

DISABILITY SUPPORT PENSION

Last updated July 2023

Disability Support Pension – or **DSP** – is a Centrelink payment for people who cannot work full-time because they have a medical condition, a mental health condition, or an intellectual disability.



This factsheet covers:

- How do I know if I'm eligible for DSP?
- What evidence do I need to apply for DSP?
- What can I do if my application for DSP is rejected?
- What can I do if my condition gets worse after I lodge my claim or appeal?

There are medical and non-medical DSP rules. This factsheet only explains the **medical rules** for getting DSP.

How do I know if I'm eligible for DSP?

Claiming DSP

To claim DSP you need to fill in a claim form and give Centrelink evidence about your disability, including about medical, mental health conditions, or intellectual disability.

You can lodge your DSP claim online, or you can print a claim form, complete, and return a copy along with your medical evidence to your local Centrelink office.

- Your local Neighbourhood House or Neighbourhood Centre may be able to help you complete the claim form.

What are the medical rules for getting DSP?

There are two types of DSP medical rules:

- **manifest** medical rules; and
- **general** medical rules.

What are the DSP manifest medical rules?

You may be eligible for DSP under the **manifest medical rules** if:

- you are permanently blind;
- you need nursing home care;
- you have a terminal illness for which the average life expectancy is less than 2 years;
- you have an intellectual disability with an IQ of less than 70;
- you have category 4 HIV/AIDS; or
- you receive a Department of Veterans' Affairs Disability Compensation Payment at the Special Rate (totally and permanently incapacitated – TPI).

If you think you may be eligible for DSP under the manifest rules, [show this factsheet to your doctor](#). If your doctor believes you may be eligible for DSP under the manifest rules, ask them for a report explaining why and provide this to Centrelink, either by uploading it online or taking a copy to your Centrelink office. It is important to explain to Centrelink that you are providing the report because you want to claim DSP under the manifest rules.

What are the general medical rules?

Under the **general medical rules** you may be eligible for DSP if:

- You have a **medical condition**, a **psycho-social condition**, or an **intellectual disability**, and this is limiting your capacity to work;
- Your condition(s) is **likely to persist for more than 2 years**;
- your condition is **diagnosed, reasonably treated, and stabilised**;
- you have an impairment rating of **20 points or more** under the DSP Impairment Tables (more information below); or
- you meet **program of support** rules, if these apply to you (more information below)
- your condition(s) will stop you working **at least 15 hours a week for the next 2 years**.

For more information about the general medical rules for getting DSP r call Centrelink on 132 717.

How is DSP eligibility assessed under the general medical rules?

Centrelink and a government doctor will assess your DSP claim and the evidence you provide with it.

Centrelink may make you an appointment for you to speak with the government doctor as part of the assessment but the doctor will not examine you.

To decide whether your condition/ conditions have been **diagnosed**, Centrelink and the government doctor will consider the diagnoses your doctors and other health professionals have made.

To decide whether your condition/conditions have been **reasonably treated**, Centrelink and the government doctor will consider any treatment you have had for your condition/conditions. If you are not being treated they will look at the reasons for this. They will also look at whether you would benefit from rehabilitation and whether there are any reasons why you should not be expected to do rehabilitation.

To decide whether your condition/conditions have been **stabilised**, Centrelink and the government doctor will consider whether further treatment or rehabilitation would be likely to allow you to work at least 15 hours a week within the next two years. For conditions that are difficult to stabilise, such as some psychiatric disorders, they will look at your medical reports to decide whether the condition has been stabilised to the extent possible.

- For more information about these requirements **call Centrelink on 132 717**.

What are the DSP Impairment Tables? How are they used?

The **DSP Impairment Tables** are used to assess your impairment rating, and whether you are eligible for DSP under the general medical rules.

The Tables are designed to measure how your medical or psycho-social conditions affect your everyday life.

There are 15 Tables. Points are given under the Tables relevant to each of your conditions, ranging from zero to 30 points. Points for each table are added up to give a **combined impairment rating**.

- For information about the Tables for doctors and other health professionals see the Services Australia website **or call Centrelink on 132 717**.

New DSP Impairment Tables from 1 April 2023

New DSP Impairment Tables were introduced from 1 April 2023. These new Tables include changes to the ratings for particular conditions that will make assessments fairer. The new Tables also change the criteria for allowing a condition to be assessed under the Tables.

- **The pre-April 2023 Impairment Tables** required that a condition be “fully” diagnosed”, “fully treated”, and “fully stabilised” to be assessed under the Tables
- **The current Impairment Tables** remove the word “fully”. The new requirement is clearer, requiring that a condition be “diagnosed, reasonably treated and stabilised” to be assessed under the Tables.

If you applied for DSP before 1 April 2023 and your claim has been rejected, ask Centrelink which Tables were used to assess your eligibility – the new Tables or the pre-April 2023 Tables. You can **call Centrelink on 132717**.

If the old Tables were used, consider reclaiming DSP to test your eligibility under the new Tables. You can do this at the same time as appealing against the rejection of your previous DSP claim.

How many points will I need under the Impairment Tables to get DSP?

If you get a **rating of 20 points or more under a single Impairment Table** and you meet the other eligibility criteria, you may be eligible for DSP from the date you claimed.

If you get a combined rating of 20 points or more over multiple tables but **you did not get at least 20 points under any single impairment table**, you may need to participate in a “**program of support**” before you can be granted DSP.

What is the program of support requirement?

If you get more than 20 points under the DSP Impairment Tables but you do not get at least 20 points on a single table, to be eligible for DSP you will generally need to have participated in a program of support for a total of 18 months in the three years before you claimed.

You may also satisfy the program of support requirement if you completed a program that ran for less than 18 months.

