



Australian Government

Services Australia

What is medical evidence for Disability Support Pension (DSP)? 008-03030010

Currently published version valid from 9/10/2023 9:10 PM

Background

This document outlines the medical evidence required to support new claims or a review of medical eligibility for DSP.

Requirement for medical evidence

Customer's claiming DSP must provide Services Australia with medical evidence for the disability or medical condition(s) affecting their ability to function. Insufficient medical evidence will generally result in a DSP claim being rejected.

The medical evidence required depends on each customer's circumstances. Most customers must provide comprehensive evidence, however some may only need to provide certain information, or may not need to provide any new evidence.

Do not ask customers to provide extra medical evidence if it is clear their claim can be manifestly rejected on non-medical grounds. This includes when their income clearly exceeds the relevant limits.

Medical evidence

Medical evidence includes documents written by a medical practitioner (such as the customer's treating doctor) and other registered health or allied health professionals. This evidence should support the information provided in the medical details section of the DSP claim.

Statements from the customer or their nominee are not considered medical evidence. This also applies to letters/information from a non-health professional, such as a teacher. However, this information may be taken into account as part of the assessment.

Medical evidence for DSP online claims

Customers must provide medical evidence when they lodge their online claim. This presents as a required task at the **Next Steps** section of the DSP online claim. If no medical evidence is uploaded, the claim cannot be submitted.

There are some exceptions to this rule.

Customers who claim [JobSeeker Payment \(JSP\) \(Provisional\)](#) within the online claim for DSP can submit both claims without providing medical evidence. This allows processing of the JSP (P) online claim while the customer gathers medical evidence for DSP. Generally, a DSP claim will be rejected if medical evidence is insufficient.

Customers who meet the exceptional circumstance criteria can submit their DSP online claim without uploading all required documents. These claims will be referred to the Medical Assessment Team (MAT), using a separate work item. The MAT assessor may contact the customer or health professional to discuss medical evidence before making a recommendation. See the [Process](#) page for exception criteria.

Medical evidence for DSP new claims

Customers must supply **current evidence** detailing the impact of their medical condition(s) or the claim may be rejected. They do not need to provide specific forms completed by their treating health professional(s).

The [Disability Support Pension Medical Evidence Checklist \(SA473\)](#) lists the medical evidence that can be provided to support a DSP claim and is included in the:

- online claim, and
- [Claim for Disability Support Pension \(SA466\)](#) paper form

Customers with a terminal illness can submit a [Verification of terminal illness \(SA495\)](#) form as medical evidence as part of their [Claim for Disability Support Pension for a Terminal Illness \(SA494\)](#).

The agency can provide support to vulnerable or at risk customers for whom it is difficult to obtain basic medical evidence. For example, people who disengaged from health services due to being homeless, living in a remote community or having an undiagnosed mental health condition.

For each condition that significantly affects the customer's functional capacity and ability to work, information is generally required about the:

- **diagnosis** of the condition, including whether the diagnosis is confirmed, when the condition was diagnosed, and the details of the health professional who made the diagnosis
- **symptoms and functional impact**, including current symptoms of the customer's condition (persisting despite treatment, aids, equipment or assistive technology), when the symptoms started (date of onset), the severity, frequency and duration of symptoms, and how the conditions and treatment impact on the customer's ability to function in day-to-day life including at work
- **prognosis**, including how long the condition is expected to affect the customer's functional capacity, and whether the condition is likely to improve, remain the same or get worse, and
- **treatment** and care, including the type of treatment undertaken in the past, current treatment, planned treatment (including if on a waiting list), expected impact of current and future treatment and any requirement for nursing home or palliative care

This does **not** mean the customer is required to provide documentary evidence covering all of these points. However, the customer should provide as much medical evidence as they can so the agency can complete a thorough assessment of the DSP claim.

In certain cases, verification of the diagnosis may be enough to establish medical eligibility for DSP without the need for a comprehensive Job Capacity Assessment. For example, if a customer provides evidence from their treating doctor confirming diagnosis of a 'List 1' manifest condition, the MAT may determine this is sufficient evidence.

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](#).

