### **Medical evidence**

Customers must provide current medical evidence with their DSP claim. For example:

- a report from a doctor
- test results
- specialist reports

The [Claim for Disability Support Pension \(SA466\)](#) has a list stating what evidence can be provided.

A [Disability Support Pension Medical Evidence Checklist \(SA473\)](#) is on the Services Australia website.

Customers with a terminal illness can lodge a Verification of terminal illness (SA495) form. It is:

- included at the end of the [Claim for Disability Support Pension for a Terminal Illness \(SA494\)](#), and
- available on the agency's website

DSP customers having a medical review may need to provide new medical evidence. They may be sent a Medical Report (SA012RM) for their Treating Health Professional to fill out.

### **Job Capacity Assessors**

Assessors will use the Impairment Tables to assign an impairment rating if they are undertaking:

- a Job Capacity Assessment (JCA), or
- an Employment Services Assessment (ESAt) which is then 'upgraded' into a JCA

### **Government-contracted Doctors (GCD)**

If a JCA supports DSP medical eligibility, a Disability Medical Assessment (DMA) is then done by a GCD. The DMA report provides an impairment rating to help decide medical eligibility for DSP.

### **When an impairment rating can be assigned**

An impairment rating is given if the medical condition is:

- diagnosed, reasonably treated and stabilised, and
- likely to persist for more than 2 years based on available medical evidence

Conditions are not given a rating if they are:

- likely to persist for less than 2 years
- not diagnosed, reasonably treated and stabilised

### **Self-reported symptoms**

Symptoms advised by a customer must be supported by medical evidence. Each Table gives examples of supporting evidence and who can provide it.

Evidence may include:

- reports or letters from the person's doctor or specialists
- test results
- reports from a mental health worker or a drug and alcohol counsellor.

### **Non-medical factors**

A rating is given for the impact of medical conditions. Non-medical factors like age, location or caring duties are not usually looked at.

### **Use of aids, equipment and assistive technology**

The impact of a medical condition is rated when the person is using or wearing any aids, equipment or assistive technology they have and usually use.

Some Tables have a rating for when they are used.

The [Resources](#) page contains:

- an overview of the Impairment Tables
- the 2011 version of the Impairment Tables
- the Impairment Tables from 1 April 2023
- Frequently Asked Questions (FAQs) for the April 2023 changes, and
- Impairment Tables start date scenarios



## Related links

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

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

[Employment Services Assessment \(ESAt\) Referral](#)

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

[Employment Services Assessment \(ESAt\) Reports](#)

[Assessing Continuing Inability to Work \(CITW\)](#)

[Granting Disability Support Pension \(DSP\) \(manifest\)](#)

## Process

This document outlines how to use the Impairment Tables for making decisions about eligibility for Disability Support Pension (DSP).

### On this page:

[Determine which version of the Impairment Table applies](#)

[Applying the 2012 Impairment Tables and assigning ratings \(pre 1 April 2023\)](#)

[Applying the 2023 Impairment Tables and assigning ratings \(from 1 April 2023\)](#)

### Determine which version of the Impairment Table applies

Table 1

Step	Action
1	<p><b>Determine which version of the Impairment Table applies</b> + Read more ...</p> <p><b>Job Capacity Assessment (JCA) for DSP New Claim, Appeal or Medical Review</b></p> <p>The date of effect for the DSP claim/appeal or medical review will determine which version of the Impairment Tables applies.</p> <p>Check the date to make sure the correct version has been used.</p> <p>If the date of effect is:</p> <ul style="list-style-type: none"> <li>• <b>before 1 April 2023</b>, see <a href="#">Table 2</a></li> <li>• <b>on, or after 1 April 2023</b>, see <a href="#">Table 3</a></li> </ul> <p><b>Employment Services Assessment (ESAt)</b></p>



	<p>The date of effect for an ESAt is the date the Assessor enters the medical information and Impairment Ratings in the ESAt template, regardless of the ESAt referral date or appointment date.</p> <p>Check the date the report is completed and submitted to make sure the correct version has been used.</p> <p>If the date of effect is:</p> <ul style="list-style-type: none"> <li>• <b>before 1 April 2023</b>, see <a href="#">Table 2</a></li> <li>• <b>on, or after 1 April 2023</b>, see <a href="#">Table 3</a></li> </ul>
--	--

#### Applying the 2012 Impairment Tables and assigning ratings (pre 1 April 2023)

Table 2

Step	Action
1	<p><b>Determine whether the Impairment Tables should be applied</b> + Read more ...</p> <p>To determine whether the Impairment Tables should be applied, first consider the following question:</p> <p>Does the customer have a permanent medical condition?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, <a href="#">go to Step 2</a></li> <li>• <b>No</b>, do not apply the Impairment Tables. Procedure ends here</li> </ul> <p><b>Note:</b> information including self-reported symptoms without corroborating evidence and non-medical factors must not be taken into account when applying the tables.</p>
2	<p><b>Determine if the medical condition is fully diagnosed, treated and stabilised</b> + Read more ...</p> <p>Is the medical condition fully diagnosed, treated and stabilised and more likely than not, in light of available evidence, to persist for more than 2 years?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, <a href="#">go to Step 4</a></li> <li>• <b>No</b>, <a href="#">go to Step 3</a></li> </ul>
3	<p><b>Identify medical or other compelling/acceptable reasons not to proceed with treatment</b> + Read more ...</p> <p>Consider if there is medical or other compelling and acceptable reasons for not proceeding with reasonable treatment, including the following:</p> <ul style="list-style-type: none"> <li>• The person has religious or cultural beliefs prohibiting treatment (for example blood transfusions)</li> </ul>

