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Australian Government

Services Australia

Progress of claim - Disability Support Pension (DSP) 008-03150000

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Background

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This document outlines how Service Officers assess DSP claims and respond to customer enquiries about the progress of their DSP claim.

Progress of DSP claims

Customers regularly contact Services Australia to ask about the progress of their DSP claim. The advice provided to customers depends on the stage of their DSP claim. For example:


- claim lodgement
- initial medical assessment (MAT report/SA479)
- Streaming to progress claims
- Job Capacity Assessment (JCA)
- Disability Medical Assessment (DMA)
- finalisation rejection/grant
- review and appeal

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[Prioritising](#)[DSP claims for terminally ill customers.](#)**Claim lodgement and documents**

Customers can claim DSP by:

- submitting an online claim  with help from a Service Officer running Assisted Customer Claim (ACC)
- lodging a paper claim form

A correspondence nominee can lodge a claim on the customer's behalf. The nominee may advise the customer has no insight into their condition and they are not aware that the nominee is applying for DSP on their behalf. Let the nominee know that depending on how the claim is lodged the customer may be sent letters, SMS or email messages during the claim process.

Customers who have a terminal illness with a life expectancy of less than 2 years may lodge a Claim for Disability Support Pension for a Terminal Illness form (SA494) with or without the Verification of Terminal Illness form (SA495). See [Streaming a new claim for Disability Support Pension \(DSP\)](#).

As part of the DSP online claim process, eligible customers are asked if they want to claim [JobSeeker Payment \(JSP\) \(Provisional\)](#). A separate full claim is not needed. If a customer wants to claim any other income support payment, current process applies for each payment type.

If ACC is completed:

- over the phone, read a verbal customer declaration script to the customer or their nominee and record their consent
- in a service centre, take a verbal declaration or print a Customer Declaration Form for the customer to sign

Customers are encouraged to lodge all required forms and information relevant to their circumstances when they claim DSP. This includes current medical evidence from their treating health professional/s.

If a customer is invited to test their eligibility for DSP, the letter inviting them to claim may advise further medical evidence is not required. This letter can be uploaded or scanned to support an online claim in place of medical evidence.

Upon receipt of a paper claim, scan the DSP claim (SA466), separating the Medical section (MEDSA466). All other supporting documents **must** be scanned to the customer record with the correct classification if there is no barcode on the document.

See [Scanning Centrelink documents using an MFD](#) if documents to support the claim are provided separately.

For example, after a claim has been submitted:

- select the **Process Direct** ^{s47E(d)} icon and update the status of the task

- if using Customer First, use the [s47E\(d\)](#) guided procedure to mark the corresponding task as **Provided**

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

Identity documents submitted **must** be coded using [Identity Confirmation Dashboard](#) in Process Direct. For any documented determinations where customers are unable to confirm their identity, see [Alternative Identity](#).

Initial Medical Assessment (MAT)

Once an online claim is submitted, or a paper claim form is lodged and scanned, a DSP new claim Social Online Application (SOA) and automatic [MAT](#) referral is generated. The DSP claim is placed on hold until the Disability Support Pension Medical Eligibility Assessment Recommendation (SA479) is completed.

Note: the SA479 is also referred to as:

- MAT recommendation/SA479
- MAT report/SA479
- MAT recommendation
- MAT

The medical evidence provided is assessed by Assessment Services to determine if:

- the claim can be manifestly granted or rejected, or
- a further assessment is required to determine medical eligibility

An Assessment Services Assessor can make one of the following MAT recommendations:

- manifest medical eligibility
- manifest medical ineligibility
- reject claim based on insufficient medical evidence
- assess claim based on a current and valid Job Capacity Assessment (JCA) report, or
- a JCA referral is required to assess medical eligibility

[s47E\(d\)](#)

. For full details on the escalation process see, [Prioritising DSP claims for terminally ill customers](#).

Once a MAT recommendation is completed, the claim is allocated to Smart Centres Disability Processing.

Streaming

Streaming a DSP claim involves:

- checking the claim and supporting documents
- reviewing the customer's circumstances

- determining the action required to progress to claim finalisation

See [Streaming a new claim for DSP](#).

Job Capacity Assessment (JCA)

Where the MAT determines the customer is manifestly eligible or ineligible for DSP based on available medical evidence, a JCA is not required.

In all other cases a JCA is required to assess:

- the customer's medical conditions under the [Impairment Tables](#)
- if they need to meet Program of Support (POS) requirements
- if they have a Continuing Inability to Work (CITW)

Customers who have been assessed by a JCA as likely to be medically eligible for DSP (but not manifestly eligible) are referred to a Government-contracted doctor (GCD) for a Disability Medical Assessment (DMA). A DMA verifies a customer's eligibility for DSP before their claim is determined. See [Disability Medical Assessment \(DMA\) referrals](#).

In some cases, an existing JCA report recommending medical eligibility may be assessed by MAT as being current and valid. These claims do not require a further JCA to be conducted and should be progressed for a DMA referral following streaming.

Disability Medical Assessment (DMA)

The Service Officer reviews and actions the DMA report. There are 6 possible outcomes from a DMA report for a customer:

- Medical eligibility for DSP with no amendments (DMA report supports the recommendations from the JCA report)
- Medical eligibility for DSP, but some minor adjustments to the medical condition/s and/or impairment rating/s (DMA report slightly different to the recommendations from the JCA report)
- Potential medical eligibility for DSP but there are major changes to the medical condition/s and/or the impairment rating/s (DMA report different to the recommendations from the JCA report) including the requirement to now assess active participation in Program of Support (POS) and reassess work capacity
- The customer is manifest medically eligible for DSP
- The customer is not medically eligible for DSP
- Medical eligibility cannot be determined as the customer could not be contacted, did not attend or failed to participate in the DMA

Release of MAT report/SA479, JCA or DMA reports

A customer can request a copy of their:

- MAT report/SA479
- JCA report

- DMA report

These reports:

- **may be released** by APS3 level staff or above, in specific circumstances without a formal Freedom of Information (FOI) request
- **cannot be released** to the customer under Informal Access in any circumstances where there is an unfinalised DSP new claim, formal review or medical review related to that report

DSP customers can request a copy of their MAT report/SA479, JCA or DMA report:

- under Informal Access **once their claim, formal review or medical review is finalised**. Release of a report through this channel is not automatic and depends on all criteria being met, or
- by a formal [request under the Freedom of Information Act 1982](#). These requests must be in writing and immediately forwarded to the agency's FOI team

See [Release of Disability Support Pension \(DSP\) Medical Assessment reports](#).

Rejection of DSP

Customers who are assessed as not eligible for DSP can:

- [request reassessment of the rejected claim](#) (for specific rejection reasons only), or
- [request an explanation or apply for a formal review](#) of the rejection decision

See [Reviews and appeals for Disability Support Pension \(DSP\) rejection or cancellation decisions](#).