Forms and checklists for providing medical evidence

When talking to customers about providing medical evidence for a DSP new claim, depending on the customer's circumstances:

- refer to the [Disability Support Pension Medical Evidence Checklist \(SA473\)](#)
- issue the [Disability Support Pension Medical evidence requirements Information for treating health professionals \(SA478\)](#) form. Explain this form:
 - is **not** a medical report, customers claiming DSP still need to provide existing medical evidence
 - is optional. Customers claiming DSP are **not** required to return this form, however the information provided may assist in better understanding the customer's circumstances for assessment and review purposes
 - can be used by treating health professionals to provide information about a customer's relevant medical evidence requirements and the assessment process
 - the form is available on the Services Australia website
 - can be given to the customer (to submit with their DSP claim), or posted directly to the agency (the address is printed on the form)
 - when the form is scanned, it forms part of the medical evidence record for DSP
- issue the [Verification of a terminal illness \(SA495\)](#) form. Explain this form:
 - can be completed by the customer's treating doctor if the customer has no medical evidence showing the diagnosis and prognosis of their condition
 - is included at the end of the [Claim for Disability Support Pension for a Terminal Illness \(SA494\)](#), or
 - can be accessed by treating doctors via the [Services Australia](#) website
- issue the Consent to disclose medical information (SA472) form. Explain this form:
 - can be completed by the customer to confirm they consent to their treating health providers providing relevant information about their medical condition to the agency

Do not:

- issue agency forms to collect medical evidence from the treating doctor (this includes the SA012RM and SU684), or
- direct the customer to go to their doctor, specialist or other treating health professional to obtain medical evidence

Diagnosis requirements

Diagnosis of the customer's disability or medical condition is usually provided by a medical practitioner. Specialist evidence or specialist confirmation of the treating doctor's diagnosis is required for some medical conditions including:

- an intellectual impairment. An assessment of intellectual function and assessment of adaptive behaviour from a registered psychologist is required, or a report from a special school which includes details of these assessments. Any evidence provided must include information supported by a psychologist about the person's IQ score, or their ability to undergo IQ testing
- a mental health condition such as depression, anxiety or schizophrenia. The diagnosis must be made by a psychiatrist, or by another medical practitioner with supporting evidence from a registered psychologist
- an ear condition affecting hearing or balance. Diagnosis must be made by a medical practitioner, with supporting evidence from an audiologist or an ear, nose and throat specialist
- an eye condition affecting vision. Diagnosis must be made by a medical practitioner, with supporting report from an ophthalmologist or ophthalmic surgeon (a report completed by an optometrist is not sufficient)

In limited cases, a [diagnosis of a medical condition can be provided by an Assessment Services Psychologist Specialist Assessment report](#).

New medical evidence not required in some circumstances

In some cases, new medical evidence is not required for a DSP new claim. For example:

- a customer has previously lodged medical evidence and this evidence is still [current and relevant](#) to the customer's circumstances, such as a previous assessment of intellectual function and adaptive behaviour, or
- there is a current and valid Job Capacity Assessment (JCA) on the customer's record, such as when the customer:
 - is invited to claim DSP as a result of a recently completed assessment
 - has claimed DSP previously (and was rejected on non-medical grounds where medical eligibility was recommended) and there has been no significant change in their medical conditions since the assessment

If there is a [current and valid](#) JCA, the customer will still need to undergo a Disability Medical Assessment (DMA) with a Government-contracted Doctor, excluding if the customer is manifestly eligible for DSP.

If a Service Officer determines there is a current and valid assessment or current medical evidence for a customer claiming via an online or Assisted Customer Claim (ACC), the required task can be marked as **Not required** or as **Provided** via the Request and Manage Customer Tasks (RMCT) guided procedure.

No medical evidence provided

If **no** medical evidence has been provided with a DSP new claim within the required timeframe (usually 14 days), the claim will likely be rejected without further notice unless:

- the medical details section of the claim indicates a likely manifest medical condition or other serious health condition(s) which may impact the customer's ability to provide evidence (for example, in intensive care)
- the customer has recently turned 16 years of age and was previously assessed as a profoundly disabled child or as having a very severe disability or medical condition for the purposes of Carer Payment
- the claim or the customer's record indicates a vulnerability issue (for example, homeless, living in a remote community)
- the customer was invited to make a further claim by the agency or the Administrative Appeals Tribunal (AAT) as part of a review of a decision
- the customer recently lodged medical evidence prior to the claim, and it is clear the evidence was lodged to support the claim

If the customer subsequently provides the required medical evidence (and any other information), within 13 weeks of the rejection decision, the claim may be re-opened and reassessed. This does not need an application for a formal review of the decision order for the customer's claim to be reconsidered.