	<ul style="list-style-type: none"> <li>• The person lacks insight or the ability to make appropriate judgements due to their medical condition and is unlikely to comply with treatment (for example a person with a severe psychotic illness or dementia), or</li> <li>• There is an extended waiting list for treatment</li> </ul> <p>The person's views (the subjective test) and all available information on treatment options, risks etc. (the objective test) must be considered by the Assessor/Government contracted Doctors (GCD) in such situations.</p> <p>Are there medical or other compelling and acceptable reasons for not proceeding with reasonable treatment?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, <a href="#">go to Step 4</a></li> <li>• <b>No</b>, procedure ends here</li> </ul>
4	<p><b>Select the relevant Table(s) + Read more ...</b></p> <p>Table selection depends on the function affected:</p> <ul style="list-style-type: none"> <li>• identify the function affected/loss of function</li> <li>• refer to the appropriate Table related to the area of function</li> <li>• identify the correct rating</li> </ul> <p><b>Determine how many impairments or conditions need to be rated</b></p> <p>If the customer has:</p> <ul style="list-style-type: none"> <li>• a single impairment, from a single condition, or multiple impairments from multiple conditions, each impairment is to be rated on individual Table(s)</li> <li>• multiple impairments from a single condition: <ul style="list-style-type: none"> <li>○ a single medical condition may result in multiple functional impairments which can be assigned ratings from more than one table</li> <li>○ all functional impairments should be assigned an impairment rating from all relevant tables</li> </ul> </li> <li>• 2 or more medical conditions with a common impairment: <ul style="list-style-type: none"> <li>○ only one relevant table should be applied and a single impairment rating assigned to reflect the combined impairment</li> </ul> </li> </ul> <p><b>Note:</b> it would be inappropriate to assign a separate impairment rating for each medical condition as this would result in the same impairment being assessed more than once (double counting). Double counting is not allowed and must be avoided.</p>
5	<p><b>Assigning an Impairment Rating + Read more ...</b></p> <p>The following rules must be applied when assigning impairment ratings for each impairment:</p>

	<ul style="list-style-type: none"> <li>• Impairment ratings can only be assigned in accordance with the rating points in each table</li> <li>• Ratings cannot be assigned in excess of the maximum rating specified in each table</li> <li>• If an impairment rating is considered as falling between 2 ratings, the lower of the 2 ratings is to be assigned and the higher rating must not be assigned unless all the descriptors required for that rating are fully met</li> </ul> <p>The <a href="#">References</a> page contains a link to the Guide to Social Security Law (3.6.3) for links to the Guidelines to the pre- and post-1 January 2012 Impairment Tables.</p> <p><b>Descriptors hierarchy</b></p> <p>The descriptors in each table follow a consistent, incremental hierarchy using terms such as occasionally, regularly and frequently.</p> <p><b>Meaning of 'most' in the descriptors</b></p> <p>For the purpose of applying the tables, 'most' means more than 50%. For example:</p> <ul style="list-style-type: none"> <li>• if there are 3 examples in the descriptor, 'most' means 2</li> <li>• if there are 4 examples, 'most' means 3</li> <li>• if there are 6, 'most' means 4</li> </ul> <p><b>Functional impact</b></p> <p>In deciding whether an impairment has no, mild, moderate, severe or extreme functional impact, all the descriptors in a specific table should be read and compared before a decision is made to apply an appropriate impairment rating:</p> <ul style="list-style-type: none"> <li>• no functional impact - 0 points</li> <li>• mild functional impact - 5 points</li> <li>• moderate functional impact - 10 points</li> <li>• severe functional impact - 20 points</li> <li>• extreme functional impact - 30 points</li> </ul> <p><b>Note:</b> a person's impairment must be assessed on the basis of the person's usual abilities and not what the person chooses to do, or not to do, or what the person is accustomed to having another person do for them.</p> <p>Procedure ends here.</p>
--	--

### Applying the 2023 Impairment Tables and assigning ratings (from 1 April 2023)

Table 3

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

1	<p><b>Determine whether the Impairment Tables should be applied</b> + Read more ...</p> <p>To determine whether the Impairment Tables should be applied, first consider the following question:</p> <p>Does the customer have a medical condition(s), which will persist for more than 2 years?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, <a href="#">go to Step 2</a></li> <li>• <b>No</b>, do not apply the Impairment Tables. Procedure ends here</li> </ul> <p><b>Note:</b> information including self-reported symptoms without corroborating evidence and non-medical factors must not be taken into account when applying the tables.</p>
2	<p><b>Determine if the medical condition is diagnosed, reasonably treated and stabilised</b> + Read more ...</p> <p>Is the medical condition diagnosed, reasonably treated and stabilised (DTS) and more likely than not, in light of available medical evidence likely to persist for more than 2 years?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, <a href="#">go to Step 4</a></li> <li>• <b>No</b>, <a href="#">go to Step 3</a></li> </ul>
3	<p><b>Identify medical or other compelling/acceptable reasons not to proceed with treatment</b> + Read more ...</p> <p>Consider if there is medical or other compelling and acceptable reasons for not proceeding with reasonable treatment, including the following:</p> <ul style="list-style-type: none"> <li>• The person has religious or cultural beliefs prohibiting treatment (for example blood transfusions)</li> <li>• The person lacks insight or the ability to make appropriate judgements due to their medical condition and is unlikely to comply with treatment (for example a person with a severe psychotic illness or dementia), or</li> <li>• There is an extended waiting list for treatment</li> </ul> <p>The person's views (the subjective test) and all available information on treatment options, risks etc. (the objective test) must be considered by the Assessor/Government contracted Doctors (GCD) in such situations.</p> <p>Are there medical or other compelling and acceptable reasons for not proceeding with reasonable treatment?</p> <ul style="list-style-type: none"> <li>• <b>Yes</b>, <a href="#">go to Step 4</a></li> <li>• <b>No</b>, procedure ends here</li> </ul>

4	<p><b>Select the relevant Table(s) + Read more ...</b></p> <p>Table selection depends on the function affected:</p> <ul style="list-style-type: none"> <li>• identify the function affected/loss of function</li> <li>• refer to the appropriate Table related to the area of function</li> <li>• identify the correct rating</li> </ul> <p><b>Determine how many impairments or conditions need to be rated</b></p> <p>If the customer has:</p> <ul style="list-style-type: none"> <li>• a single impairment, from a single condition, or multiple impairments from multiple conditions, each impairment is to be rated on individual Table(s)</li> <li>• multiple impairments from a single condition: <ul style="list-style-type: none"> <li>○ a single medical condition may result in multiple functional impairments which can be assigned ratings from more than one table</li> <li>○ all functional impairments should be assigned an impairment rating from all relevant tables</li> </ul> </li> <li>• 2 or more medical conditions with a common impairment: <ul style="list-style-type: none"> <li>○ only one relevant table should be applied and a single impairment rating assigned to reflect the combined impairment</li> </ul> </li> </ul> <p><b>Note:</b> it would be inappropriate to assign a separate impairment rating for each medical condition as this would result in the same impairment being assessed more than once (double counting). Double counting is not allowed and must be avoided.</p>
5	<p><b>Assigning an Impairment Rating + Read more ...</b></p> <p>The following rules must be applied when assigning impairment ratings for each impairment:</p> <ul style="list-style-type: none"> <li>• Impairment ratings can only be assigned in accordance with the rating points in each table</li> <li>• Ratings cannot be assigned in excess of the maximum rating specified in each table</li> <li>• If an impairment rating is considered as falling between 2 ratings, the lower of the 2 ratings is to be assigned and the higher rating must not be assigned unless all the descriptors required for that rating are fully met</li> </ul> <p>The <a href="#">References</a> page contains a link to the Guide to Social Security Law (3.6.3) for links to the Guidelines to the pre- and post-1 April 2023 Impairment Tables.</p> <p><b>Descriptors hierarchy</b></p>