Impairment Table changes from 1 April 2023

From 1 April 2023, new Impairment Tables were introduced. The Tables are used to assess a customer's medical eligibility for all DSP claims lodged (or with date of effect) on or after this date. See [The Impairment Tables](#).

The [Resources](#) page contains:

- forms for staff and customers
- fact sheets explaining common rejection reasons for DSP new claims
- contact details
- an example of a DSP Claim Progress **DOC**

Related links

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

[Coding identity documents](#)

[Alternative Identity](#)

[Scanning Centrelink documents using an MFD](#)

[Assessing a new claim for Disability Support Pension \(DSP\) after a Job Capacity Assessment \(JCA\)](#)

[Prioritising Disability Support Pension \(DSP\) claims for terminally ill customers](#)

[Disability Medical Assessment \(DMA\) referrals](#)

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

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

[Using a Job Capacity Assessment \(JCA\) report to determine payment type](#)

[Job seekers with a partial capacity to work or a temporary reduced work capacity](#)

[JobSeeker Payment \(JSP\) and Youth Allowance \(YA\) \(Provisional\)](#)

[Assessing and coding medical evidence for temporary incapacity exemptions](#)

[Request for an explanation or application for a formal review](#)

[First contact about a decision and the internal review process](#)

[Reviews and appeals for Disability Support Pension \(DSP\) rejection or cancellation decisions](#)

[Release of Disability Support Pension \(DSP\) Medical Assessment reports](#)

[Identity Confirmation](#)

[Viewing Centrelink customers' digital images](#)

[Managing complaints and feedback](#)

[Referral to external support services](#)

[Family and domestic violence](#)

[Separating safely - protecting personal details](#)

Process

This document outlines how Service Officers assess DSP claims and respond to customer enquiries about the progress of their DSP claim.

On this page:

[Progress of claim](#)

[Finalising claims, POS, explanation of rejection decision, formal review and customer complaints](#)

Progress of claim

Table 1: this table explains the assessment stages for a DSP claim and what to tell a customer if they contact about the progress of their claim.

Step	Action
1	<p data-bbox="336 286 962 320">Customer has lodged DSP claim + Read more ...</p> <p data-bbox="336 349 632 383">Check contact details</p> <p data-bbox="336 412 1342 479">When a customer contacts about the progress of their claim, staff must confirm that contact details are current.</p> <p data-bbox="336 508 1358 575">If changes are required, these must be updated manually outside of the DSP new claim activity. Refer to:</p> <ul data-bbox="384 604 1366 1084" style="list-style-type: none"> <li data-bbox="384 604 1302 672">• Address ^{s47E(d)}, Accommodation details ^{s47E(d)} and/or Other Contact Details ^{s47E(d)}, see Table 4 > Step 4 in Updating address details <li data-bbox="384 701 1366 887">• If the customer is making updates to their address only, not their partner's this is a family and domestic violence interaction point, see Family and domestic violence Note: if a customer advises they are separating, see Separating safely - protecting personal details to ensure personal information is kept safe <li data-bbox="384 916 1350 983">• Telephone ^{s47E(d)} see Step 2 in Updating telephone details and/or paying Telephone Allowance (TAL) <li data-bbox="384 1012 1339 1079">• Email address ^{s47E(d)} see the Customer First tab in Adding, changing or removing an email address <p data-bbox="336 1108 456 1142">s47E(d)</p> <p data-bbox="336 1290 1374 1357">Prioritising Disability Support Pension (DSP) claims for terminally ill customers.</p> <p data-bbox="336 1386 657 1420">Check DSP claim status</p> <p data-bbox="336 1449 1394 1592">DSP Claims do not have a NCL activity in Customer First on the Activity List ^{s47E(d)} screen, instead a claim (Social Application) is created in Process Direct when an online claim/Assisted Customer Claim (ACC) is submitted, or when a paper claim is lodged and scanned.</p> <p data-bbox="336 1621 1366 1771">Use the Transactions icon and check the DSP Claim Progress DOC to determine status of claim. For information on some of the process statuses of a DSP claim, see Process status definitions in Process Direct navigation, common screens and functions.</p> <p data-bbox="336 1800 935 1834">Where the DSP Online Claim status is DRAFT</p> <p data-bbox="336 1863 1385 2007">If the online claim status is showing as Draft, the customer has started, but has not submitted the online claim. Do not change the claim status from Draft. Note: if the Claim Submission Date reads 00:00:0000, the online claim has not yet been submitted.</p>

Tell the customer:

- to log into their online services, accept the customer declaration and submit their claim
- there is limited time to do this before the claim is no longer available

Where the DSP Claim status is Finalised (Completed)

To identify if the DSP claim has been finalised (completed):

- **In Process Direct via Customer Summary, check**
 - **s47E(d)** for a grant **Note/DOC** or a claim finalisation **Note/DOC**
 - Benefit Status **s47E(d)** screen for a claim determination in the **s47E(d)** system, or
 - **Transaction** icon for an online claim
- **In Customer First, check:**
 - Document List **s47E(d)** screen for a grant **DOC** or a claim finalisation **DOC**
 - **s47E(d)** screen for a claim determination in the **s47E(d)** system
 - status of online or Assisted Customer Claim (ACC) in Customer First using **s47E(d)**
 - the **s47E(d)** will display the User status of the claim. If the claim is granted, the User status will show as **Completed**, see [Viewing and processing online and Assisted Customer Claim \(ACC\)](#)

Where the DSP Claim status is Finalised (Completed), see [Table 2](#) to advise claim outcome.

Where the customer has lodged a paper DSP Claim but there is no Claim/Progress DOC present

[Go to Step 3.](#)

Where the DSP claim is still in progress (i.e. In Process/On Hold status)

Where the claim status is **In Process** or **On Hold** and awaiting further assessment or finalisation and the customer is **s47E(d)**, tell the customer:

'Claiming Disability Support Pension can be a lengthy process and may include multiple medical assessments with strict eligibility criteria.


Once your claim is processed, if eligible you will be paid for the period you're entitled to, including back-payments.

We will notify you of the outcome of your claim in writing once it's been finalised.'

If the customer/nominee wants further information about the status of their claim, [go to Step 2](#).

