

008.13010 - Conducting an Employment Services Assessment (ESAt)/Job Capacity Assessment (JCA)

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This procedure covers how an Assessor conducts an Employment Services Assessment (ESAt) and Job Capacity Assessment (JCA).

ESAts and JCAs are generally conducted face to face at an interview, but can be arranged in other formats including phone, video conferencing or file assessments to suit the customer's needs and appointment requirements. The same considerations need to be applied regardless of whether the assessment is conducted face-to-face or by phone or video-conferencing.

As part of completing an assessment for the customer the Assessor is responsible for:

- preparing for the interview and assessment
- conducting the assessment
- making an onward referral/s to employment or other support services
- completing the report

[- Conducting a medical or non-medical ESAt Read more...](#)

Assessors may address the following components when completing a medical or non-medical ESAt report:

- Identification of Barriers and Interventions
- determining interventions to address barriers to employment
- determining personal factors, risk of non-compliance and vulnerabilities, and
- recommended referrals to employment and related services.

[- Additional requirements for conducting a medical ESAt Read more...](#)

Assessors should address the following components when conducting a medical ESAt:

- identifying medical conditions for an Employment Services Assessment (ESAt),
- determining work capacity for a medical Employment Services Assessment (ESAt), and
- identifying support requirements for a medical Employment Services Assessment (ESAt).

[- Seeking further evidence for an ESAt Read more...](#)

Medical condition ESAts are to be completed with the medical evidence available at the time of assessment, however, Assessors may use their discretion as to whether medical evidence should be sought from a treating doctor or other appropriate source to complete an ESAt. Examples of when further medical evidence may be sought includes:

- where a job seeker has been unable to obtain sufficient medical evidence from their treating doctor to verify a medical condition.
- vulnerable job seekers with a suspected mental health condition who are unable to be effectively assessed through normal procedures, Assessors may at their discretion apply the exceptional procedures set out in the Policy section of this procedure.

[- Conducting a Job Capacity Assessment \(JCA\) Read more...](#)

As part of the JCA process, Assessors have access to relevant information about the person, including current and past medical/disability details, and prior participation and employment history. Assessors can also liaise with treating doctors and other relevant health professionals as required. To complete the JCA report the Assessor will complete or consider the following:

- Identification of Barriers and Interventions
- Determine Work Capacity for a fully diagnosed, treated and stabilised medical condition
- For Disability Support Pension (DSP) portability review assessments, determine both functional impairment and work capacity over a five year view.
- Determine whether the customer has actively participated in a program of support
- Assessment of Continuing Inability to Work (CITW)
- The best available medical evidence:
 - Sources of medical evidence
 - Other medical evidence
 - Non-medical evidence

Generally, a JCA will remain current and valid for two years unless there is a significant change in a person's circumstances that affects their level of functional impairment and work capacity.

[- Assessor Qualifications and Contributing Assessors for JCAs Read more...](#)

All JCAs must be completed by a suitably qualified Assessor. A Contributing Assessor should also be engaged for any JCA where the primary Assessor's qualifications do not align with the Impairment Table being used. Contributing Assessors must be used and sourced locally where available, if unable to locate an Assessor with the appropriate qualifications the Team Manager should be consulted.

The purpose for using a Contributing Assessor is to primarily add value to the JCA Report. The role of the Contributing Assessor is to assure the quality of the assessment by reviewing the medical evidence and use of Impairment Tables for the report. They should review and confirm the conclusions drawn by the primary Assessor re status of medical conditions, IRs, work capacity and onward referrals.

Participation by the Contributing Assessor in the interview is not required, as the electronic Medical Evidence File Envelop (eMIFE) and JCA report can be accessed via the ESS. Contributing Assessor advice can be provided to the primary Assessor over the phone or in writing.

Where an assessment commences as an ESAt but later requires an Impairment Rating to be applied (i.e. the assessment changes from an ESAt to a JCA), the Assessor should ensure that a Contributing Assessor has reviewed the report, as appropriate.

These Contributing Assessor arrangements may be applied to any other significant medical conditions to ensure the integrity of all reports.

[- Conducting an assessment for a DSP claimant living Overseas Read more...](#)

When a customer living overseas lodges a claim for an Australian Disability Support Pension (DSP) and they have an overseas address, they cannot be booked into the online diary. In these cases, a manual file assessment is required to be completed using the Medical Assessment Report Disability Support Pension (International) (AUS194) template. Centrelink International Services (CIS) will refer these cases to HPAU who will then make the referral to Assessment Services via the Business Support Unit.

 Extra contains links to the Customer Information Sharing Statement (CISS), the Consent to Exchange Information with Treating Doctor or Health Professional form and assessment guidelines for DSP portability assessments. It also contains links to Online forms for the interview data gathering proformas, Medical Report for Assessor (SA433) and the Medical Assessment Report Disability Support Pension (International) (AUS194). These links are unavailable to the public.

Procedure last issued 2012/12/10, see What's New and Immediate Updates for details of major e-Reference updates.

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Prepare for the assessment interview by checking all documents are available and contacting the customer to confirm appointment except where the appointment is a file assessment. This workflow relates to face-to-face, phone and videoconference assessments only.