	<p>The descriptors in each table follow a consistent, incremental hierarchy using terms such as occasionally, regularly and frequently.</p> <p><b>Number of descriptors required</b></p> <p>For the purpose of applying the tables, each impairment rating specifies how it is to be met. For example, the impairment rating may specify at least 1, 2, 3 or 4 descriptors need to be met.</p> <p><b>Functional impact</b></p> <p>In deciding whether an impairment has no or minimal, mild, moderate, severe or extreme functional impact, all the descriptors in a specific table should be read and compared before a decision is made to apply an appropriate impairment rating:</p> <ul style="list-style-type: none"> <li>• no or minimal functional impact - 0 points</li> <li>• mild functional impact - 5 points</li> <li>• moderate functional impact - 10 points</li> <li>• severe functional impact - 20 points</li> <li>• extreme functional impact - 30 points</li> </ul> <p><b>Note:</b> a person's impairment must be assessed based on the person's usual abilities and not what the person chooses to do, or not to do, or what the person is accustomed to having another person do for them.</p>
--	--

## References

This page contains links to policy and legislation.

### Policy

[Social Security Guide, 1.1.C.330, Continuing inability to work \(CITW\) \(DSP\)](#)

[Social Security Guide, 1.1.I.10 Impairment tables \(DSP\)](#)

[Social Security Guide, 3.6.2, Assessment for DSP](#)

[Social Security Guide, 3.6.2.10, Medical & Other Evidence for DSP](#)

[Social Security Guide, 3.6.2.100, DSP Assessment of Impairment Ratings](#)

[Social Security Guide, 6.2.5.03, DSP - Application of DSP Qualification Rules at Review](#)

The following page contains the Guidelines for the Assessment of Work-Related Impairment for DSP prior to 1 January 2012 and from 1 January 2012.

[Social Security Guide, 3.6.3, Guidelines to the Tables for the Assessment of Work-related Impairment for DSP](#)

### Legislation

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

[Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2023](#)

## Resources

Table 1: this table provides an overview of the 2023 Impairment Tables.

Item	Description
1	<b>Table 1 - Functions Requiring Physical Exertion and Stamina</b> <ul style="list-style-type: none"> <li>• Conditions associated with cardiac or respiratory impairment such as cardiac failure, cardiomyopathy, ischaemic heart disease, chronic obstructive airways/pulmonary disease, asbestosis, mesothelioma, or lung cancer</li> <li>• Conditions commonly associated with fatigue or exhaustion such as diabetes mellitus, renal failure, end stage organ failure, widespread metastatic cancer, chronic pain, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), lymphoedema and fibromyalgia</li> </ul>
2	<b>Table 2 - Upper Limb Function</b> <ul style="list-style-type: none"> <li>• Arthritis or other condition affecting upper limb joints, paralysis or loss of strength or sensation resulting from stroke or other brain or nerve injury, cerebral palsy or other condition affecting upper limb coordination, inflammation or injury of the muscles or tendons of the upper limbs, chronic pain affecting the upper limbs, amputation or absence of whole or part of upper limb, hand or fingers, lymphoedema, or peripheral neuropathy</li> </ul>
3	<b>Table 3 - Lower Limb Function</b> <ul style="list-style-type: none"> <li>• Lower limbs extend from the hips to the toes</li> <li>• Arthritis or other condition affecting lower limb joints, paralysis or loss of strength or sensation resulting from stroke or other brain or nerve injury, cerebral palsy or other condition affecting lower limb coordination, inflammation or injury of the muscles or tendons of the lower limbs, chronic pain affecting the lower limbs, amputation or absence of whole or part of lower limb, foot or toes, lymphoedema, or peripheral neuropathy</li> </ul>
4	<b>Table 4 - Spinal Function</b> <ul style="list-style-type: none"> <li>• Spinal function impairment, that is, bending or turning the back, trunk or neck</li> </ul>

	<ul style="list-style-type: none"> <li>• Conditions could include spinal cord injury, spinal stenosis, cervical spondylosis, lumbar radiculopathy, herniated or ruptured disc, spinal cord tumours, arthritis or osteoporosis involving the spine, or chronic pain affecting the spine</li> </ul>
5	<p><b>Table 5 - Mental Health Function</b></p> <ul style="list-style-type: none"> <li>• Used to assess the functional impact of a diagnosed mental health condition (including recurring episodes of psychiatric impairment)</li> <li>• The diagnosis of the condition must be made by an appropriately qualified medical practitioner or psychiatrist. If the diagnosis has been made by a medical practitioner, evidence of confirmed diagnosis from a registered psychologist is also required</li> </ul>
6	<p><b>Table 6 - Functioning related to Alcohol, Drug and other Substance Use</b></p> <ul style="list-style-type: none"> <li>• Used to assess the functional impact of a diagnosed condition resulting from excessive use of alcohol, drugs or other harmful substances (such as glue or petrol) or the misuse of prescription drugs</li> <li>• People with a past history of substance use disorder with resulting long-term impairments should be assessed under the relevant Table(s). The use of drugs or alcohol does not in itself constitute or necessarily indicate a functional impairment</li> </ul>
7	<p><b>Table 7 - Brain Function</b></p> <ul style="list-style-type: none"> <li>• Used to assess the functional impact of a diagnosed condition related to neurological or cognitive function</li> <li>• The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner and must be supported by corroborating evidence of the person's impairment</li> <li>• A person with Autism Spectrum Disorder (ASD) or fetal alcohol spectrum disorder (FASD) who does not have a meaningful intelligence quotient (IQ) between 70 - 85, can be assessed under this Table</li> <li>• Table 7 cannot be used when a person has an impairment of intellectual function already assessed under Table 9, unless the person has an additional condition affecting neurological or cognitive function</li> </ul>
8	<p><b>Table 8 - Communication Function</b></p> <ul style="list-style-type: none"> <li>• Functional impairment affecting communication functions (that is, understanding and/or producing speech)</li> </ul>



