

Disability Support Pension – Medical Criteria

This fact sheet outlines the criteria for Disability Support Pension (DSP) in general terms, however, we recommend contacting us for advice so that we can provide specific advice. There are other requirements you have to meet to qualify (e.g. residence requirements, income and assets test) which are not discussed here.

What are the medical criteria for Disability Support Pension (DSP)?

To be eligible for the DSP you must meet the following criteria at the date of claim (or within the subsequent 13 weeks):

- have a condition that has been **fully diagnosed, treated and stabilised** in order to be assessed under the impairment tables;
- be assigned **20 points or more** under one or more of the “impairment tables”;
- have a **continuing inability to work**;

In some cases you may also need to have **actively participated in a Program of Support**.

Fully diagnosed, treated and stabilised

A condition is considered **fully diagnosed** if no further medical confirmation/testing is required. Some conditions require mandatory specialist confirmation. If this is required, it is listed at the beginning of the relevant impairment table. For example, mental health conditions require confirmation of diagnosis from a Psychiatrist or Clinical Psychologist (endorsed as such with AHPRA).

A condition is considered **fully treated and stabilised** if further **reasonable treatment** for the condition is not expected to result in significant functional improvement to a level enabling the person to work.

Reasonable treatment is defined as treatment that is of a type regularly undertaken, reasonably accessible, at a reasonable cost, low risk, with a high success rate and where substantial improvement in functional capacity can be reliably expected. A treatment may not be considered reasonable if there is a medical or compelling reason for the patient not to pursue that treatment (which can include religious/cultural beliefs, genuine fear/lack of insight).

The 20 Points Requirement

Centrelink uses the Impairment Tables to assess how your disability impacts on your functioning. There are 15 different tables that cover different areas of functioning.

The current tables can be found on our website. If a condition is not fully diagnosed, treated and stabilised it will not be rated under the impairment tables.

Each Table can only have one rating assigned no matter how many conditions you have – that rating will be based on the cumulative impact of all fully diagnosed, treated and stabilised conditions that can be rated on that Table. However, one condition can result in ratings on more than one Table. Ratings that fall short of a higher rating must be rounded down to the lower rating. A person is only considered able to perform an activity if they can do the activity on a repetitive or habitual basis and generally whenever they attempt it. If after doing the activity the person suffers significant pain or has to rest and is unable to repeat the activity for the remainder of the day, it should be considered that the person is unable to do the activity.

Continuing Inability to Work

This means that you must be unable to work 15 hours/week in the next 2 years. Work is defined as any job in the open market in Australia, sustainable for a period of at least 26 weeks (without needing leave equating to a month or more within a 26 week period).

The Program of Support

A program of support (POS) is a vocational, rehabilitation or employment program (usually through an Employment Service) tailored to address the person's impairment and other barriers to employment.

This requirement does not apply if you are assigned 20 points under a single impairment table.

To demonstrate that you have satisfied the POS requirements you need to show that in the three years before you claimed the Disability Support Pension you have actively participated in a program of support (with some limited exceptions).

You will meet the POS criteria if you have actively participated for 18 months in the 3 years before the date of your DSP claim. Exemption periods, such as a medical certificate exemption will not count towards the 18 months.

The main exception to the 18 months requirement applies if you have participated with a POS at some stage in the 3 years before your DSP claim and can provide evidence that continuing would not help to improve your capacity to prepare for, find or maintain work.

If your provider disagrees with you on this you may be able to get medical evidence about this from your doctor. We recommend you seek advice from us before asking your doctor to address this. Further exceptions are outlined in our POS factsheet available on our website.

Appeal Rights

If your Disability Support Pension (DSP) claim has been rejected you have 13 weeks to lodge an appeal, otherwise you may not receive full arrears if you are successful. To appeal, simply tell Centrelink that you wish to appeal/review the rejection of your DSP application.

Once you have had a review by an Authorised Review Officer (ARO) you have the right to appeal further to the Administrative Appeals Tribunal Level 1 (AAT1) and you need to do this within 13 weeks of the ARO decision to receive full arrears.

If you have already had a review with the AAT1 you can appeal this decision within 28 days to

Administrative Appeals Tribunal Level 2 (AAT2). Legal advice should be obtained for further appeal to the Federal Court which are rare.

If your circumstances have changed since you first lodged your claim (e.g. your condition has deteriorated, you have seen further specialists, stabilised on further treatment or are now attending or meet one of the program of support criteria) it may be advisable to lodge a new claim for the DSP. This new claim does not prevent you from proceeding with your appeal which can only consider your eligibility for the DSP within 13 weeks of the date of your original claim.

Interpreters

Most Centrelink offices have interpreters available at regular times each week. Your local Centrelink office can tell you about their available languages and times. You can telephone the Centrelink Multilingual Call Centre on 131 202 and speak to a bilingual Centrelink officer. You can also call the **free** Telephone Interpreter Service (TIS) on 131 450 and ask for an interpreter.

Please note:

This Fact Sheet was prepared by Basic Rights Queensland (BRQ). It contains general information only and does not constitute legal advice.

BRQ is a member of Economic Justice Australia (EJA). EJA members are community legal centres which provide specialist legal services in relation to Social Security (Centrelink).

BRQ also provides specialist legal services in relation to Disability Discrimination and non-legal advice services to Queensland women who are seeking assistance with problems at work.

BRQ is independent of Centrelink or any other government body and all assistance is free.

For advice about social security or disability discrimination problems call **1800 358 511**.

For advice for women experiencing workplace problems call **1800 621 458**.

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