Is the customer current on an Income Support Payment

As part of the DSP online claim, eligible customers are asked if they want to claim [JobSeeker Payment \(JSP\) or Youth Allowance \(YA\) \(Provisional\)](#) while their DSP is being assessed. A separate claim is not needed for JSP if they say yes to claiming JSP within the DSP online claim. If the customer wants to claim Youth Allowance they need to claim separately. When reviewing the customer's record, determine if an alternative Income Support Payment (ISP) needs to be offered. Where an alternative ISP is requested and has not already been assessed, staff must complete the following:


- **Telephony** - tell the customer to claim  online. If the customer is unable to or it is unsuitable for them to claim online, complete an Assisted Customer Claim (ACC).
- **Front of House** - offer an alternative ISP. If the customer declines an alternative ISP, record details in a **DOC**. If the customer accepts the offer of an alternative ISP, complete an ACC and action as required

Customer advises they have further information for their unfinalised DSP claim

If the customer is calling to advise they have more information to support their DSP claim:

- In **Process Direct** via **s47E(d)**, refer to:
 - the DSP Claim Progress **DOC** on **s47E(d)** for updates on claim processing including any outstanding information or assessments required
 - **Documents** icon for scanned documents
 - the **Task** icon to show any outstanding tasks. If requested documents have been provided or are no longer required, the status of the task can be updated here
- In **Customer First**, refer to:
 - the DSP Claim Progress **DOC** on **s47E(d)** for updates on claim processing including any outstanding information or assessments required
 - **s47E(d)** to search for scanned paper claim and/or supporting documents
 - use **s47E(d)** guided procedure to show any outstanding tasks

Tell the customer:

	<p style="text-align: right;"></p> <p>'Lodge your documents using Upload documents online or the local service centre as soon as you can.</p> <p>Having the information as early as possible means it can be considered without further delay.</p> <p>If you or your partner (if applicable) have earnings, you must continue to lodge/upload all payslips from the date you claimed until you are advised of the claim outcome. This will help in the assessment of your claim.</p> <p>If further information is required or if you need to attend an appointment, you will receive a letter.'</p> <p>See Documents required for Centrelink new claims.</p> <p>If the customer/nominee wants more information on the specific stage/status of their DSP claim, go to Step 2.</p>
2	<p>Stages of a DSP claim/customer queries + Read more ...</p> <p>See below to determine how to help customers with their queries about their DSP claim:</p> <ul style="list-style-type: none"> • No DSP claim activity and/or DSP Claim progress DOC on record, go to Step 3 • Mutual obligation/participation requirements ('Claiming DSP' exemption), go to Step 4 • Claim in progress and customer requesting immediate processing, go to Step 5 • Medical Assessment (MAT) referral, go to Step 6 • Streaming, go to Step 7 • Job Capacity Assessment (JCA) appointment, go to Step 8 • Disability Medical Assessment (DMA) appointment, go to Step 9 • Finalised (Completed) DSP Claim, see Table 2 > Step 1 • Customer complaints, see Table 2 > Step 14
3	<p>Index, re-index or regenerate the claim + Read more ...</p> <p>If the customer contacts to enquire about the progress of their DSP claim and it:</p> <ul style="list-style-type: none"> • has not been finalised/completed, and there is no claim transaction and/or DSP Claim Progress DOC on s47E(d) on the record, see, Indexing, re-indexing, and cancelling claim activities <p>needs to be cancelled as the activity is preventing other updates on the customer's record, see Indexing, re-indexing, and cancelling claim activities</p>

	<ul style="list-style-type: none"> • is a new paper claim scanned with no evidence of progression of the DSP claim and no claim activity on the customer's record: • check s47E(d) in Customer First for claim documents to determine if a DSP claim has been scanned incorrectly <ul style="list-style-type: none"> ○ see, Indexing, re-indexing, and cancelling claim activities <p>Note: in all instances where a DSP claim has been indexed, re-indexed or regenerated, if the customer is in receipt of JSP/YA, check if Activity and Exemption Summary s47E(d) screen needs coding with 'Claiming DSP' exemption. See JobSeeker Payment (JSP) and Youth Allowance (YA) (Provisional).</p> <p>Tell the customer/nominee:</p> <p>'Your DSP claim has been referred for processing - this includes the assessment of the medical evidence you have provided. If further information is required or if you need to attend an appointment, a Service Officer or assessor will attempt to contact you. Calls from us will display as a private number. Please answer this call.'</p> <p>Procedure ends here.</p>
4	<p>Mutual obligations/participation requirements for JSP/YA and Activity and Exemption Summary (s47E(d)) coding + Read more ...</p> <p>If a JSP/YA current customer contacts to enquire about their mutual obligations/participation requirements and they are getting a participation payment under 'provisional' conditions, they do not have to meet mutual obligation or participation requirements if:</p> <ul style="list-style-type: none"> • they have submitted a DSP claim, and • the claim is not yet finalised <p>To determine if the 'Claiming DSP' exemption coding is required and for coding instructions, see JobSeeker Payment (JSP) and Youth Allowance (YA) (Provisional).</p>
5	<p>Request for immediate processing + Read more ...</p> <p>When a customer asks for their claim to be processed urgently, check:</p> <ul style="list-style-type: none"> • the DSP Claim Progress DOC on their record • if the claim is 'On Hold' and the hold reason • if all required information is available. This can include: <ul style="list-style-type: none"> ○ completed claim form ○ submission of an online claim ○ all required documents have been provided and correctly submitted

- supporting medical evidence. **Note:** medical information is stored in the customer's electronic Medical Information File Envelope **s47E(d)** and can be viewed in the **s47E(d)** tab in Process Direct or **s47E(d)** in Customer First
- Income and Assets form (SA369) if required
- MAT report/SA479
- Job Capacity Assessment (JCA) and/or Disability Medical Assessment (DMA) report
- if a claimant requires a Program of Support (POS) assessment following a DMA
- specialist assessments completed if required (for example, Complex Assessment Officer (CAO), Compensation (COMPO), member of a couple assessment (MoC)

All required information is not available + Read more ...

Tell the customer that the claim is unable to progress until all required information is available.

Where the customer is experiencing financial hardship, offer the customer a [referral to a community agency](#) for help.

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Reason: for example, claim unable to be finalised until all required information has been provided
- Customer has been advised their claim will be processed according to normal timeliness standards
- Customer has been requested to return: XXXXXX

Procedure ends here until all required information is available.

All required information is available + Read more ...

Assess customer's circumstances to determine if the request meets any of the following criteria for immediate processing:

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	<p>s47E(d)</p> <p>Customer meets the criteria for immediate processing + Read more ...</p> <p>Where the DSP claim is ready to assess as all required information is available including MAT/JCA/DMA reports, see Immediate new claim and non-claim priority processing to request urgent assessment of claim.</p> <p>Customer does not meet the criteria for immediate processing + Read more ...</p> <p>Tell the customer:</p> <p>'Please be assured we are processing claims as quickly as possible. DSP claim processing is a lengthy process with strict eligibility criteria. We will let you know the outcome as soon as it is complete.'</p> <p>Annotate the DSP Claim Progress DOC with details:</p> <ul style="list-style-type: none"> • Customer contacted: DD/MM/YY • Reason: for example, based on the information provided, customer is not eligible for urgent processing of their new claim • Customer has been advised their claim will be processed according to normal timeliness standards <p>Procedure ends here.</p>
6	<p>MAT assessment of medical evidence + Read more ...</p> <p>Do not tell the customer the outcome/recommendation within the MAT report/SA479 before the claim is finalised.</p> <p>What is a MAT assessment + Read more ...</p> <p>Upon lodgement of the DSP claim, a DSP new claim Social Application (SOA) and an automatic referral are generated and allocated to Assessment Services. The DSP claim is placed On Hold.</p> <p>Assessment Services assess the medical evidence provided with the DSP claim and submit a recommendation via a Disability Support Pension Medical Eligibility Recommendation (SA479). When a MAT report/SA479 is completed:</p> <ul style="list-style-type: none"> • the claim status is updated to In Process • a MAT DSP Recommendation DOC is added to the record • the DSP new claim activity is allocated to a Service Officer via Workload Management (WLM) to action <p>How to locate the MAT report/SA479 + Read more ...</p> <p>The MAT report/SA479 is viewed in:</p>