	<ul style="list-style-type: none"> <li>• The person must be assessed on their independent communication abilities when using any aids or equipment (assistive technology) that they have, and without physical assistance from a support person</li> <li>• If the person uses recognised sign language or other non-verbal communication method as a result of hearing loss only, the person's hearing and communication function should be assessed using Table 11 only</li> </ul>
9	<p><b>Table 9 - Intellectual Function</b></p> <ul style="list-style-type: none"> <li>• Used where the person has a diagnosis resulting in low average intellectual function, that is, IQ 70-85. The diagnosis of the condition must be made by an appropriately qualified psychologist with corroborating evidence of the person's impairment</li> <li>• If using this table it will be necessary for a person to have both an IQ score and a score from an adaptive behaviour tool</li> <li>• Assessors should note that diagnosis of a learning disorder such as dyslexia does not equate to a diagnosis of intellectual disability</li> <li>• IQ scores of less than 70 are considered manifest claims. Assessors should record the disability as 'manifest' by recording the condition as persist for more than 2 years, including specific information in the medical details section, and indicating 'manifest' in the Assessment Summary section of the report</li> </ul>
10	<p><b>Table 10 - Digestive and Reproductive Function</b></p> <ul style="list-style-type: none"> <li>• Digestive conditions may include gastrointestinal diseases may include cancer and other diseases that affect the mouth, salivary glands, oesophagus, stomach, intestines (small or large intestine), pancreas, liver, gall bladder, bile ducts, rectum or anus</li> <li>• Reproductive conditions may include gynaecological diseases such as severe and intractable endometriosis, ovarian cancer, cervical cancer, endometrial cancers and conditions of the 3 male reproductive system such as prostate cancer</li> </ul>
11	<p><b>Table 11 - Hearing and other Functions of the Ear</b></p> <ul style="list-style-type: none"> <li>• Functional impact of a diagnosed condition when performing activities involving hearing (communication) function or other functions of the ear (for example, balance difficulties due to a condition involving the inner ear)</li> <li>• The diagnosis of the condition must be made by an appropriately qualified medical practitioner with corroborating evidence from an audiologist or ENT specialist</li> </ul>

	<ul style="list-style-type: none"> <li>Table 11 ratings should be assessed with the person using any prescribed hearing aid, cochlear implant or other hearing device that they usually use</li> <li>If the person uses recognised sign language or other non-verbal communication method as a result of hearing loss only, the person's hearing and communication function should be assessed using Table 11 only</li> </ul>
12	<b>Table 12 - Visual Function</b> <ul style="list-style-type: none"> <li>Functional impact of a diagnosed condition when performing activities involving visual function</li> <li>The diagnosis of the condition must be made by an appropriately qualified medical practitioner with corroborating evidence from an ophthalmologist or ophthalmic surgeon</li> <li>Table 12 ratings should be assessed with the person using any visual aids the person usually uses, such as spectacles or contact lenses</li> </ul>
13	<b>Table 13 - Continence Function</b> <ul style="list-style-type: none"> <li>Functional impact of a diagnosed condition related to incontinence of the bladder and/or bowel</li> <li>Conditions associated with incontinence, for example, some gynaecological conditions, prostate enlargement or malignancy, gastrointestinal conditions or malignancy, incontinence resulting from paraplegia, spina bifida, neurodegenerative conditions or severe intellectual disability</li> </ul>
14	<b>Table 14 - Functions of the Skin</b> <ul style="list-style-type: none"> <li>Functional impact of a diagnosed condition related to disorders of, or injury to, the skin</li> <li>Examples - dermatological conditions, burns or cancer such as melanoma, graft versus host disease</li> </ul>
15	<b>Table 15 - Functions of Consciousness</b> <ul style="list-style-type: none"> <li>An impaired ability to remain conscious, that is, a condition which results in loss of consciousness or altered state of consciousness</li> <li>Examples - epilepsy, some forms of migraine, transient ischaemic attacks or brain tumours</li> </ul>

Table 2: this table provides an overview of the 2011 Impairment Tables.

Item	Description
------	-------------

1	<p><b>Table 1 - Functions Requiring Physical Exertion and Stamina</b></p> <ul style="list-style-type: none"> <li>• Conditions associated with cardiac or respiratory impairment such as cardiac failure, cardiomyopathy, ischaemic heart disease, chronic obstructive airways/pulmonary disease, asbestosis</li> <li>• Conditions commonly associated with extreme fatigue or exhaustion such as end stage organ failure, widespread metastatic cancer, chronic pain or other long-term conditions where treatment cannot sufficiently control symptoms</li> </ul>
2	<p><b>Table 2 - Upper Limb Function</b></p> <ul style="list-style-type: none"> <li>• Arthritis or other condition affecting upper limb joints, paralysis or loss of strength or sensation resulting from stroke or other brain or nerve injury cerebral palsy or other condition affecting upper limb coordination, inflammation or injury of the muscles or tendons of the upper limbs, amputation or absence of whole or part of upper limb, hand or fingers</li> </ul>
3	<p><b>Table 3 - Lower Limb Function</b></p> <ul style="list-style-type: none"> <li>• Lower limbs extend from the hips to the toes</li> <li>• Arthritis or other condition affecting lower limb joints, paralysis or loss of strength or sensation resulting from stroke or other brain or nerve injury, cerebral palsy or other condition affecting lower limb coordination, inflammation or injury of the muscles or tendons of the lower limbs, amputation or absence of whole or part of lower limb, foot or toes</li> </ul>
4	<p><b>Table 4 - Spinal Function</b></p> <ul style="list-style-type: none"> <li>• Spinal function impairment, that is, bending or turning the back, trunk or neck</li> <li>• Conditions could include spinal cord injury, spinal stenosis, cervical spondylosis, lumbar radiculopathy, herniated or ruptured disc, spinal cord tumours, arthritis or osteoporosis involving the spine</li> </ul>
5	<p><b>Table 5 - Mental Health Function</b></p> <ul style="list-style-type: none"> <li>• Used where the person has a permanent condition resulting in functional impairment (including recurring episodes of psychiatric impairment)</li> <li>• The diagnosis of the condition must be made by an appropriately qualified medical practitioner or psychiatrist. If the diagnosis has been made by a medical practitioner, evidence of confirmed diagnosis from a clinical psychologist is also required</li> </ul>
6	<p><b>Table 6 - Functioning related to Alcohol, Drug and other Substance Use</b></p>