The [Resources](#) page contains links to current forms relating to medical evidence required to support decisions on assessing or reviewing DSP.

Related links

[Age/Disability Support Pension on the basis of blindness: Request for Ophthalmologist/Optomtrist Report \(SA013\)](#)

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

[Diagnosis of a medical condition provided by an Assessment Services Psychologist for Disability Support Pension \(DSP\)](#)

[Scanning Centrelink medical/sensitive documents using an MFD](#)

Process

Various types of medical evidence for DSP

Item	Description
1	<p>DSP new claims - further medical evidence not required + Read more ...</p> <p>Customers who provide no medical evidence may have their claims rejected.</p> <p>Medical evidence is not generally required to be lodged with the claim where the customer:</p> <ul style="list-style-type: none"> • is claiming DSP and in receipt of a Department of Veterans' Affairs (DVA) Disability Compensation Payment at Special Rate (Totally and Permanently Incapacitated (TPI)) paid under the Veterans' Entitlements Act 1986, and can provide a copy of their Special Rate decision letter from DVA or give authority for the agency to obtain the relevant payment and medical information from DVA. This letter provides information regarding the impairment rating and work capacity as determined by DVA • has been identified as medically eligible for DSP by an Assessor as a result of an ESA being upgraded to a JCA report which indicates a suitable impairment rating and continuing inability to work • is a vulnerable customer and a diagnosis of a medical condition can be provided by an Assessment Services Psychologist as part of a Specialist Assessment. For example, a customer with suspected mental health conditions is unable or unwilling to obtain suitable medical evidence outside the assessment process <p>Assessment Services will assess if there is sufficient medical evidence to assess the claim.</p> <p>If a Service Officer determines there is a current and valid assessment or current medical evidence for a customer claiming via an online or Assisted Customer Claim (ACC), the required task can be marked as Not required or as Provided via the Request and Manage Customer Tasks (RMCT) guided procedure.</p>
2	<p>Online Claim - Exception Criteria + Read more ...</p> <p>A customer can submit an online claim without medical evidence if they meet any of the following exception criteria at the time of claim submission:</p> <p>Manifest eligibility</p> <p>The customer indicates they:</p> <ul style="list-style-type: none"> • are permanently blind • have a terminal illness with a life expectancy of less than 2 years • require nursing home level care palliative care or equivalent support or supervision from a carer • have an intellectual disability with an assessment IQ of less than 70 • have category 4 HIV AIDS

	<p>Vulnerable (in crisis)</p> <p>The customer indicates they:</p> <ul style="list-style-type: none"> • have been affected by family and domestic violence • have been in prison or psychiatric confinement for 14 days or more • are a humanitarian entrant in Australia for the first time • gone through a natural disaster not covered by the Disaster Recovery Payment <p>CCM exception criteria or other reasons</p> <p>The customer:</p> <ul style="list-style-type: none"> • has a current (or recently expired) serious illness (ISI) exemption • is in receipt of a Department of Veterans' Affairs (DVA) Disability Compensation Payment at Special Rate (Totally and Permanently Incapacitated (TPI)), paid under the Veterans' Entitlements Act 1986 • is Illness Separated • is Indigenous and lives in a remote area • is in psychiatric confinement • is claiming JSP Provisional within the DSP online claim and who have all the required documentation for their JSP (but not necessarily for their DSP) claim <p>If a customer meets 1 of the above criteria, they can submit their DSP online claim without all required documents being provided, including medical evidence. These claims are referred to the Medical Assessment Team (MAT) for an assessment, using a separate work item. The MAT assessor may contact the customer or health professional to discuss medical evidence before making a recommendation.</p> <p>Once the MAT assessment is completed, the claim is allocated to a Service Officer to action the MAT recommendation.</p>
3	<p>Medical evidence + Read more ...</p> <p>Medical evidence may consist of the following:</p> <ul style="list-style-type: none"> • medical history report/print outs: <ul style="list-style-type: none"> ○ specialist medical reports ○ allied health professional reports, such as physiotherapy or audiology reports, and ○ psychologist reports • medical imaging reports • hospital/discharge summaries and outpatient letters/treatment summaries • request for Optometrist/Ophthalmologist Report (SA013) for a customer claiming/receiving DSP on the basis of permanent blindness • report from a special school, for a customer with an intellectual disability, which assesses intellectual function and adaptive behaviour. This information must be supported by a psychologist, and should include information about the customer's IQ score, or ability to undergo IQ testing • Verification of terminal illness (SA495) form • medical or case reports from workers compensation processes • under limited circumstances a diagnosis of a medical condition can be provided by an Assessment Services Psychologist as part of a Specialist Assessment • conversations between the Assessor or the Health Professional Advisory Unit (HPAU) and the customer's treating health professional documented in the SA463 MAT, JCA or DMA report • medical certificates (SU415) and Verification of medical conditions form (SU683) • foreign pension medical report (AUS176); carer medical reports (SA332/SA333); mobility allowance medical reports (MA002)