	<ul style="list-style-type: none"> • Process Direct by selecting the: <ul style="list-style-type: none"> ○ s47E(d) icon or ○ s47E(d) function in the s47E(d) menu • Customer First from s47E(d) <p>Tell the customer:</p> <p>'Please be assured we are processing claims as quickly as possible. DSP claim processing is a lengthy process with strict eligibility criteria. We will let you know the outcome as soon as it is complete.'</p> <p>Annotate the DSP Claim Progress DOC with:</p> <ul style="list-style-type: none"> • Customer contacted: DD/MM/YY • Include details of the discussion <p>Procedure ends here.</p>
7	<p>Streaming by Disability Processing Service Officer + Read more ...</p> <p>A Service Officer actions the claim based on the MAT report/SA479.</p> <p>The MAT report/SA479 can be viewed:</p> <ul style="list-style-type: none"> • In Process Direct by selecting: <ul style="list-style-type: none"> ○ the s47E(d) icon, or ○ the s47E(d) function in the s47E(d) menu • In Customer First from s47E(d) <p>Do not tell the customer the outcome/recommendation within the MAT report/SA479 before the claim is finalised.</p> <p>MAT report/SA479 indicates - Manifest medical eligibility + Read more ...</p> <p>If the MAT report/SA479 recommends manifest medical eligibility, no further medical assessment is required.</p> <p>An assessment of non-medical eligibility is to be completed before the claim can be finalised.</p> <p>These customers are considered vulnerable and need extra support, therefore, the claim is to be Held to User until the claim is complete.</p> <p>If the customer has not supplied all required information requested via the online claim, Service Officer is to contact the customer to get the outstanding documents.</p>

Details of any documents requested, or referrals actioned, for example, Member of a Couple assessment (MoC) or Compensation clearances are included in the DSP Claim Progress **DOC**.

If there are any outstanding documents, tell the customer:

- to return the documents by the due date advised in the letter or on their task list
- that the claim may be rejected if the requested documents are not provided by the due date

If all information has been provided, tell the customer:

'Please be assured we are processing claims as quickly as possible and your claim is progressing.

Once your claim is processed, if eligible, you will be paid for the period you're entitled to, including back-payments.

We will notify you of the outcome of your claim in writing once it's been finalised.

If we need to phone you, calls from the agency display as a private number. Please answer this call'

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

Medically ineligible and claim not finalised + Read more ...

The claim is allocated to a Service Officer for assessment but is not yet finalised.

Tell the customer:

'Please be assured we are processing claims as quickly as possible and your claim is progressing.

Once your claim is processed, we will notify you of the outcome of your claim in writing.

A Service Officer may attempt to contact you.

Calls from the agency display as a private number. Please answer this call.'

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

Non-medical criteria not met and claim finalised + Read more ...

	<p>If the customer does not meet the non-medical eligibility criteria, the claim is rejected and attempts are made to contact the customer to discuss the outcome of the claim. Details of the rejection are recorded on the DSP NCL Reject DOC.</p> <p>Tell the customer:</p> <ul style="list-style-type: none"> • why their claim was rejected • they will get a letter advising the outcome of their claim, and • their review and appeal rights <p>Procedure ends here.</p> <p>JCA Referral required + Read more ...</p> <p>If a JCA referral is required, Service Officers must do an initial non-medical eligibility check to determine if the customer:</p> <ul style="list-style-type: none"> • is an Australian resident • has turned at least 15 years and 9 months and is under Age Pension age when they claimed • meets the relevant income and/or assets threshold (including partner, if applicable) based on available information provided • does not have a Compensation Preclusion period which ends 13 weeks after the claim date <p>If it is clear from the available evidence the customer does not meet the non-medical eligibility criteria for DSP, the claim will not progress to JCA.</p> <p>Tell the customer:</p> <p>'Please be assured we are processing claims as quickly as possible and your claim is progressing. Once your claim is processed, we will notify you of the outcome of your claim in writing. A Service Officer may attempt to contact you. Calls from the agency display as a private number. Please answer this call'</p> <p>Procedure ends here.</p> <p>To help with checking the customer's record for a Job Capacity Assessment (JCA) referral or appointment, go to Step 8.</p>
8	<p>Job Capacity Assessment (JCA) + Read more ...</p> <p>Do not tell a customer the outcome of the JCA report if the DSP claim assessment has not been completed.</p> <p>Status of a JCA report + Read more ...</p>

If a customer contacts, establish the status of the report, see [Understanding Job Capacity Assessment \(JCA\) reports](#).

JCA Referral and/or JCA Appointment information + Read more ...

Where a customer contacts to enquire about the progress of their DSP Claim and the claim is waiting for a JCA Referral and/or JCA Appointment, locate the referral/appointment details:

In Process Direct:

- from **s47E(d)**
 - check for the JCA ref req **DOC** (for example, JCA ref req-Phone Assessment)
 - if this **DOC** is annotated, it should contain details of the JCA appointment. Confirm these with the customer
- from **s47E(d)**
- if the referral **DOC** is not annotated with appointment details
- go to the Referral Summary **s47E(d)** screen and check **s47E(d)** ,
or
s47E(d)
-

If JCA status is New + Read more ...

Tell the customer:

'You have been referred for a Job Capacity Assessment'

- For face to face or phone appointments **only**:

'It's important that you attend the scheduled appointment'. Advise the customer of the JCA appointment date and time

'The claim may be rejected if you do not attend'

'After your JCA, **if** you are required to attend a Disability Medical Assessment (DMA) with a Government-contracted doctor, you will be referred to Sonic HealthPlus who will contact you to arrange an appointment.

You may be required to supply more information for your claim after your JCA, depending on the outcome'

Annotate the DSP Claim Progress **DOC** with

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

Where the JCA Referral has not yet been actioned/JCA appointment has not been booked + Read more ...

Tell the customer:

'There is a large volume of DSP claims on hand. This is impacting:

- Disability Processing ability to action Job Capacity Assessment Referrals, and
- Job Capacity Assessment appointment availability

Please be assured we are processing claims as quickly as possible, and your claim is progressing.

We will contact you to book a Job Capacity Assessment (if you need to attend by phone or face to face).

After your JCA, **if** you are required to attend a Disability Medical Assessment (DMA) with a Government-contracted doctor, you will be referred to Sonic HealthPlus who will contact you to arrange an appointment.'