	<ul style="list-style-type: none"> <li>• Used where the person has a permanent condition resulting in functional impairment due to excessive use of alcohol, drugs or other harmful substances (such as glue or petrol) or the misuse of prescription drugs</li> <li>• Former users with resulting long-term impairments should be assessed under the relevant Table(s). The use of drugs or alcohol does not in itself constitute or necessarily indicate permanent impairment</li> </ul>
7	<p><b>Table 7 - Brain Function</b></p> <ul style="list-style-type: none"> <li>• Used where the person has a permanent condition resulting in functional impairment related to neurological or cognitive function</li> <li>• The diagnosis of the condition must be made by an appropriately qualified medical practitioner and must be supported by corroborating evidence of the person's impairment</li> <li>• A person with Autism Spectrum Disorder who does not have a low IQ should be assessed under this Table</li> <li>• Table 7 should not be used where a person has an impairment of intellectual function already assessed under Table 9, unless the person has an additional condition affecting neurological or cognitive function</li> </ul>
8	<p><b>Table 8 - Communication Function</b></p> <ul style="list-style-type: none"> <li>• Functional impairment affecting communication functions (that is, understanding and/or producing speech)</li> <li>• The person must be assessed on their independent communication abilities when using any aids or equipment (assistive technology) that they have, and without physical assistance from a support person</li> <li>• If the person uses recognised sign language or other non-verbal communication method as a result of hearing loss only, the person's hearing and communication function should be assessed using Table 11 only</li> </ul>
9	<p><b>Table 9 - Intellectual Function</b></p> <ul style="list-style-type: none"> <li>• Used where the person has a diagnosis of borderline/ low average intellectual function, that is, IQ 70-85. The diagnosis of the condition must be made by an appropriately qualified psychologist with corroborating evidence of the person's impairment</li> <li>• If using this table it will be necessary for a person to have both an IQ score and a score from an adaptive behaviour tool</li> <li>• Assessors should note that diagnosis of a learning disorder such as dyslexia does not equate to a diagnosis of intellectual disability</li> </ul>

	<ul style="list-style-type: none"> <li>• IQ scores of less than 70 are considered manifest claims. Assessors should record the disability as 'manifest' by recording the condition as permanent, including specific information in the medical details section, and indicating 'manifest' in the Assessment Summary section of the report</li> </ul>
10	<p><b>Table 10 - Digestive and Reproductive Function</b></p> <ul style="list-style-type: none"> <li>• Digestive conditions may include gastrointestinal diseases that affect the mouth, salivary glands, oesophagus, stomach, intestines (small or large intestine), pancreas, liver, gall bladder, bile ducts, rectum or anus</li> <li>• Reproductive conditions may include gynaecological diseases</li> </ul>
11	<p><b>Table 11 - Hearing and other Functions of the Ear</b></p> <ul style="list-style-type: none"> <li>• Functional impairment when performing activities involving hearing (communication) function or other functions of the ear (for example, balance difficulties due to a condition involving the inner ear)</li> <li>• The diagnosis of the condition must be made by an appropriately qualified medical practitioner with supporting evidence from an audiologist or ENT specialist</li> <li>• Table 11 ratings should be assessed with the person using any prescribed hearing aid, cochlear implant or other hearing device that they usually use</li> <li>• If the person uses recognised sign language or other non-verbal communication method as a result of hearing loss only, the person's hearing and communication function should be assessed using Table 11 only</li> </ul>
12	<p><b>Table 12 - Visual Function</b></p> <ul style="list-style-type: none"> <li>• Functional impairment when performing activities involving visual function</li> <li>• The diagnosis of the condition must be made by an appropriately qualified medical practitioner with supporting evidence from an ophthalmologist or ophthalmic surgeon</li> <li>• Table 12 ratings should be assessed <b>with the person using</b> any visual aids the person usually uses, such as spectacles or contact lenses</li> </ul>
13	<p><b>Table 13 - Continence Function</b></p> <ul style="list-style-type: none"> <li>• Functional impairment related to incontinence of the bladder and/or bowel</li> <li>• Conditions associated with incontinence, for example, some gynaecological conditions, prostate enlargement or malignancy, gastrointestinal conditions, incontinence resulting from paraplegia, spina bifida, neurodegenerative conditions or severe intellectual disability</li> </ul>

14	<b>Table 14 - Functions of the Skin</b> <ul style="list-style-type: none"> <li>• Functional impairment related to disorders of, or injury to, the skin</li> <li>• Examples - dermatological conditions or burns</li> </ul>
15	<b>Table 15 - Functions of Consciousness</b> <ul style="list-style-type: none"> <li>• An impaired ability to remain conscious, that is, a condition which results in loss of consciousness or altered state of consciousness</li> <li>• Examples - epilepsy, some forms of migraine, or poorly controlled diabetes (mellitus)</li> </ul>

### Frequently Asked Questions (FAQs)

### 2023 Impairment Tables

Table 3

Item	Description
1	<p><b>Question: What is the legislative instrument used to assess medical eligibility for Disability Support Pension (DSP)?</b></p> <p><b>Answer:</b> The Social Security (Tables for the Assessment of Work related Impairment for Disability Support Pension) Determination 2023 is used when assessing a person's work-related impairment for DSP under the Social Security Act 1991.</p> <p>The 2023 Impairment Tables replaced the 2011 Impairment Tables on 1 April 2023.</p> <p>There are 15 individual Tables used to look at a person's functional impairment and its effect on their ability to work.</p>
2	<p><b>Question: Why have the Tables changed?</b></p> <p><b>Answer:</b> The 2011 Tables had an end date of 1 April 2023.</p> <p>Without new Tables in place by 1 April 2023, medical conditions could not be assessed for DSP claims.</p> <p><b>Note:</b> the 2011 Tables display as 2012 on the Medical Condition (MC) screen as they started being used on 1 January 2012.</p>
3	<p><b>Question: What consultation occurred for the 2023 Tables?</b></p> <p><b>Answer:</b> The Department of Social Services did a review of the 2011 Tables to look at what could be changed.</p> <p>The following groups were consulted to help develop the 2023 Tables:</p>