	<p>An Assessor will consider all available medical evidence, if limited or no evidence has been provided the Assessor may make a recommendation that insufficient evidence was provided to assess medical eligibility.</p> <p>Note: a hearing self-assessment report from a touch screen facility is not sufficient evidence for an Assessor to make an assessment of impairment of hearing function for a DSP claim. The diagnosis must be made by a medical practitioner and a supporting audiogram from an audiologist must be provided.</p>
4	<p>Other evidence supporting the customer's condition and inability to work can include: + Read more ...</p> <ul style="list-style-type: none"> • information provided by the customer at the medical details section of: <ul style="list-style-type: none"> ○ the DSP online claim which may be available in the Claim Summary and in the electronic Medical/Sensitive Information File Envelope (eMIFE) ○ the Claim for Disability Support Pension (SA466). (These are removed and scanned in the MIFE. The 'Office use only' box must also be completed) • medical reports such as the SA012 may be accepted if provided, but cannot be issued or requested by the agency • the Disability Support Pension Medical evidence requirements Information for treating health professionals (SA478) form if provided, but it cannot be requested by the agency - only the two-page checklist section at the back of the form needs to be scanned to the eMIFE. • Employment Assistance - Customer information (SU478) (for assessments made before 1 July 2006) • social worker reports • assessment of a customer's IQ: <ul style="list-style-type: none"> ○ a number of assessments may be used by the Assessor and Services Australia as the basis for assessing a customer's FSIQ, diagnosing Intellectual Disability, and assigning an impairment rating for DSP ○ if the Assessor has conducted or arranged the IQ test as part of the specialist assessment, the type of test should be identified in the JCA report. This may not be required if an assessment of the customer's FSIQ is included in other medical evidence provided to the agency and the Assessor, for example a psychologist report or letter from a special school <p>See Job Capacity Assessments (JCA).</p>

References

On this Page:

[Policy](#)

[Legislation](#)

Policy

Documentation

[Social Security Guide, 8.1.4.50, Disability & Carer - Documentation Required](#)

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

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

[Social Security Guide, 3.6.5.60, Assessment of SA](#)

[Social Security Guide, 3.6.6.30, Assessment of Medical Criteria for MOB](#)

[Social Security Guide, 8.2.2, Reclaiming a payment](#)

Definitions

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

[Social Security Guide, 1.1.T.160, Treating doctor \(DSP\)](#)

[Social Security Guide, 1.1.M.30, Manifest grants \(DSP\)](#)

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

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

Assessment

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

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

[Social Security Guide, 3.11.5.10, Temporary incapacity](#)

Disability and Carer Reviews

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

Legislation

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

[Social Security Act 1991](#)

- Schedule 1B, Tables for the assessment of work-related impairment for disability support pension
- section 1035, Qualification for Mobility Allowance (rate specified in subsection 1044(1))
- section 540A, claimants for disability support pension
- section 593, Qualification for JobSeeker Payment
- section 94, Qualification for disability support pension-continuing inability to work
- section 542A, Temporary incapacity exemption
- section 603C, Incapacitated person not required to satisfy activity test

[Veterans' Entitlements Act 1986](#)