Note: s47E(d)

Customer cannot attend a JCA appointment + Read more ...

The status of the JCA referral will be **New**.

If the customer cannot attend a booked **JCA** appointment and needs to reschedule, or they would like to change their appointment type, for example, cannot attend a face to face appointment. If the customer is:

- on the phone, warm transfer the call to [Assessment Services](#) (ASNAT)
- in person, send an email to ASNAT, see [Assessment Services](#)

See, [Job Capacity Assessment \(JCA\) and Employment Services Assessment \(ESAt\) appointments](#).

Customer has attended the JCA appointment + Read more ...

Do not tell the customer of the outcome of the JCA report until the DSP claim has been finalised.

- For a status of **In progress, On Hold, Reopened** or **Returned**:
 - Tell the customer:

'A JCA Assessor may need to contact your treating health or allied health professionals to clarify medical information you have provided with your claim. Once they have all the required information the Job Capacity Assessment report will be completed and submitted.'

	<ul style="list-style-type: none"> • Annotate the DSP Claim Progress DOC with: <p>Customer contacted: DD/MM/YY</p> <p>Include details of the discussion</p> <ul style="list-style-type: none"> • Procedure ends here • For a status of Submitted: <ul style="list-style-type: none"> ○ Tell the customer: <p>'Once the JCA report has been submitted it is then assessed and we will contact you either by phone or in writing if we are able to finalise your claim. Some applicants may be required to attend a Disability Medical Assessment (DMA) with a Government-contracted doctor. If this is the case, you will be referred to Sonic HealthPlus who will contact you to arrange an appointment. It is important you attend any scheduled appointments, failure to do so may delay the processing of your claim.'</p> <ul style="list-style-type: none"> • Annotate the DSP Claim Progress DOC with: <p>Customer contacted: DD/MM/YY</p> <p>Include details of the discussion</p> <ul style="list-style-type: none"> • Check if the customer has been referred for a Disability Medical Assessment (DMA) • Go to Step 9
9	<p>Disability Medical Assessment (DMA) + Read more ...</p> <p>Sonic HealthPlus (Sonic) is an external contracted provider delivering DMA services on behalf of the agency. They must not be directly contacted by:</p> <ul style="list-style-type: none"> • service delivery staff, or • managers <p>If there are concerns, agency staff must direct an enquiry to the GCD Contract Management Team.</p> <p>Do not tell a customer to contact Sonic about the:</p> <ul style="list-style-type: none"> • progress, or • status of their DMA report or DSP claim <p>Only tell a customer to call Sonic if they need to reschedule a DMA appointment.</p> <p>Check the current Status of a DMA report (see below) before providing more details.</p>

Do not tell a customer the outcome of the DMA report if the DSP claim assessment has not been completed.

How is a DMA referral actioned + Read more ...

An automatic referral for a DMA is created and sent to the DMA provider (Sonic) for action following the submission of an eligible JCA report.

If the automatic referral does not generate, a work item is allocated to a Service Officer to investigate and manually create a DMA referral.

When a DMA referral is actioned, a Display On Access (DOA) **DOC** is added to the customer's record to advise of the referral and the contact number to provide to customers for any enquiries about their DMA appointment.

Status of a DMA referral + Read more ...

Establish the status of the referral and see [Table 2](#) in Disability Medical Assessment (DMA) referrals for a description of the status and any required follow up:

In Process Direct:

s47E(d)

In Customer First:

s47E(d)

If the customer is referred for a DMA + Read more ...

Tell the customer:

'As part of the Disability Support Pension claim process an additional assessment by an independent health professional is required.

This assessment is referred to as a Disability Medical Assessment.

The Disability Medical Assessment process provides an assessment of your medical eligibility.

If you are required to attend an appointment it is important you attend this appointment when scheduled.

If you don't attend the scheduled appointment, it may delay the processing of your claim. We will finalise your claim as soon as possible.

Calls from Sonic HealthPlus will come through as a private number, it is important that you answer this call.'

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

If the DMA appointment has not been booked, refer to next heading.

DMA Appointment not yet booked + Read more ...

Where a customer contacts to enquire about the progress of their DSP Claim and the claim is **waiting for a DMA appointment to be scheduled** with the Government-contracted doctor (GCD) (DMA referral to Sonic):

- Tell the customer:

'There is a large volume of DSP claims on hand.

This is impacting Disability Processing ability to action Disability Medical Assessment referrals to Sonic HealthPlus, and Disability Medical Assessment appointment availability with a Government-contracted doctor.

There may be delays, and it may take longer than usual for Sonic to contact to book the DMA appointment. Sonic will contact to arrange the DMA appointment as soon as possible.

Please be assured we are processing claims as quickly as possible.'

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

s47E(d)

s47E(d)

Is there a Display on Access (DOA) **DOC** advising the DSP claim is being managed by Customer Critical Response Team (CCRT)?

- **Yes**, no further action is required as CCRT will liaise with GCD CMT
- **No**, see:
 - [Disability Medical Assessment \(DMA\) referrals](#)
 - [Disability Medical Assessment \(DMA\) appointment outcome](#)

Annotate the DSP Claim Progress **DOC** with:

- Customer contacted: DD/MM/YY
- Include details of the discussion

Procedure ends here.

Customer cannot attend a DMA appointment + Read more ...

Tell the customer to contact Sonic on the number included in the original appointment letter, or see [Sonic HealthPlus](#) for contact details, to reschedule their appointment.

Assessment of claim after a DMA + Read more ...

Do not tell the customer of the outcome of the DMA report until claim finalisation.

Once the DMA is completed, a report is submitted and allocated to a Service Officer for action.

	<p>Following acceptance of the DMA report, the customer's non-medical eligibility is assessed. The customer may be required to provide more information.</p> <ul style="list-style-type: none"> • Tell the customer: <p>'The Government-contracted doctor may need to contact your treating health or allied health professionals to clarify medical information provided with your claim. Once completed the DMA report is submitted.</p> <p>When the report has been submitted it is then assessed and Services Australia will contact you either by phone or in writing to advise you of the outcome of your claim, or if we need further non-medical information to assess your claim.</p> <p>If you have been asked to provide information, it is important you do so as soon as possible. Failure to do so will delay the processing of your claim.'</p> <p>Annotate the DSP Claim Progress DOC with:</p> <ul style="list-style-type: none"> • Customer contacted: DD/MM/YY • Include details of the discussion <p>Procedure ends here.</p>
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Finalising claims, POS, explanation of rejection decision, formal review and customer complaints

Table 2:

Step	Action
1	<p>DSP claim outcome + Read more ...</p> <p>DSP will show a status of CUR, ASS or REJ, when the assessment has been completed.</p> <p>Check for a finalised DSP claim by checking the following:</p> <p>In Process Direct via Customer Summary</p> <ul style="list-style-type: none"> • s47E(d) screen for a grant Note/DOC or a claim finalisation Note/DOC • Benefit Status s47E(d) screen for a claim determination • s47E(d) icon • s47E(d) icon for an online claim <p>In Customer First:</p> <ul style="list-style-type: none"> • Document List s47E(d) screen in the customer's record for a grant DOC or a claim finalisation DOC • Benefit Status s47E(d) screen for a claim determination • Pensions Status History (s47E(d))

	<p>When a DSP claim is rejected, and in some circumstances when a DSP claim is granted, a Service Offer Interview (SOI) is conducted by the Service Officer.</p> <p>If a customer contacts to request details of the outcome of their DSP claim, staff must discuss the outcome at the first point of contact.</p> <p>Information about the claim and the SOI can be found in Process Direct:</p> <p>s47E(d)</p> <p>If the customer is contacting because their claim was:</p> <ul style="list-style-type: none"> • Granted (including a status of ASS), go to Step 2 • Rejected, go to Step 3
2	<p>DSP claim was Granted + Read more ...</p> <p>Review the DSP Granted DOC.</p> <p>Tell the customer:</p> <ul style="list-style-type: none"> • the Start Date of DSP • their rate of payment, payment date and any waiting period if subject to an Income Maintenance Period (IMP) • any arrears - amount and expected date paid (if applicable) • updating Family Tax Benefit (FTB) income estimates <ul style="list-style-type: none"> ○ if the customer has a dependent child, (under the age of 19) in their care and they or their partner are not in receipt of FTB, tell the customer to use the Payment and Service Finder on the Services Australia website to see if they may be eligible for FTB. See Updating income estimates for the current financial year • self-service options: <ul style="list-style-type: none"> ○ Online account. Access through myGov

	<ul style="list-style-type: none"> ○ Express Plus mobile apps. Customers can use the app to do most of their business ○ Centrelink phone self service. Range of options including reporting employment income ○ Service Australia website. Customers can access a full range of online guides <ul style="list-style-type: none"> • their access to a Pensioner Concession Card • their notification requirements <p>If the customer wants to clarify the Start Date of the DSP claim, go to Step 14.</p> <p>If the customer's partner is not receiving or claiming their own payment but may be eligible, discuss any possible entitlements if customer has PPE/PPU authority on record.</p> <p>If the customer is partnered and the customer has Person Permitted to Enquire (PPE) or Update (PPU) authority, ask if their partner has:</p> <ul style="list-style-type: none"> • claimed, check the progress of the partner's claim. If the claim: <ul style="list-style-type: none"> ○ is assessed, tell the customer the outcome ○ has not been assessed, go to Progress of claim • not claimed, discuss with the customer any potential entitlements for their partner <p>Procedure ends here.</p>
3	<p>DSP claim was Rejected + Read more ...</p> <p>Review the DSP Rejection DOC on the customer's record.</p> <p>Staff must discuss the reason for the claim being rejected, at first point of contact.</p> <p>If the customer contacts regarding a rejection decision for their DSP claim, the action required depends on the reason for the rejection. For DSP claims rejected for:</p> <ul style="list-style-type: none"> • reason FRC/FSD/FRP/POI or IME/OTH, go to Step 4 • reason FME, go to Step 6 • reason GCD, go to Step 7 • reason NTC/NTP, go to Step 8 • medical reason, such as NSI, NDT, POS, MDI (excluding reasons IME and OTH), go to Step 9 • medical reason POS, go to Step 13

	<ul style="list-style-type: none"> all other DSP rejection reasons or enquiries about a formal review in progress, go to Step 14 <p>If the customer wants to submit a complaint, go to Step 15</p>
4	<p>DSP claim rejected for reason: FRC/FSD/FRP/POI or IME/OTH + Read more ...</p> <p>If the claim has been rejected for reasons FSD, FRC, FRP, POI, OTH or IME and the customer has provided the required information within 13 weeks of the rejection, the claim can be re-opened.</p> <p>This can be done without the need for a SME quality check/explanation of decision or formal review.</p> <p>Staff must use s47E(d)</p> <p style="text-align: right;">. See Request to reassess a rejected claim.</p> <p>If the customer has not provided the required information tell the customer/nominee to do so within 13 weeks of the rejection for reassessment from the original date of the claim.</p> <p>s47E(d)</p> <ul style="list-style-type: none"> Yes, go to Step 5 No, procedure ends here
5	<p>DSP claim rejected for reason: s47E(d) + Read more ...</p> <p>s47E(d)</p> <p>Procedure ends here.</p>
6	<p>DSP claim rejected for reason: FME + Read more ...</p> <p>A DSP claim is rejected FME (failed to attend medical examination - JCA) where the customer:</p> <ul style="list-style-type: none"> failed to attend a Job Capacity Assessment (and the JCA could not be completed as a file or phone assessment), or

	<ul style="list-style-type: none"> the customer would not participate in the assessment <p>If the DSP claim has been rejected for reason FME, and the customer:</p> <ul style="list-style-type: none"> has contacted within 13 weeks of being notified about the rejection decision, and has indicated their intention to attend and participate in a Job Capacity Assessment (JCA) appointment <ul style="list-style-type: none"> s47E(d) <p style="text-align: right;">. See Request to reassess a rejected claim</p> <p>Procedure ends here.</p>
7	<p>DSP claim rejected for reason: GCD + Read more ...</p> <p>A DSP claim is rejected GCD (failed to attend/participate in a Disability Medical Assessment) where Sonic has advised the customer:</p> <ul style="list-style-type: none"> was unable to be contacted to schedule a Disability Medical Assessment (DMA) failed to attend a Disability Medical Assessment (DMA), or the customer would not participate in the assessment <p>If the DSP claim has been rejected for reason GCD, and the customer:</p> <ul style="list-style-type: none"> has contacted within 13 weeks of being notified about the rejection decision, and has indicated their intention to attend and participate in a Disability Medical Assessment (DMA) appointment <ul style="list-style-type: none"> see Table 3 of Disability Medical Assessment (DMA) appointment outcome for action required <p>Procedure ends here.</p>
8	<p>DSP claim rejected for reason: NTC/NTP + Read more ...</p> <p>If the claim is rejected for reason NTC (failed to supply TFN customer) or NTP (failed to supply TFN – partner) and the customer has contacted within 13 weeks of being notified about the rejection, and has supplied the required information:</p> <p>Create an open work item, use s47E(d)</p> <p>Tell the customer:</p>