	<ul style="list-style-type: none"> <li>• Disability peak bodies and advocacy groups</li> <li>• Medical professionals</li> <li>• People with lived experience of disability</li> <li>• Internal Government stakeholders (for example, Services Australia)</li> </ul> <p>More information is available on the Department of Social Services website <a href="http://www.engage.dss.gov.au">www.engage.dss.gov.au</a></p>
4	<p><b>Question: Will anyone be worse off under the 2023 Tables?</b></p> <p><b>Answer:</b> No. The review of the instrument changed the focus of the Tables from a condition-based assessment to a function-based assessment of a person's ability to work. The changes in the Tables:</p> <ul style="list-style-type: none"> <li>• improved consistency</li> <li>• addressed advancements in medical technology and terminology, and</li> <li>• provided clearer guidance for the use of the Tables when assessing functional impacts</li> </ul> <p>See <a href="#">Item 1 in Table 4</a> for the changes.</p>

## Changes

Table 4

Item	Description
1	<p><b>Question: What are the differences between the 2023 Tables and the 2011 Tables?</b></p> <p><b>Answer:</b> The changes are:</p> <ul style="list-style-type: none"> <li>• the term 'diagnosed, reasonably treated and stabilised' replaced 'fully diagnosed, treated and stabilised'</li> <li>• the term 'likely to persist for more than 2 years' replaced 'permanent' condition for DSP only</li> <li>• the term 'likely to persist for less than 2 years' replaced 'temporary' condition for DSP only</li> <li>• medical evidence supporting the diagnosis of a mental health condition by a registered medical practitioner can now be accepted from either a registered or clinical psychologist under Table 5, for claims lodged on, or after, 1 April 2023</li> </ul>

	<ul style="list-style-type: none"> <li>• some Table descriptors and examples of functional impacts were updated to provide more clarity to assessors</li> <li>• 'Table 6 - Functioning related to Alcohol, Drug and Other Substance Use' was retained, with the descriptors and examples amended to better reflect functional impacts</li> </ul> <p><b>Note:</b> there was no change to the number of Tables (15), the Table names, and Table ratings / points.</p>
2	<p><b>Question: Why have the terms Fully Diagnosed, Treated and Stabilised (FDTS), Permanent and Temporary changed?</b></p> <p><b>Answer:</b> Feedback said the terms did not match their plain English meanings and caused confusion. The changes make the terms clear and easier to understand.</p> <p><b>Note:</b> the criteria to assess and establish diagnosis, treatment and stabilisation has not changed under the 2023 Tables.</p>
3	<p><b>Question: Can I accept a JCA or DMA report if the Assessor or Government-contracted Doctor (GCD) has applied the correct version of the Impairment Tables but used the incorrect terminology?</b></p> <p><b>Answer:</b> If an Assessor or GCD has used the correct version of the Impairment Tables but the incorrect terminology, generally the report cannot be accepted. Below are examples of when a report can or cannot be accepted.</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• JCA/DMA Report is completed under the 2023 Impairment Tables but the Assessor/GCD has used the term 'fully diagnosed, treated and stabilised' <ul style="list-style-type: none"> <li>○ This is inconsistent with the 2023 Impairment Tables so the report cannot be accepted</li> </ul> </li> <li>• JCA/DMA Report is completed under the 2011 Impairment Tables and the Assessor/GCD has used the term 'diagnosed, reasonably treated and stabilised' <ul style="list-style-type: none"> <li>○ This is inconsistent with the 2011 Impairment Tables so the report cannot be accepted</li> </ul> </li> <li>• JCA Report is completed under the 2011 Impairment Tables and the Assessor has used the term 'fully diagnosed' only and stated in the Remarks section that the condition is not reasonably treated and stabilised.</li> </ul>



	<ul style="list-style-type: none"> <li>○ The term 'reasonable' treatment is used in the 2011 Impairment Tables, and the Assessor has used this terminology to justify why the condition is not Fully Diagnosed, Treated and Stabilised (FDTS), therefore the report can be accepted</li> <li>• JCA/DMA is completed under the 2023 Impairment Tables, but the Assessor/GCD has used the term 'permanent' to reference the customers disability or medical condition <ul style="list-style-type: none"> <li>○ This is inconsistent with the 2023 Impairment Tables so the report cannot be accepted</li> </ul> </li> </ul> <p><b>Note:</b> the exception to this is where the term 'permanent' is used in reference to a customer's work capacity, employment, residence status, accommodation or as a direct quote from a Treating Health Professional (THP)</p> <p><b>Note:</b> see <a href="#">Checking and actioning a Job Capacity Assessment (JCA) report</a> for information on the process to follow.</p>
--	--

#### Applying changes to DSP claims and medical reviews

Table 5

Item	Description
1	<p><b>Question: What does the change in Tables mean for DSP claims?</b></p> <p><b>Answer:</b> All DSP claims lodged on, or after, 1 April 2023 use the 2023 Tables.</p> <p>Claims lodged or backdated with a start date before 1 April 2023 use the 2011 Tables.</p>
2	<p><b>Question: Will current DSP customers be assessed again under the 2023 Tables?</b></p> <p><b>Answer:</b> The 2023 Tables are only used for current DSP customers if they need to have a DSP medical review, and the review letter is issued on, or after, 1 April 2023.</p> <p>Currently there are no regular or ongoing DSP medical reviews for DSP customers.</p>
3	<p><b>Question: Which Tables are used for an online DSP claim started before 1 April 2023 but lodged after 1 April 2023?</b></p> <p><b>Answer:</b> The 2023 Tables are used because it is not a claim until it is lodged.</p>

