



Australian Government
Department of Social Services

Disability Support Pension (DSP)

22 August 2023

The Department of Social Services acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, water and community.

We pay our respects to them and their cultures, and to Elders both past and present.

What is DSP?

Purpose

DSP is an income support payment for people who, because of their disability, are unable to fully support themselves through paid work

Our Role

The **Department of Social Services** is responsible for the policy on DSP

Services Australia ensures the effective service delivery of the payment

Our Authority

As Social Security Act 1991

sets out basic DSP eligibility rules/framework

Social Security (Administration) Act 1999

sets out grant, suspension, cancellation rules

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

sets out medical assessment for DSP – used to measure impairment functional capacity

Social Security (Active Participation for Disability Support Pension) Determination 2014

sets out requirements for participation in a Program of Support

What is DSP?

DSP is designed to support people who are unable to work for at least 15 hours per week due to a physical, intellectual or psychiatric impairment which is expected to persist, in light of available evidence, for at least 2 years, and is assigned at least 20 points under the Impairment Tables

Alcohol and Other Drug use is assessable for DSP

Table 6 is used to assess the functional impairment of a condition resulting from excessive use of alcohol, drugs or other harmful substances or the misuse of prescription drugs

Supporting a DSP claimant

Information provided by health professionals is taken into account when assessing DSP claims

A health professional means an appropriately qualified medical practitioner or an allied health practitioner

Appropriately qualified medical practitioners for Table 6 may include:

- general practitioner;
- medical specialist
 - addiction medicine specialist
 - psychiatrist with experience in diagnosis of substance use disorders

Allied health practitioners for Table 6 may include:

- a psychologist

A health professional will need to:

- Prepare and provide information on a person's conditions as part of their application

A health professional *may* need to:

- Provide further information to the assessor/s of the claim, if contacted
- Prepare further information for the purposes of a Request for Information or review

Application Steps

Supporting a DSP claimant

Decision to Claim
The claimant begins a DSP claim
They may be on another payment or completed a Program of Support

Application and Evidence
The claimant gathers and prepares supporting documentation and medical evidence

Claim Submission
The claimant completes and submits claim, online, by mail or in a service centre

Assessment
Services Australia conduct a general medical assessment on the claimant to see if they meet medical eligibility

Claim Outcome
The claimant is notified if they are eligible for DSP or if their claim is unsuccessful

Review Period
If the claimant does not agree with the outcome, they can ask for a review of the decision

While they wait...

Claimants may be eligible for, or continue to receive other financial support while their claim is being assessed. This may be an income support payment such as:

- JobSeeker Payment
- Youth Allowance for job seekers

The following assessments may also be conducted:

- Job Capacity Assessment
- Disability Medical Assessment

Services Australia (Centrelink) may contact the claimant if they require more information and may speak to the author of the medical evidence about the claimant's condition/s

Reviews may be:

- Internal
 - By an Authorised Review Officer; and
- External
 - Administrative Appeals Tribunal/s
 - Federal Court

Treating Health Professionals may also be contacted to clarify or provide further information as part of a review

The golden highlight indicates where a health professional may be required to assist a person making a DSP claim

DSP Eligibility – overview of qualification criteria

Non-Medical Requirements

- 16 or over and under Age Pension qualification age at the time of claiming; and
- an Australian resident; and
- satisfy the income and asset tests