	<p>'Your DSP claim has been referred for reassessment. If further information is required or if you need to attend an appointment, a Service Officer or Assessor will attempt to contact you. Calls from us will display as a private number. Please answer this call.'</p> <p>Procedure ends here.</p>
9	<p>DSP medical rejection + Read more ...</p> <p>If the rejection is for medical reasons, refer to the relevant medical assessment report(s):</p> <ul style="list-style-type: none"> • Disability Support Pension Medical Eligibility Assessment Recommendation (MAT report) - (Document Type - SA479) • Job Capacity Assessment (Document Type - JCAR), or • Disability Medical Assessment (DMA) (Document Type - SA467) <p>The MAT report/SA479, JCA and DMA reports can be accessed:</p> <ul style="list-style-type: none"> • in Process Direct: s47E(d) • in Customer First: s47E(d) <p>See:</p> <ul style="list-style-type: none"> • Eligibility for DSP for the eligibility criteria • the Resources page for Rejection Fact Sheets covering: <ul style="list-style-type: none"> ○ Insufficient Medical Evidence ○ Diagnosed, Reasonably Treated and Stabilised ○ Not 20 Points Impairment ○ Program of support (POS) not met <p>Go to Step 10.</p>
10	<p>DSP rejection – which Impairment Tables have been applied + Read more ...</p>

	<p>A DSP rejection can currently be assessed under either of the following Impairment Tables depending on when the DSP claim was submitted:</p> <ul style="list-style-type: none"> • 2011 Impairment Tables (Note: the 2011 Tables show as 2012 on the system) • 2023 Impairment Tables <p>How to find which Impairment Tables were applied:</p> <p>In the customer's record in Process Direct:</p> <ul style="list-style-type: none"> • Go to the Medical Conditions Summary Screen (s47E() • On the Medical Assessment table, locate the JCA and/or DMA line in the Assigning Professional: column • Refer to the Impairment Table Version Date: field for either 01/04/2023 or 01/01/2012 <p>In the customer's record in Customer First:</p> <ul style="list-style-type: none"> • Go to the Medical Conditions Summary Screen s47E(d) • On s47E(, locate the JCA and/or DMA line in the Channel: column • Select the relevant s47E(d) hyperlink • Impairment Tbl Version: field with display either 1 APR 2023 or 1 JAN 2012 <p>To determine the appropriate advice for the customer based on the Impairment Tables applied:</p> <ul style="list-style-type: none"> • 2011 Impairment Tables, go to Step 11 • 2023 Impairment Tables, go to Step 12 • Program of Support (POS), under either Impairment Tables, go to Step 13
11	<p>DSP rejection - 2011 Impairment Tables + Read more ...</p> <p>Staff are to use the scripted text for the relevant rejection reason.</p> <p>The customer may/can request a copy of their:</p> <ul style="list-style-type: none"> • Disability Support Pension Medical Eligibility Assessment Recommendation (SA479) (MAT report) • Job Capacity Assessment (JCA) and/or • Disability Medical Assessment (DMA) <p>If requested, see Release of DSP Medical Assessment reports.</p> <p>DSP rejected MDI - not fully diagnosed + Read more ...</p> <p>Tell the customer:</p>

'Your claim for Disability Support Pension was unsuccessful as your medical condition/s were unable to be assessed as fully diagnosed because you did not provide evidence that your condition/s have been formally diagnosed by an appropriately qualified medical practitioner/specialist.
This assessment was made based on the medical evidence you provided to support your claim, an internal medical assessment and/or Job Capacity Assessment. These were all considered when determining your claim.'

Note: internal medical assessment refers to MAT report/SA479.

DSP rejected NSI - Impairment Rating less than 20 points + Read more ...

Tell the customer:

'Your claim for Disability Support Pension was unsuccessful as your medical condition/s were considered fully diagnosed, treated and stabilised however, based on all of the evidence provided an impairment rating of less than 20 points was assigned.

'This assessment was made based on the medical evidence you provided and the Job Capacity Assessment or Disability Medical Assessment on <date>. These were all considered when determining your claim.'

DSP rejected NDT - condition not fully diagnosed, treated and stabilised + Read more ...

Tell the customer:

'Your claim for Disability Support Pension was unsuccessful as your medical condition/s was/were not considered to be fully diagnosed, treated and stabilised and therefore an impairment rating was unable to be assigned.

The assessment was made based on the medical evidence you provided, and the Job Capacity Assessment or Disability Medical Assessment on <date>. These were all considered when determining your claim.'

The customer may/can request a copy of their:

- Disability Support Pension Medical Eligibility Assessment Recommendation (SA479) (MAT report)
- Job Capacity Assessment (JCA), and/or
- Disability Medical Assessment (DMA)

If requested, see [Release of DSP Medical Assessment reports](#).

Customer does not agree with or understand why their DSP claim has been unsuccessful + Read more ...

If the customer does not understand or agree with why the DSP claim was rejected for the medical reasons above, including where the customer has provided, or will provide, further medical evidence for consideration, explain their options to request:

	<ul style="list-style-type: none"> • an explanation • a formal review <p>See Reviews and appeals.</p> <p>Procedure ends here.</p>
12	<p>DSP rejection - 2023 Impairment Tables + Read more ...</p> <p>Staff are to use the scripted text for the relevant rejection reason.</p> <p>The customer may/can request a copy of their:</p> <ul style="list-style-type: none"> • Disability Support Pension Medical Eligibility Assessment Recommendation (SA479) (MAT report) • Job Capacity Assessment (JCA), and/or • Disability Medical Assessment (DMA) <p>If requested, see Release of DSP Medical Assessment reports.</p> <p>DSP rejected MDI - diagnosis criteria not met + Read more ...</p> <p>Tell the customer:</p> <p>'Your claim for Disability Support Pension was unsuccessful as your medical condition/s were unable to be assessed as diagnosed because you did not provide evidence that your condition/s have been formally diagnosed by an appropriately qualified medical practitioner/specialist.</p> <p>This assessment was made based on the medical evidence you provided, an internal medical assessment and/or Job Capacity Assessment on <date>.</p> <p>These were all considered when determining your claim.'</p> <p>Note: internal medical assessment refers to MAT report/SA479.</p> <p>DSP rejected NSI - Impairment Rating less than 20 points + Read more ...</p> <p>Tell the customer:</p> <p>'Your claim for Disability Support Pension was unsuccessful as your medical condition/s were considered fully diagnosed, treated and stabilised however, based on all of the evidence provided an impairment rating of less than 20 points was assigned.</p> <p>This assessment was made based on the medical evidence you provided and the Job Capacity Assessment or Disability Medical Assessment on <date>.</p> <p>These were all considered when determining your claim.'</p> <p>DSP rejected NDT - condition not diagnosed, reasonably treated and stabilised + Read more ...</p> <p>Tell the customer:</p>