Resources

Forms

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

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

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

[Disability Support Pension Medical Evidence Checklist \(SA473\)](#)

[Disability Support Pension Medical evidence requirements Information for treating health professionals \(SA478\)](#)

[Verification of terminal illness \(SA495\)](#)

Forms (staff)

[Additional Medical Evidence for Disability Support Pension Record \(SA463\)](#)

Training & Support

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

- **CLK00465** - Intro to JCA referrals



Australian Government

Services Australia

Assessing Continuing Inability to Work (CITW) 008-03040010

Currently published version valid from 5/10/2023 11:44 PM

Background

This document explains the assessment of Continuing Inability to Work (CITW) for customers claiming or granted Disability Support Pension (DSP) on or after 1 July 2006.

Determining qualification for DSP

Assessing CITW helps determine if the customer is medically qualified for DSP.

To qualify for DSP, a person must have:

- a physical, intellectual or psychiatric impairment of 20 points or more under the Impairment Tables, **and**
- a CITW and for some people the assessment of a CITW also includes meeting Program of Support (POS) requirements

The assessment of an impairment rating and CITW are 2 separate assessments based on different criteria. They are **of equal importance** when determining eligibility for DSP.

Assessing where CITW occurred (for residence)

The assessment of CITW and determining 'where the customer's CITW occurred' are separate.

To determine if the customer satisfies the [residency requirements](#), the assessment of where the customer's CITW occurred is required if the customer does not have:

- 10 years qualifying Australian residence, or
- A qualifying residence exemption (QRE)

The assessment of where the customer's CITW occurred is made by Assessment Services. The process is included in [Streaming a new claim for Disability Support Pension \(DSP\)](#).

When an assessment of CITW is not required

An assessment of CITW is not required if the customer is:

- participating in the Supported Wage System (SWS), or
- meets medical [manifest eligibility for DSP](#)

Note: the assessment of where CITW occurred for residence purposes may still be required.

CITW criteria

A customer has a CITW if their impairment alone prevents them from undertaking both of the following:

- work for 15 or more hours per week where wages are at or above the relevant minimum wage, for at least 2 years
- educational, pre-vocational, vocational, or work related training (including on-the job training) is unlikely (because of the customer's impairment) to allow the customer to do any work for 15 or more hours per week where wages are at or above the relevant minimum wage, within 2 years independently of a POS

A DSP Grandfathered recipient meets CITW criteria because of an impairment if they have an inability to:

- undertake work of 30 hours or more per week within the next 2 years
- undertake educational, vocational or on-the-job training to prepare for work within the next 2 years, or
- such training is unlikely, because of their impairment/s, to allow the customer to work for 30 hours or more per week within the next 2 years

Program of Support (POS)

A customer must have actively participated in a POS to meet CITW requirements when claiming DSP from 3 September 2011 who:

- is not [manifestly eligible](#), or
- does not have a [severe impairment](#)

Satisfying POS

A customer is considered to have met POS if they have participated in a POS in the 3 years before their DSP claim. They must have complied with the requirements of the program, and:

- participated in the program for at least 18 months (78 weeks)
- completed a program that was less than 18 months
- the program was terminated because the customer was unable, solely because of their impairment, to improve their work capacity through continued participation in that program, or
- they are still participating in the program but solely because of their impairment cannot improve their work capacity through continued participation in that program

Assessment process

A JCA assesses the impact of the customer's medical conditions on their ability to work. Where required, the JCA considers if the customer has [actively participated in a Program of Support](#). The Assessor's recommendations help determine if the customer has a CITW.

The customer's ability to perform their usual work or work for which they are currently skilled is assessed initially. If this indicates an inability to work, the possibility of undertaking a training activity to perform any type of work within the next 2 years is then considered.