Medical Requirements

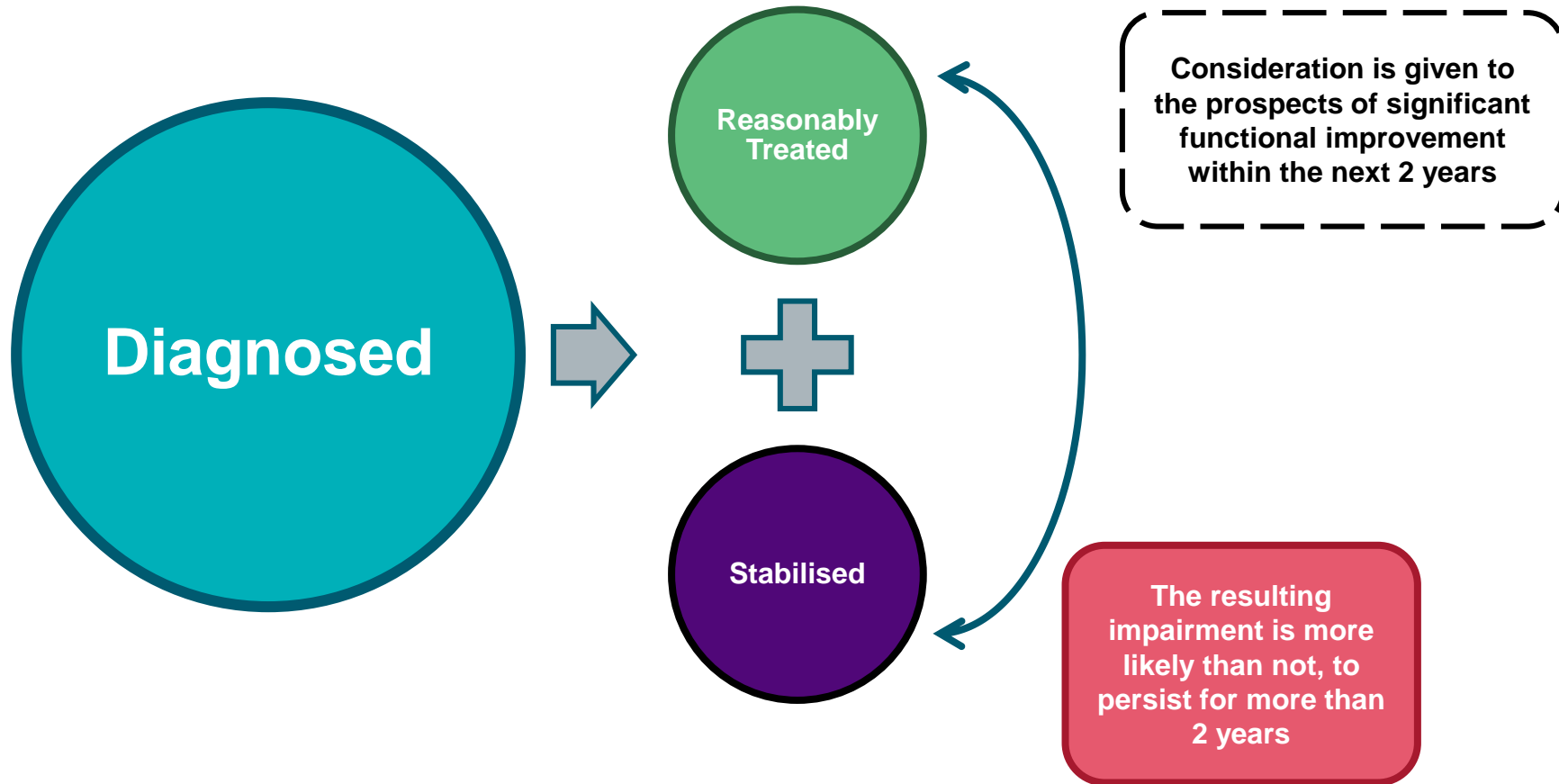
- have a **diagnosed, reasonably treated and stabilised** physical, intellectual or psychiatric impairment assessed at 20 points or more under the Impairment Tables; **and**
- have a continuing inability to work (be unable to work 15 hours per week or more, in the open labour market) or:
 - have undertaken a Program of Support (if they do not obtain 20 points or more from a single Impairment Table); or
 - participating in the supported wage system (e.g. employed in an Australian Disability Enterprise)

Special Circumstances

- Permanently blind
- Manifestly eligible

Diagnosis, Treatment and Stabilisation

The Impairment Tables can only be applied, and a rating assigned, if a condition is:



Overview: Impairment Tables

1	Functions requiring Physical Exertion and Stamina
2	Upper Limb Function
3	Lower Limb Function
4	Spinal Function
5	Mental Health Function
6	Functioning related to Alcohol, Drug and Other Substance Use
7	Brain Function
8	Communication Function
9	Intellectual Function
10	Digestive and Reproductive Function
11	Hearing and other Functions of the Ear
12	Visual Function
13	Continence Function
14	Functions of the Skin
15	Functions of Consciousness

When selecting the applicable Table:

- identify the loss of function
- refer to the appropriate Table related to the function affected
- identify the correct impairment rating

A health professional can:

- rate multiple impairments resulting from a single condition
- rate common impairments of multiple conditions
- assess comorbid conditions
- assess episodic and/or fluctuating conditions

Overview: Assessment Under Table 6

Table 6 is used by Services Australia to assess the functional impairment of a condition resulting from excessive use of alcohol, drugs or other harmful substances, or the misuse of prescription drugs.

