

DISABILITY SUPPORT PENSION

To qualify for a Disability Support Pension your condition must be considered to be permanent and you need to have an impairment rating of 20 points or above.

A condition is considered permanent if it has been:

- fully diagnosed by a qualified medical practitioner,
- fully treated,
- fully stabilised; and
- given all available evidence, is more likely than not to persist for more than 2 years.

To qualify as fully diagnosed and fully treated you must have:

- corroborating evidence of the condition (more than 1 doctor or specialist that agrees with the evidence),
- details of the treatment or rehabilitation that has occurred in relation to the condition; and
- whether treatment is continuing or is planned in the next 2 years.

To qualify as fully stabilised it must be established that:

- you have undertaken reasonable treatment for the condition and any further treatment is unlikely to result in significant functional improvement to a level enabling the you to undertake work in the next 2 years; or
- you have not undertaken reasonable treatment for the condition and
 - significant functional improvement to a level enabling you to undertake work in the next 2 years is not expected to result, even if you undertake reasonable treatment; or
 - there is a medical or other compelling reason for you not to undertake reasonable treatment.

Reasonable treatment is:

- available at a location that is reasonably accessible to you; and
- is at a reasonable cost; and
- can reliably expected to result in substantial improvement in functional capacity; and
- is regularly undertaken or performed; and
- has a high rate of success; and
- carries a low risk to you.

The impact of Complex Regional Pain Syndrome on your application.

The presence of a diagnosed condition such as CRPS does not necessarily mean that there will be a disability to which an impairment rating may be assigned. Not everyone with CRPS will be disabled by the condition and different treatments available can result in functional improvement for some.

When assessing a chronic pain condition, the resulting level of disability is assessed using the Impairment Tables.

Disability Impairment Tables

The information provided by your health professionals will be taken into account, along with any additional medical or work capacity information available. You may be asked to demonstrate abilities described in the Tables.

Your impairment will be assessed when you are using or wearing any aids, equipment or assistive technology that you usually use.

Select the appropriate Table or Tables to assess each impairment:

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

- The correct Table for each impairment must always be used unless the instructions in the Table specify otherwise.

- When using more than one Table to assess multiple impairments for the same condition you cannot rate the same impairment under more than 1 Table.

- If more than 2 or more separate conditions cause a combined impairment only 1 single rating per Table can be applied.

How to apply a rating:

- A rating must fit **all** of the descriptors given in the Table for it to apply. If it fails to meet all of the requirements then the next lower rating must be assigned, you cannot give a partial rating; ie 5 out of 10

- A rating cannot be given in excess to the maximum specified in each Table.

- When an impairment describes activities, this applies to whether you are able to do the activity normally and on a regular basis – not whether you are occasionally incapable.

- When assessing impairments caused by conditions that are episodic or fluctuating a rating must be assigned that takes into account the overall functional impact of those impairments; including the severity, duration and frequency of the episodes or fluctuations as appropriate.

- If your diagnosed condition results in no recognised impairments as per the Impairment Tables, then you will be assessed as having no functional impact and a zero rating will be applied.

We would advise that you check over the Tables and mark the items that apply to you. You need a total of 20 points minimum. Your GP and a specialist as listed in each table need to both agree that each item applies to you. We suggest you take a copy of the tables to your appointments and get your doctors/physios etc to confirm each item applies to you and to use as close as possible wording (or the actual wording) that is in the Tables.

During this process you may be required to attend a Job Capacity Assessment, a Disability Medical Assessment or participate in a Program of Support if you rate 20 Impairment points across more than 1 table.

The Impairment Tables can be found here:

<http://crpsnetworkaustralia.org.au/wp-content/uploads/2018/10/Disability-Support-Pension-Tables.pdf>

You can read more about the DSP Application Process by clicking the links below:

How Centrelink assesses your disability or condition:

<https://www.humanservices.gov.au/individuals/services/centrelink/disability-support-pension/eligibility/how-we-assess-your-disability-or-condition>

The Impairment Tables

https://www.dss.gov.au/sites/default/files/documents/05_2012/dsp_impairment_final_tables.pdf

What to do if your application is rejected:

If your application is rejected, you have a limited time (13 weeks) to lodge your appeal documentation. If you do it within the time limit given to you your pension, if and when approved, will be backdated to the original date that you applied.

Find, or ask for, the impairment rating that Centrelink has given to you and enquire about which items in the Tables those points relate to and whether they consider that your condition is permanent – as per the definitions given above.

Ensure that your doctors reports adequately cover their definition of 'Permanent' - fully diagnosed, fully treated and fully stabilised, and that all of the items in YOUR tables list have been covered by your reports to establish why you have been rejected.

If required ask for new reports from your doctors/physios etc which adequately cover the definition of permanence and 20 or more points in the Impairment Tables.

What to do if your application is rejected a 2nd time:

If you are further rejected and you believe that you have shown proof that your condition is permanent and that you have 20(+) points that fully correlate with the Impairment Tables, then we advise you make a complaint to Centrelink. You can ask for their decision to be reviewed by an Authorised Review Officer and advise them that if you don't get a satisfactory response you will take it to the Commonwealth Ombudsman and your local MP.

How to complain to Centrelink:

- Phone the number given to you on your application.
- Complain online: <https://www.humanservices.gov.au/individuals/contact-us/complaints-and-feedback> or
- Ask Centrelink to call you back:
https://www.centrelink.gov.au/custsite_feedback/sims/contactUsPage.xhtml?wec-appid=sims&wec-locale=en
- In any dealings with Centrelink always ask for a Centrelink complaint reference number so that you have a record of your complaint. The Ombudsman will ask you for any complaint numbers you have if they decide to investigate on your behalf.

You should give Centrelink 10 days to respond to your complaint. If you are not satisfied with Centrelink's response to your complaint, then contact the Commonwealth Ombudsman via the Administrative Appeals Tribunal to ask for your application to be reviewed.

The Commonwealth Ombudsman:

If you disagree with a decision by a Centrelink Authorised Review Officer, you may be able to ask the Administrative Appeals Tribunal (AAT) to review the decision.

Details on how to request a review:

<http://www.aat.gov.au/social-services-child-support-division/applying-for-a-review>

Information about the Commonwealth Ombudsman:

<http://www.ombudsman.gov.au/making-a-complaint/australian-government-agencies-and-services/centrelink-complaints>