	<p>'Your claim for Disability Support Pension was unsuccessful as your medical condition/s was/were not considered to be diagnosed, reasonably treated and stabilised and therefore an impairment rating was unable to be assigned. The assessment was made based on the medical evidence you provided, and the Job Capacity Assessment or Disability Medical Assessment on <date>. These were all considered when determining your claim.'</p> <p>Customer does not agree with or understand why DSP claim has been unsuccessful + Read more ...</p> <p>If the customer does not understand or agree with why the DSP claim was rejected for the medical reasons above, including where the customer has provided, or will provide, further medical evidence for consideration, explain their options to request:</p> <ul style="list-style-type: none"> • an explanation • a formal review <p>For action required, see First contact about a decision and the internal review process.</p> <p>Procedure ends here.</p>
13	<p>Program of Support (POS) + Read more ...</p> <p>A customer with a severe impairment assessed as medically eligible for DSP, does not need to participate in a POS.</p> <p>A severe impairment is defined as 20 points or more assigned under one Impairment Table.</p> <p>If the customer is assessed as not having a severe impairment they may need to have participated in a POS before being assessed as eligible.</p> <p>If the customer's claim has been rejected because they have not actively participated in a POS + Read more ...</p> <p>'Your Disability Support Pension was unsuccessful because you were assessed as not having actively participated in a Program of Support. People claiming Disability Support Pension must have actively participated in a Program of Support for at least 18 months within the 3 years prior to their claim.</p> <p>Any periods where the person is granted a temporary exemption from having to participate in the program do not count towards the required 18 months.</p> <p>A Program of Support is provided by a designated provider who specifically tailors a program to address the person's level of impairment, individual needs and barriers to employment.</p> <p>The Program of Support must be one that is wholly or partly funded by the Australian Government. A Program of Support provides vocational, rehabilitation and employment services, with a particular focus on developing skills the person requires to improve their capacity to find, gain or remain in employment.</p> <p>Services Australia considers evidence about a person's inability to continue</p>

	<p>participating in a Program of Support because of their condition. This is generally where the person is unable (solely because of their impairment) to improve their capacity to find, gain or remain in employment through continued participation in the program. This evidence needs to be supported by the person's program provider and considered by an assessor. Services Australia can only consider these provisions if the person has already commenced in a program.'</p> <p>See:</p> <ul style="list-style-type: none"> • the Resources page for POS rejection fact sheet • Program of Support (POS) requirements for Disability Support Pension (DSP) • Rejecting a new claim for Disability Support Pension (DSP) including manifest rejections <p>Customer does not agree with or understand why DSP claim has been unsuccessful + Read more ...</p> <p>If the customer does not understand or agree with why the DSP claim was rejected for the medical reasons above, including where the customer has provided, or will provide, further medical evidence for consideration, explain their options to request:</p> <ul style="list-style-type: none"> • an explanation • a formal review <p>For action required, see First contact about a decision and the internal review process.</p> <p>Procedure ends here.</p>
14	<p>Explanation of decision or formal review of decision + Read more ...</p> <p>For more help with how to answer customer enquiries, see Reviews and appeals for Disability Support Pension (DSP) rejection or cancellation decisions.</p> <p>Explanation of Decision + Read more ...</p> <p>If the customer does not understand the reason for the decision, they may request an explanation from a Subject Matter Expert (SME).</p> <p>Tell the customer:</p> <ul style="list-style-type: none"> • their request will be allocated to a SME • the SME will investigate the decision and try to phone them to discuss • the call will display as a private number, please answer this call <p>See Request for an explanation or application for a formal review.</p>

	<p>Circumstances where a customer cannot request an Explanation of Decision by a SME + Read more ...</p> <p>Customers cannot request an explanation by a SME if they:</p> <ul style="list-style-type: none"> • have applied for a formal review of the same decision, or • previously requested an explanation of the same decision and a SME has provided an explanation. Tell the customer: <ul style="list-style-type: none"> ○ they have the right to apply for a formal review if they do not agree with the decision <p>Formal Review by an Authorised Review Officer (ARO) + Read more ...</p> <p>If the customer does not agree with the decision, they have the option of applying for a formal review which will be undertaken by an ARO. Check if the customer will be providing extra evidence.</p> <p>Tell the customer:</p> <ul style="list-style-type: none"> • their review will be allocated to an Authorised Review Officer • the Authorised Review Officer will try to phone them (if required) to discuss their review before making a decision • the call will display as a private number, please answer this call <p>See Request for an explanation or application for a formal review.</p> <p>Progress of a Formal Review by an ARO + Read more ...</p> <p>If the customer is asking about the progress of their ARO review, tell the customer:</p> <p>'Your review has been received and an ARO will try to phone you if required to discuss your review before making a decision. The call will display as a private number. Please answer this call.'</p> <p>See SME explanations, ARO referrals and implementing ARO decisions.</p>
15	<p>Customer complaints + Read more ...</p> <p>If a complaint is received, record the details in the Customer Feedback tool. See Managing complaints and feedback.</p> <p>If the complaint cannot be resolved or meets a Complaint Escalation Reason, escalate the matter to a Level 2 complaint.</p> <p>Complaints can be escalated via a warm transfer to the Escalated Complaints and Feedback team, or the Customer Feedback Tool if the customer does not wish to be transferred at the time. Warm transfer to Complaints.</p>

Resources

Forms

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

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

[Income and Assets form \(SA369\)](#)

[Verification of Terminal Illness form \(SA495\)](#)

Forms (staff)

[Disability Support Pension Medical Eligibility Assessment Recommendation \(SA479\)](#) - For internal use only by Assessment Services, Medical Assessment Team for DSP new claims or appeals. This form must not be used for any other reason and cannot be given to a customer.

Fact sheets explaining common rejection reasons for DSP new claims

[DSP claims - Rejection reasons explained - Insufficient medical evidence](#)

[DSP claims - Rejection reasons explained - Diagnosed, reasonably treated and stabilised](#)

[DSP claims - Rejection reasons explained - 20 points Impairment Table rating requirement](#)

[DSP claims - Rejection reasons explained - Program of Support](#)

Contact details

[Assessment Services](#)

[Government-contracted doctors \(GCD\) - GCD contract management team](#)

[Complaints](#)

[Sonic HealthPlus](#)

Example of a DSP Claim Progress DOC

This example can be used as a guide for updating information relating to a claim.

Item	Description
1	<p>Extra details: DSP Claim Progress</p> <p>General: Customer contacted Centrelink on 21 SEP 2022 regarding claim for Disability Support Pension, Information was obtained via claim for Disability Support pension using Internal Channels. Document created by SAPAPP on 21 SEP 2022</p> <p>Text: Claim ID: 000000000</p> <p>DOR has been investigated (detail result i.e. change/no change)</p> <p>PNA date:</p> <p>SA472 consent to contact THP has been coded</p>

	<p>MEDSA466 and medical evidence is available in eMIFE</p> <p>DSP claim has been streamed under deferred non-medical eligibility processes.</p> <p>Where applicable, updates finalised by SAD</p> <p>No further information is required - follow up of non-medical eligibility will occur after medical qualification established.</p> <p>Customer has 10 years AU residence or QRE</p> <p>Referred to JCA, per MAT Report/SA479</p>
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Training & Support

Digital Support

Digital Support	For	Type
Progress of claim - Claim on hold RFI	All	VOD
Progress of claim - Claim on hold JCA	All	VOD
Progress of claim - Claim finalised - Medical rejection	All	VOD
Progress of claim - Claim on hold DMA	All	VOD