Other factors in determining CITW

Other factors affecting CITW to consider include:

- physical and intellectual characteristics required to perform the work
- the customer's ability to demonstrate those characteristics, **both** current, and within the next 2 years
- the ability to:
 - regularly report to work
 - persist at work tasks
 - understand and follow work instructions
 - communicate with others in the workplace
 - travel to/from work, and move around at work
 - attend to their personal care needs in the workplace
 - manipulate objects at work
 - exhibit appropriate work behaviour
 - undertake a variety of tasks and to alternate between tasks
 - lift, carry and move objects at work
- if a customer requires a moderate to high level of ongoing assistance to maintain the employment
- the impact of a customer's impairment on their ability to do training activities. This includes mainstream training programs and programs designed specifically for people with physical, intellectual or psychiatric impairments
- if training is likely to allow the customer to do any work within the next 2 years
- if attendance at medical appointments/treatments interferes with their ability to work
- if the customer is fit for **any** work, either skilled or unskilled, without needing preparatory training, other than on-the-job training. This may involve consideration of:
 - the customer's work history
 - the customer's level and type of education and training history
 - work which would be suited to the customer's work skills

Factors not considered in determining CITW

The following factors are **not** considered in the assessment:

- the availability of the customer's usual work in the locally accessible labour market
- the availability of any work the customer could do or be trained for, within the locally accessible labour market
- the availability to the customer of a training activity that would help in developing work skills
- the availability to the customer of any kind of transport (public or private) to travel to and from work
- the customer's motivation to work, **except** when medical evidence indicates the lack of motivation is direct result of the impairment
- difficulties with literacy, numeracy or language which are not directly due to a medical condition
- the customer's preferences regarding the type of work or training
- the customer's potential attractiveness to an employer in a particular area of work
- employer preferences and discriminatory practices that exist in the open labour market

Training activities

When assessing CITW, the possibility of undertaking training **must** be considered. Training for the purposes of these provisions include:

- All mainstream training (that is, programs not restricted to people with disabilities), for example TAFE courses. This includes programs that accommodate people with disabilities through the provision of aids such as;
 - audio recorders
 - monitors

- other equipment or environmental modifications, or
- make concessions such as allowing unscheduled breaks or allowing the course to be completed at participant's own pace
- Training which is designed specifically for people with impairments, that is, where it is a prerequisite for acceptance into the course that the customer has a disability
- Training programs that provide additional assistance to people as part of the program, solely because of their medical impairments, for example Disability Employment Services (DES)
- Mainstream labour market programs. An understanding of the educational and vocational training available is essential

The concept of training extends to the types of work in which the customer has potential to perform.

If the customer cannot participate in such training because of their impairment, they would satisfy the CITW criteria for DSP qualification.

Factors not considered

The following factors are not considered when deciding if the customer can undertake training or benefit from it:

- the availability of suitable training in the local area
- the availability of suitable work in the locally accessible labour market following completion of the training
- if training will improve the customer's employability
- the customer's level of motivation **except** when medical evidence indicates the lack of motivation is directly attributable to the impairment
- the customer's preferences regarding the type of training
- the customer's potential attractiveness to an employer

Customer can undertake training

The customer is considered to have a continuous inability to work or train, **not only** if their impairment prevents them from training, but **also** if:

- their impairment allows them to undertake training, **but**
- the training is unlikely to equip them with the necessary skills to undertake work within the next 2 years

In assessing if a customer can be trained for work within the next 2 years, the following factors are considered:

- if the customer has the necessary prerequisite skills
- the length of time it would usually take to complete the training, and
- the nature of the training being dependent on the type of work the customer is potentially capable of performing

Currently studying/training

In some circumstances, a customer who is studying or training may still qualify for DSP. To determine if the customer may satisfy the CITW criteria the following points are considered:

- if the customer would be able to benefit from such study or training within 2 years
- if the study or training is full-time

If the answer is 'no' to these points, this may indicate the customer meets the CITW criteria and therefore may qualify for DSP.

DSP recipients who commence study and remain entitled to DSP may be entitled to an [Education Entry Payment \(EdEP\)](#).

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 links to online disability forms and pay scales for determining minimum wage.

Related links

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

[The Impairment Tables](#)

[Program of Support \(POS\) requirements for Disability Support Pension \(DSP\)](#)

[Assessment Services](#)

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

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

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

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

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

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

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

[Rejecting a new claim for Disability Support Pension \(DSP\) including manifest rejections](#)

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

[Residence assessment for customers claiming Disability Support Pension \(DSP\)](#)

Process

This page contains process for assessing Continuing Inability to Work (CITW) for transitional or new people on or after 1 July 2006.

