

Changes to DSP Assessments

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As of 1 January 2012 new impairment tables for the processing of new disability support pension (DSP) claims came into effect. This was the first major revision of the tables since their implementation in 1993.

Since then there have been a number of improvements in treatment and the development of technologies that make it possible for someone who would otherwise remain on a pension to now enter the workforce with appropriate modifications to their work environment and their work and travel arrangements.

The advisory group appointed by Minister Macklin in 2010 consisted of leading medical specialists, psychiatrists, psychologists and other health professions as well as advocates for people with disability and those living with mental illness. The determination of the group was that the new tables should look at the functionality of the person rather than solely being a medical focus on their disease or condition.

As a result the new impairment tables focus on the area of the body that is affected and the level to which it impinges on a person's ability, or inability to function. So, as an example, a person with spinal injuries will be assessed on the function of that area of their spine that is affected. They will be assessed using the one relevant table and must attain 20 points or greater to qualify for the DSP.

How does it affect [PLHIV](#) [1] Person (or people) Living with HIV. This term is now preferred over the older PLWHA. applying for a DSP?

Those applying for DSP have been required to undergo a Job Capacity Assessment, or JCA, since 2006-07 and new medical reviews are conducted using this assessment tool. With the implementation of the new impairment tables the appropriate medical professional will conduct the test. Most people will be assessed for medical conditions by a doctor, psychological impairment will be assessed by a psychiatrist or psychologist (sometimes with a doctor) and physical impairments are to be assessed by a physiotherapist.

In the case of people living with chronic conditions with episodic periods of illness, they will be assessed using the range of tables required to assess their ability, looking at the frequency of those periods where they are incapable of working and the severity of those incidences. They will still be required to attain 20 points or greater to qualify for DSP. Likewise, for PLHIV intending to claim DSP, their eligibility will be tested across the relevant range of tables required to assess their capacity.

How does it affect those already on the DSP?

For those already in receipt of DSP prior to January 2012 there is no intention for the number of people sent for medical assessment to be increased. A medical assessment can be triggered at any time as a result of changes in reported income, assets and attempting work. This is not a new thing; it has been the case for a number of years. However, last year, in the budget, the government did move to increase the number of hours a person could work before their pension would be affected.

The previously 'grandfathered' group created by Prime Minister Howard on 6 May 2007 will still be assessed as eligible to continue on a DSP if they cannot work more than 30 hours per week. As of 1 July 2012 though, all DSP recipients will have the right to work up to 30 hours per week without their eligibility for the pension being affected. It is not clear how this will play out in practice especially when an individual is sent for a medical review.

FaHCSIA1 has said it is still working out the details to ensure that recipients are not unduly affected.

The assessment for new applicants to qualify for the DSP is based on an individual's ability to function in the workplace for 15 hours or more per week, at a minimum wage, independent of any support programs. Some questions arise regarding how those who have previously been assessed using the 30 hour capacity test will be affected with the implementation of the new tables. We will provide further details as they arise but it is hoped that people currently on a DSP would still be assessed at review on their capacity to work 30 hours per week.

Concessions for people with chronic illnesses were sought by advocates to ensure that people living with chronic conditions (such as HIV) who often have a number of co-morbidities (sometimes as a result of treatment) are assessed using all relevant tables. This was put as a recommendation to the minister to be included in the guidelines. It appears that those concessions have been applied.

The government has argued that the onset of new treatments has prolonged the lifespan and the capability of many within all communities and, as a result, increased their ability to function effectively in the workplace. People with HIV are certainly not the only group living with a disability to be affected by ageing comorbidities and many are able to improve their standard of living by doing some paid work.

The government has been at pains to point out that these changes are not an allout assault on people on the DSP. It says that the new measures for new applicants for the DSP must be considered as a result of the massively increasing number of those applying for the pension in recent years and the distribution of what is a finite resource.

For more information and questions go to:

www.fahcsia.gov.au/sa/disability/payments/Pages/faq_impairment_tables.as... [2]

Or call FaHCSIA on 1300 653 227 and request information about the new impairment tables.

1. [1.](#) FaHCSIA is the Commonwealth Department of Families Housing, Community Services and Indigenous Affairs

- [Disability Support Pension](#)

Links:

[1] <http://napwa.org.au/glossary/term/689>

[2] http://www.fahcsia.gov.au/sa/disability/payments/Pages/faq_impairment_tables.aspx