4	<p><b>Question: If a DSP claim is lodged on 28 March 2023 and MAT says a JCA is needed but the JCA appointment is not until 10 April 2023, which Tables are used?</b></p> <p><b>Answer:</b> The Service Officer uses the PNA date for the JCA referral and this determines which Tables are used.</p> <p>The start date for the DSP claim is 28 March 2023 so this is the date used for the JCA referral. This means the JCA is assessed using the 2011 Tables as the claim start date is before 1 April 2023.</p>
5	<p><b>Question: What if a DSP claim is lodged on 4 April 2023 and the MAT says a JCA is needed but the Service Officer decides the claim can be backdated to 20 March 2023 due to vulnerable circumstances?</b></p> <p><b>Answer:</b> The Service Officer must check identity and all non-medical factors as well as identifying if the claim meets any backdating provisions at the streaming stage. If the claim is to be backdated, the new start date is coded on the <sup>s 47E(d)</sup> screen. The amended start date is then used as the date for the JCA referral. This means the 2011 Tables are used based on the start date of the claim, not the date of receipt.</p>
6	<p><b>Question: A DSP claim is lodged on 4 April 2023 and the 2023 Tables have been used for the JCA and DMA reports. What does the Service Officer do if they then decide the claim can be backdated to 20 March 2023?</b></p> <p><b>Answer:</b> Do not accept the JCA and DMA Reports. Update the status of the claim to On Hold (Awaiting Level 2 Policy advice) and apply Hold to User.</p> <p>Refer to the Level 2 Disability Policy Helpdesk and annotate the <sup>s 47E(d)</sup> <b>DOC</b>.</p> <p>Level 2 Disability Policy Helpdesk will liaise with the Assessment Services Quality Team and GCD Contract Management Team to complete a new JCA/DMA under the correct Tables.</p>
7	<p><b>Question: An upgraded ESAt is submitted on 29 March 2023 using the 2011 Tables and the customer is invited to claim DSP. A claim is lodged on 4 April 2023. Can MAT determine the upgraded ESAt report is Current and Valid for the DSP Claim, and can it be used to do a DMA referral?</b></p> <p><b>Answer:</b> The start date of a claim determines which Tables apply. Staff need to check if the claim can be backdated to before 1 April 2023.</p> <p>Does the customer meet backdating provisions <b>and</b> the DSP claim start date is changed to before 1 April 2023?</p>

	<ul style="list-style-type: none"> <li>• <b>Yes</b>, the upgraded ESAt report completed using the 2011 Tables can be considered Current and Valid for the DSP Claim and used to refer the customer for a DMA. Staff must enter the correct start date (backdated PNA date) for the DMA referral, so the 2011 Tables are used</li> <li>• <b>No</b>, the customer needs to be re-assessed under the 2023 Tables. Staff need to refer back to MAT to review the MAT recommendation. The customer will require a JCA referral so they can be assessed under the 2023 Tables</li> </ul> <p><b>Note:</b> when referring to MAT, Service Officers must reference the upgraded ESAt and the correct date of claim. Assessors must review the claim date and ensure the upgraded ESAt has been assessed under the correct Impairment Tables version as part of their recommendation.</p>
8	<p><b>Question: If a customer's DSP was cancelled on 31 January 2023, can they ask if it can be restored on 3 April 2023?</b></p> <p><b>Answer:</b> There is no change to DSP cancellations and restorations. See also, <a href="#">Disability Support Pension (DSP) cancellations, suspensions and restorations</a></p>
9	<p><b>Question: If a customer's DSP claim date is before 1 April 2023, but they have an 'Assessed' benefit status due to an Income Maintenance Period (IMP) and payments do not commence until on or after 1 April 2023, which tables should they be assessed under?</b></p> <p><b>Answer:</b> The Tables in force on the date the claim was lodged are used. The customer qualified for DSP prior to 1 April 2023 but was not payable due to the IMP, so the 2011 Tables apply.</p> <p>For further information, see <a href="#">Income Maintenance Period</a>.</p>
10	<p><b>Question: If a young person lodged an abridged claim before 1 April 2023 but they do not turn 16 until after 1 April 2023, which Tables are used?</b></p> <p><b>Answer:</b> The Tables used are those in force on the day the DSP claim was made or taken to have been made. If the customer does not qualify on the day the claim was made (day lodged) but is going to within 13 weeks, the claim is taken to have been made on the day they do qualify. The customer will qualify when they turn 16 which is after 1 April 2023, so the 2023 Tables are used.</p>

#### Customer information

Table 6

Item	Description
1	<p><b>Question: How can customers get details about the change to the Tables?</b></p> <p><b>Answer:</b> More information is available on the:</p> <ul style="list-style-type: none"> <li>• Services Australia website <a href="#">Medical rules for Disability Support Pension - Disability Support Pension - Services Australia</a>, or</li> <li>• Department of Social Services website <a href="http://www.engage.dss.gov.au">www.engage.dss.gov.au</a></li> </ul>
2	<p><b>Question: A claim is rejected for medical reasons under the 2011 Tables. Can the customer be advised to submit a new claim to be looked at under the 2023 Tables?</b></p> <p><b>Answer:</b> There is no change to the SOI process. There may be claims where medical evidence provided by a registered psychologist is now acceptable for a DSP claim lodged on, or after, 1 April 2023.</p> <p>Customers can request a SME Explanation or Formal Review of the decision, or they can lodge a new claim. See also, <a href="#">Disability Support Pension (DSP) Service Offer Interview (SOI)</a>.</p>
3	<p>A customer with a mental health condition lodged a DSP claim before 1 April 2023. It was rejected as medical evidence from a Psychiatrist or a registered Medical Practitioner with supporting evidence from a clinical psychologist was not provided. The customer requests a formal review after 1 April 2023 and provides evidence from a registered Medical Practitioner with supporting evidence from a registered psychologist.</p> <p><b>Question: Can the new evidence be used for the formal review?</b></p> <p><b>Answer:</b> As the formal review is for a DSP claim submitted before 1 April 2023, the 2011 Tables apply. This means a condition looked at under Table 5 must have supporting evidence from a clinical psychologist.</p> <p>However, early claim provisions can be considered. They apply if the customer was not qualified on the day they lodged their DSP claim but becomes qualified within 13 weeks. The claim is taken to be made on the first day the customer is qualified for DSP.</p> <p>If the supporting medical evidence from the registered psychologist indicates the customer could qualify for DSP on, or after, 1 April 2023, then the medical assessments need to be based on the 2023 Tables using the new evidence.</p>
4	<p><b>Question: Can a customer ask for an explanation or formal review for a DSP medical rejection or cancellation decision before 1 April</b></p>