Assessment under the Tables is function based and not condition specific

A functional assessment establishes whether a person's impairment causes:

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

This is expressed by the use of terms indicating increasing levels of difficulty in performing certain activities

Table 6 applies only to people who have current, continuing alcohol, drug or other harmful substance use disorders and those in active treatment

Long term impairments that result from previous alcohol, drug or other substance use should not be assessed under this Table

These should be assessed under the appropriate table according to the area of functional impact

Determination of the descriptor that best fits the person's impairment level must be based on the available medical evidence including the person's medical history, investigation results and clinical findings

Table 6 – Functioning related to Alcohol, Drug and Other Substance Use

0	5	10	20	30
There is no or minimal functional impact from alcohol, drugs or other harmful substance use.	There is mild functional impact from alcohol, drugs or other harmful substance use	There is moderate functional impact from alcohol, drugs or other harmful substance use	There is severe functional impact from alcohol, drug or other harmful substance use.	There is an extreme functional impact from alcohol, drug or other harmful substance use.
(1) The person has no or minimal difficulties attending to all aspects of selfcare and daily living tasks, and is able to attend and effectively participate in work, education and training activities.	(1) As a result of a person's substance use disorder they experience at least one of the following: (a) mild physical or cognitive effects that carry over into working hours; or (b) occasional difficulties in reliably attending work, education or training sessions or appointments or completing duties or assigned tasks; or (c) infrequent absences from work, education or training activities	(1) As a result of a person's substance use disorder they experience at least 3 of the following: (a) moderate difficulties performing physical or cognitive tasks; (b) moderate difficulties in maintaining self-care, hygiene, nutrition and general health; (c) moderate difficulties with family or social relationships and activities; (d) moderate difficulties in reliably attending appointments or completing duties or assigned tasks; (e) is often absent from work, education or training activities.	(1) As a result of a person's substance use disorder they experience at least 3 of the following: (a) severe difficulties in maintaining self-care, hygiene, nutrition and general health; (b) severe difficulties in prioritising activities that are not related to the procurement or use of a substance, despite harm or negative consequences (c) severe physical or cognitive impairment resulting from chronic and ongoing use of a substance; (d) severe difficulties in withdrawing from a substance or avoiding harmful use of a substance; (e) frequent absences from work, education or training activities	(1) As a result of a person's substance use disorder they experience at least 3 of the following: (a) extreme difficulties in maintaining personal care, hygiene, nutrition and general health; (b) extreme physical or cognitive impairment resulting from chronic and ongoing use of a substance; (c) extreme difficulties with most aspects of relationships, social interaction and community involvement; (d) extreme difficulties in withdrawing from or avoiding harmful use of a substance and unable to attend work or activities.

Evidence: Overview

The diagnosis of the condition causing the impairment must be made by an *appropriately qualified medical practitioner*



Appropriately qualified medical practitioners for Table 6 may include:

- general practitioner;
- medical specialist
 - addiction medicine specialist
 - psychiatrist with experience in diagnosis of substance use disorders



INFORMATION TO PROVIDE

- Diagnosis
 - Date of onset
 - Confirmation
 - Impairment from condition
- Treatment and care
 - Past, present and planned
 - Adherence with recommended treatment
- Symptoms and functional impact
 - Clinical features
 - Severity, frequency, duration
- Prognosis
 - Impact on life expectancy
 - Likelihood of improvement

A condition must be diagnosed by an appropriately qualified medical practitioner AND supported by corroborating medical evidence



TYPES OF CORROBORATING EVIDENCE TO DETERMINE FUNCTIONAL IMPACT

- a report from the person's treating doctor, a medical specialist or allied health practitioner confirming the person's functional impairment;
- supporting letters, reports or assessments relating to the person's substance use disorder;
- results of investigations (such as liver function tests, alcohol and substance use assessment scales);
- interviews with the person and those who provide care or support to the person;
- reports or other records of participation in treatment programs;
- work or training attendance records

REVIEWS: Additional evidence provided at a date after the 13-week review period can only be considered in a review IF that evidence shows they were qualified at the date of the original rejection

More Information

- Australian Government Guides to Social Policy Law: Social Security Guide

<https://guides.dss.gov.au/social-security-guide>

- Services Australia – general website

<https://www.servicesaustralia.gov.au/>

<https://www.servicesaustralia.gov.au/disability-support-pension-information-for-health-professionals>

- Services Australia – Health Professional Education Resources

<https://hpe.servicesaustralia.gov.au/>

Thank you

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