On this page:

[Assessing the customer's ability to perform work](#)

[Determining if a customer satisfies CITW criteria \(Assessors only\)](#)

Assessing the customer's ability to perform work

Table 1: this table describes the steps to assess a customer's ability to perform work for the purposes of assessing CITW.

Step	Action
1	<p>Assessing where a customer's CITW occurred + Read more ...</p> <p>This file relates to Assessing a customer's CITW. This is separate to the process of assessing 'where a customer's CITW occurred' for the purpose of residence.</p> <p>Where a customer is an Australian resident, with less than 10 years qualifying residence, and no Qualifying Residence Exemption (QRE), we must assess where their CITW occurred, to determine if they meet the residence criteria for DSP.</p> <p>Is an assessment of 'where the customer's CITW occurred' required for residence?</p> <ul style="list-style-type: none"> • Yes, refer to Streaming a new claim for Disability Support Pension (DSP) • No, go to Step 2
2	<p>Identify if the customer is participating in Supported Wage System (SWS) or meets manifest medical eligibility + Read more ...</p> <p>Is the customer participating in the SWS or do they meet the Disability Support Pension (DSP) manifest eligibility guidelines?</p> <ul style="list-style-type: none"> • Yes, CITW is established, an assessment is not required. Procedure ends here • No, the Medical Assessment Team (MAT) recommends the customer is referred for a Job Capacity Assessment (JCA). Note: the Health Professional Advisory Unit (HPAU) can provide and/or facilitate medical advice and opinion to the Assessor for the purpose of helping to determine a customer's medical eligibility for DSP if the Assessor requires extra support to complete their assessment
3	<p>JCA report is submitted + Read more ...</p> <p>The Assessor submits the JCA report electronically. It includes an assessment of the customer's impairment rating under the Impairment Tables and CITW. It may also include an assessment of where the customer's CITW occurred for residence purposes. When the report is accepted the Assessor's recommendations about the customer's medical conditions, impairment rating and work capacities (and where relevant, participation in a Program of Support (POS)) are downloaded onto the Medical Conditions (MC) screen and Work Capacity Details (WC) screen. The report automatically uploads onto the customer's record and can be viewed via Document Tools.</p> <p>See Checking and actioning a Job Capacity Assessment (JCA) report.</p> <p>The Service Officer is to review the Assessor's recommendations and make sure they are consistent with other information available to Services Australia.</p>
4	<p>Check the Impairment Rating assigned by the Assessor + Read more ...</p> <p>Has the customer been assigned a combined Impairment Rating of 20 points or more by the Assessor?</p>

	<ul style="list-style-type: none"> • Yes, go to Step 5 • No, the customer is not qualified for DSP. If the assessment is for a DSP new claim, it is rejected when the claim is coded. See Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections. If the assessment is for a current DSP recipient, the claim is cancelled. See Cancellation of Disability Support Pension (DSP). Procedure ends here
5	<p>Determine if POS requirements are met + Read more ...</p> <p>The Assessor determines if the customer has met POS requirements.</p> <p>When the JCA report is accepted, the Assessor's recommendations will default to the WC screen to indicate if the customer satisfies POS requirements or not.</p> <p>Valid values for the 'Program of Support' field on the WC screen are Yes, No, and Not Required.</p> <p>If the customer has not met the POS requirements, the Assessor is not able to assign Diagnosed, Reasonably Treated and Stabilised (DTS) Work Capacities and these fields will not be populated on the WC screen.</p> <p>A CITW (baseline and with intervention work capacity of less than 15 hours per week) cannot be established for a DSP new claim unless the 'Program of Support' field has a value of Yes or Not Required.</p> <p>If the customer is assessed as having actively participated in a Program of Support, this does not by itself mean they have a CITW. The delegate must also be satisfied the customer cannot work or be retrained for work within the next 2 years because of an impairment.</p> <p>Has the Assessor determined the customer has actively participated in a POS (or is not required to satisfy these requirements)?</p> <ul style="list-style-type: none"> • Yes, go to Step 6 • No, the customer cannot satisfy the CITW criteria and is not qualified for DSP. If the assessment is for a DSP new claim it is rejected when the claim is coded. See Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections. If the assessment is for a current DSP recipient, the claim is cancelled, see Cancellation of Disability Support Pension (DSP). Procedure ends here
6	<p>Determine work capacities + Read more ...</p> <p>The Assessor recommends if the customer has work capacities of less than 15 hours per week.</p> <ul style="list-style-type: none"> • Work capacity for DTS conditions, including baseline work capacity and work capacity with intervention - for people granted DSP on or after 1 July 2006. CITW is met when the customer has baseline and with intervention work capacity of less than 15 hours per week for DTS conditions only <p>Does the customer have a CITW (POS and work capacities)?</p> <ul style="list-style-type: none"> • Yes, confirm all qualification and payability criteria for DSP are met. Once confirmed, refer customer to a Disability Medical Assessment (DMA) to determine medical eligibility for a DSP new claim or ongoing medical eligibility if the customer is current on DSP. See Disability Medical Assessment (DMA) referrals. Procedure ends here • No, the customer cannot satisfy the CITW criteria. If the assessment is for a DSP new claim, it is rejected when the claim is coded. See Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections. If the assessment is for a current DSP recipient, the claim is cancelled. See Cancellation of Disability Support Pension (DSP). Procedure ends here