	<p><b>2023, and also lodge a new DSP claim to be assessed under the 2023 Tables?</b></p> <p><b>Answer:</b> Yes, a customer can ask for a SME explanation of decision / formal review as well as lodge a new claim. They will be assessed at the same time but under different versions of the Impairment Tables.</p>
--	--

### System changes

Table 7

Item	Description
1	<p><b>Question: What changed on the s47E(d) screen?</b></p> <p><b>Answer:</b> The MC Types were updated for assessing medical eligibility for DSP. See <a href="#">Disability Medical screens</a> for information on the s47E(d) screen and what it is used for.</p> <p>There were no changes to MC 'Types' for other functions such as coding an incapacity exemption when a Job Seeker Payment (JSP) customer lodges a medical certificate.</p> <p>Before 1 April 2023, the options for the 'MC Types' were:</p> <ul style="list-style-type: none"> <li>• PRM = Permanent</li> <li>• TMP = Temporary</li> <li>• REC = Recurring</li> <li>• DTS - PRM DTS = Permanent FDTS (permanent and fully diagnosed, treated and stabilised)</li> <li>• PND - PRM NONDTS = Permanent Non FDTS (permanent but not fully diagnosed, treated and stabilised)</li> </ul> <p>On, or after, 1 April 2023, the options for the 'MC Types are:</p> <ul style="list-style-type: none"> <li>• PRM = Permanent</li> <li>• TMP = Temporary</li> <li>• REC = Recurring</li> <li>• <b>DTS - DTS&gt;2YRS = Persists&gt;2YRS DTS</b> (permanent and diagnosed, reasonably treated and stabilised)</li> <li>• <b>PND - NONDTS = NONDTS</b> (permanent but not diagnosed, reasonably treated and stabilised)</li> </ul> <p><b>Note:</b> where MAT assess a condition as Non-DTS or Persist More than 2 years in the SA479, it still displays as Permanent (PRM) on the s47E(d) screen.</p>

2	<p><b>Question: What changed on the DSP Medical Eligibility Assessment Recommendation (SA479), JCA and DMA reports?</b></p> <p><b>Answer:</b> If the DSP claim date is:</p> <ul style="list-style-type: none"> <li>• Prior to 1 April 2023 (no change): <ul style="list-style-type: none"> <li>○ 2011 Tables, terminology and functional impact descriptors apply</li> <li>○ SA479 and JCA displays medical conditions as Fully Diagnosed, Treated and Stabilised (FDTs), non FDTs, Permanent or Temporary</li> <li>○ DMA displays medical conditions as Fully Diagnosed, Treated and Stabilised (FDTs) or non FDTs</li> </ul> </li> <li>• On, or after, 1 April 2023 (change): <ul style="list-style-type: none"> <li>○ 2023 Tables, terminology and functional impact descriptors apply</li> <li>○ SA479 and JCA displays medical conditions as Persist for More than 2 years, Persist for less than 2 years, Diagnosed, Reasonably Treated and Stabilised (DTS) or non-DTS</li> <li>○ DMA displays medical conditions as Diagnosed, Reasonably Treated and Stabilised (DTS) or non DTS</li> </ul> </li> </ul>
---	--

#### Impairment Tables - start date scenarios

Table 8

DSP claim scenario	Impairment Table version
<ul style="list-style-type: none"> <li>• Disability Support Pension (DSP) claim lodged on <b>5 April 2023</b></li> <li>• Customer contacted on <b>28 March 2023</b>. Due to vulnerable circumstances, an Intent to Claim was recorded on pre-claim circumstances screen</li> <li>• DSP start date (PNA) is back-dated to <b>28 March 2023</b></li> </ul>	<p>The 2011 Tables apply to this claim.</p> <p>The JCA Referral must reflect the updated start date of <b>28 March 2023</b> to make sure the 2011 Tables apply.</p>
<ul style="list-style-type: none"> <li>• DSP claim lodged on <b>15 March 2023</b>.</li> <li>• Customer turns 16 years of age on <b>1 May 2023</b>.</li> </ul>	<p>The 2023 Tables apply to this claim.</p>

<ul style="list-style-type: none"> <li>This is considered to be an early claim</li> <li>DSP start date (PNA) is <b>1 May 2023</b></li> </ul>	<p>This is because the customer was not qualified for DSP until they turned 16 years of age on <b>1 May 2023</b>.</p> <p>JCA Referral must reflect the updated start date of <b>1 May 2023</b> to make sure the 2023 Tables apply.</p>
<ul style="list-style-type: none"> <li>DSP claim lodged <b>25 March 2023</b>.</li> <li>Customer receives their final employment income on <b>10 April 2023</b></li> <li>DSP start date (PNA) is changed to <b>11 April 2023</b>, the first day the customer is payable</li> </ul>	<p>The 2011 Tables apply to this claim.</p> <p>The customer qualified for DSP from the date of claim lodgement (<b>25 March 2023</b>) but is not payable <b>until 11 April 2023</b>.</p> <p>JCA Referral must reflect the start date of <b>25 March 2023</b> to make sure the 2011 Tables apply.</p>
<ul style="list-style-type: none"> <li>DSP claim lodged <b>10 April 2023</b></li> <li>JCA for previous DSP claim lodged on <b>16 September 2022</b> which supported medical eligibility</li> <li>MAT recommends a referral for a JCA</li> </ul>	<p>The 2022 JCA Report used the 2011 Tables.</p> <p>MAT cannot recommend that a previous JCA assessed under the 2011 Tables is Current and Valid for a claim submitted on, or after, <b>1 April 2023</b>.</p> <p>JCA Referral must show the start date of <b>10 April 2023</b> so the 2023 Tables apply.</p>

## Training & Support

Add the course number to the **s47E(d)** field in the **s47E(d)** \_\_\_\_\_ in ESSentials:

- s47E(d)** - Welcome and introduction - DSP
- s47E(d)** - Getting started with DSP
- s47E(d)** - Streaming DSP claims
- s47E(d)** - Impairment tables