There is no specific program called a ‘program of support’. Programs of support include various programs provided by:

- Workforce Australia;
- Disability Employment Services;
- Australian Disability Enterprises;
- ParentsNext; and/or
- The Community Development Program.

Programs of support can provide help with:

- Job preparation and job search;
- Work experience and training; and
- Injury management.

If you have been receiving a payment such as JobSeeker Payment, Youth Allowance, Parenting Payment or a payment under the Community Development Program, it is likely that you have been participating in a Program of Support for the purpose of a DSP claim.

When you claim DSP Centrelink will assess whether you have met the program of support requirement. If you think that Centrelink may have overlooked some of the programs you have participated in, **call Centrelink on 132717**.

What about if I can't maintain a program of support?

If you have been receiving a payment such as JobSeeker Payment or Parenting Payment and you are finding it difficult to do required activities and job searches because of your disability or chronic health condition, talk to your employment service and explain your difficulties.

If your employment service provider or Centrelink considers that you cannot complete your program of support because of your disability or chronic illness, or that staying in the program will not improve your ability to work, reclaim DSP – you may be eligible for DSP without meeting the program of support requirement.

- For more information about getting a **temporary exemption from mutual obligations** see Services Australia website, **or call Centrelink on 132 717**
- See our **factsheet MEDICAL EXEMPTIONS FROM MUTUAL OBLIGATIONS** on our website – <https://www.ejaustralia.org.au/self-help/>

Job Capacity Assessment

If Centrelink assesses that you meet the DSP medical rules, it will then consider your capacity to work. This assessment is called a Job Capacity Assessment.

To be eligible for DSP you must be assessed as being unable to work for at least 15 hours a week for the next two years due to your medical and psycho-social conditions.

- If your DSP claim is rejected and you want to appeal it, we recommend that you have get a copy of your Job Capacity Assessment. **You can ask for a copy by calling 132 717** or visiting your local Centrelink office.

What evidence do I need to apply for DSP?

Before applying for DSP, it is very important to collect evidence about all your medical conditions and their impact on you. Tell your GP that you are claiming DSP and ask them to assist.

- See the end of this factsheet for an **example letter to give to your doctor**
- A **DSP Medical Evidence Checklist** for treating health professionals can be found on the Services Australia website. Just access the website and then enter the words **DSP Medical Evidence Checklist** into SEARCH.

What can I do if my application for DSP is rejected?

If your application for DSP is rejected, you have the right to ask Centrelink to review this decision. Ask for the decision to be reviewed by an Authorised Review Officer. To get full backpay you need to **ask for a review within 13 weeks** of being notified of the decision.

- For more information about appealing see our factsheet **APPEALING A CENTRELINK DECISION**.

DSP rejection letters can be difficult to understand. It is a good idea to **call Centrelink on 132 717** and ask why your claim was rejected and what additional evidence may help with a review. Your Job Capacity Assessment will help explain why your claim was rejected – ask Centrelink for a copy.

If you do not understand the reasons for your application being rejected it may be helpful to get some advice from one of our member centres, a Neighbourhood Centre, or a Neighbourhood House.

- To find your local specialist legal centre see the EJA website.

What can I do if my condition gets worse after I lodged my claim or appeal?

If your condition worsens after lodging a claim, or if you receive new medical evidence and information about your conditions that might substantially change your claim, you should contact Centrelink and either lodge and appear, or lodge a new claim for DSP.

Lodging a new DSP claim does not prevent you from continuing with an appeal against rejection of a previous claim.

If you have asked to be reviewed by an Authorised Review Officer, and your diagnoses or treatment has changed since you claimed DSP, or your symptoms have worsened, the review officer will only assess your qualification for DSP at the time you lodged the DSP claim. This means that it may be a good idea to submit a new claim for DSP as well.

Where can I get help?



You can get free legal advice from your **closest social security community legal centre** which can be found on the Economic Justice Australia website. Just enter Economic Justice Australia into your search engine and when you access the website, look under "Legal Help".
<https://www.ejaustralia.org.au/legal-help-centrelink/>

Social Security Rights Victoria has created a useful online resource - **DSP Help** - to assist people claiming DSP or appealing. Just enter "DSP Help" into your search engine.
<https://dsphelp.org.au/>

This factsheet does not constitute legal advice.

Please contact any of our member centres if you wish to obtain free legal advice. Find your closest member centre at
www.eiaustralia.org.au

Example Letter to a Doctor

Dear Doctor

I am collecting evidence relevant to whether I am eligible for the disability support pension. Your report may be given to Centrelink or to the Administrative Appeals Tribunal.

I need information about my medical conditions and their functional impact at around the date I claimed the disability support pension. Your answers to the questions below should state specifically that they are about my conditions and their impact at the relevant time.

If there is more than one condition, please answer the questions separately for each condition.

Please answer the following:

1. Describe the diagnosis and date of onset of the condition.
2. Describe the symptoms of the condition (including their frequency and severity) and their functional impact, focussing on day to day activities and work capacity.
3. The functional impact of the condition is assessed by reference to the Impairment Tables, accessible at <https://www.legislation.gov.au/Details/F2023L00188> . Please indicate the Impairment Table(s) applicable and your opinion about the appropriate impairment rating. Please explain your opinion about the appropriate impairment rating by reference to the criteria in the applicable table.
4. Is the condition expected to persist for more than two years from the date of the disability support pension claim?
5. Is the functional impairment resulting from the condition expected to persist for more than two years from the date of the disability support pension claim?
6. Describe the treatment history of the condition, including dates and period of treatment.
7. Is there any planned treatment for your patient's condition? If so, do you expect the planned treatment to result in change in the functional impact of the condition and to what extent? If there is treatment available but there are reasons why your patient cannot undertake the treatment, or is refusing treatment, what are the reasons?