Determining if a customer satisfies CITW criteria (Assessors only)

Table 2: this table describes the points considered by an Assessor when determining if a customer satisfies the CITW criteria.

Step	Action
1	<p>Customer's impairment + Read more ...</p> <p>Does the customer's impairment alone prevent them from undertaking any work of 15 hours a week or more at minimum wages independently of a POS within the next 2 years?</p>
2	<p>Can the customer undertake any training? + Read more ...</p> <p>The concept of training extends to the types of work in which the customer has potential to perform. Training is defined as:</p> <ul style="list-style-type: none"> • education • pre-vocational training • vocational training • vocational rehabilitation • work-related training (including on-the-job training) <p>This includes:</p> <ul style="list-style-type: none"> • all mainstream training programs, for example, TAFE courses including mainstream training programs that accommodate people with disabilities • mainstream labour market programs • training which is designed specifically for people with physical, intellectual or psychiatric impairments (that is, where it is a prerequisite the customer has a disability for acceptance into the course)
3	<p>Can the customer be trained for work within the next two years? + Read more ...</p> <p>In assessing whether the customer can be trained for work within the next 2 years, the following factors are considered:</p> <ul style="list-style-type: none"> • whether the customer has the necessary prerequisite skills • the length of time it would usually take to complete the training • the nature of the training being dependent on the type of work the customer is potentially capable of performing <p>The following is not considered:</p> <ul style="list-style-type: none"> • the customer's motivation to be trained, except where medical evidence indicates the lack of motivation is directly attributable to the impairment • the customer's preferences regarding the type of training <p>Literacy, numeracy or language difficulties</p> <ul style="list-style-type: none"> • these difficulties are considered if they are directly attributable to the medical condition • the impact of the medical condition on the customer's potential to undertake training which would help them in getting such skills is considered • other non-medical influences, which prevent literacy, numeracy or language skills from being acquired should not be taken into account
4	<p>Is the customer currently studying or training? + Read more ...</p>

	<p>Consider the following:</p> <ul style="list-style-type: none"> • is the study or training full-time • will the customer be able to benefit from such study or training within 2 years <p>The activities required for full-time study are the same as those for open employment. If a customer is studying without any modifications because of their disability, they may not have a CITW.</p> <p>If the customer is not studying full-time and there will be no benefit within 2 years, this may indicate the customer meets the CITW criteria.</p>
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References

This page contains links to policy and legislation.

Policy

[Social Security Guide, 3.6.2.112, DSP Assessment of Continuing Inability to Work - 15 Hour Rule](#)

[Social Security Guide, 3.6.1.40, Qualification for DSP during Study or Training - 30 Hour Rule](#)

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

Minimum wage

[Social Security Guide, 1.1.R.133, Relevant minimum wage \(DSP, MOB, Partial capacity to work & CA\)](#)

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-continuing inability to work
- section 94(2), Meaning of continuing inability
- section 94(3), Continuing inability to work
- section 94(4), Independently of a program of support
- section 94(5), Definitions of 'training activity' and 'work'
- section 94(6), Person not qualified in certain circumstances

Resources

Forms

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

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

External websites

To help with determining minimum wage (refer to definition on the [References](#) page), see [Pay scale summaries](#).