Did the customer attend the interview?

No



- record a 'Did Not Attend' status in the Diary.
- reschedule the appointment, or conduct a phone appointment if appropriate. See Detail Step 8

Yes



Establish rapport with the customer

Give the customer clear guidelines about what information you require and how it will be used.

Explain the Customer Information Sharing Statement

Gather information from the customer to enable the assessment report to be completed, the information required will vary dependent on the reason for referral. Extra contains links to the Customer Information Sharing Statement and the proformas for ESAt and JCA assessment interviews which may assist to keep the interview on track. It is not necessary to cover everything on a proforma if it is not relevant to the particular case.

If the customer is in crisis they may need to get assistance dealing with the immediate issue the assessment may need to be deferred if the customer cannot focus properly at this time.

Make any suitable referrals.

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Step	Action				
1	<p>Is this referral for a DSP claimant living overseas?</p> <ul style="list-style-type: none"> ▪ If yes, go to step 2 ▪ If no, go to step 3 				
2	<p>HPAU will email the referral to BSU who will allocate the referral. The assessment is to be completed as a file assessment using the Medical Assessment Report Disability Support Pension (International) (AUS194) template within 14 days from receipt.</p> <p>Assessors are required to undertake the following steps:</p> <ul style="list-style-type: none"> ▪ Access medical Information from the image portal or SUW using the customers CRN ▪ Complete the assessment template (AUS194) electronically ▪ Print and sign ▪ Scan to customers eMife as UNS008 ▪ Email the BSU that file assessment is complete and scanned to the customers record <p>Procedure ends here</p>				
3	<p>Before the Employment Services Assessment (ESAt)/Job Capacity Assessment (JCA) open the appointment in the Diary and check that everything has been prepared for the interview, including:</p> <ul style="list-style-type: none"> ▪ correct referral reason has been used ▪ customer has received a reminder of the interview date and time ▪ any relevant third party has been advised of the meeting ▪ any available facts including medical evidence and case notes which may affect the assessment. ▪ assessment format face-to-face, phone or videoconference ▪ any Flags which indicate an EP63 has been lodged on the client screen of the ESAt/JCA report. ▪ go into the interview with a clear idea of what information is needed to make a decision, prepared with suitable questions to ask the customer 				
4	<p>Assessors are not required to seek medical evidence or allow more time for job seekers to provide support self-reported medical conditions.</p> <p>Medical evidence should have been provided and scanned before making the ESAt appointment. Customer Service Officers (CSOs) record appropriate information in the Supporting documentation field in the Online Diary for all ESAts that require assessment of medical conditions affecting the job seeker's</p>				

	<p>ability to work or look for work.</p> <p>Is medical evidence available at the time of the assessment?</p> <p>If yes, go to Step 7. If no, go to Step 5.</p>
5	<p>Where appropriate, Assessors may use their discretion as to whether medical evidence should be sought from a treating doctor or other appropriate source to complete an ESAt. Examples of when further medical evidence maybe sought includes:</p> <p>where a job seeker has been unable to obtain sufficient medical evidence from their treating doctor to verify a medical condition. vulnerable job seekers with a suspected mental health condition who are unable to be effectively assessed through normal procedures, Assessors may at their discretion apply the exceptional procedures set out in the Policy section of this procedure.</p> <p>Has discretion been applied to seek medical evidence from a treating doctor or other appropriate source?</p> <p>If yes, the Assessor may contact the Health Professional Advisory Unit (HPAU) or request a Specialist Assessment in line with the Guide to Social Security Law. Go to Step 7. If no, go to Step 6.</p>
6	<p>Where an ESAt appointment has been made and medical evidence to support a self-reported or apparent medical condition(s) is not available at the time of assessment and the job seeker has other relevant barriers, a non-medical ESAt should be completed.</p> <p>Any unverified, self-reported medical conditions or observed symptoms that may be associated with a medical condition should be recorded in the Final Remarks field on the Summary screen and a corresponding statement added that effective assessment including referral to specialist services such as Disability Employment Service (DES) would depend on whether the job seeker can provide further relevant medical evidence to support the self-reported medical condition(s).</p> <p>Note: Where relevant medical evidence becomes available to the Assessor within 28 days of submitting the ESAt report (before the report status becomes 'Finalised'), the assessment can be returned by the Business Support Unit and updated if required, at the Assessor's discretion. If the ESAt flag has already been withdrawn and the JSCI status is active, it will generally be more appropriate to re-run the JSCI and make a new ESAt referral.</p>
7	Has the customer attended the appointment?

	<ul style="list-style-type: none"> ▪ If yes, go to Step 8. ▪ If no: <ul style="list-style-type: none"> ▪ for JCA appointments refer to Assessment Services role in non-attendance at a Disability Support Pension referral for an Employment Services Assessment/Job Capacity Assessment appointment ▪ for ESAt appointments refer to, Assessment Services role in non-attendance at a non DSP referral for an Employment Services Assessment/Job Capacity Assessment appointment
8	<p>Customer has attended the appointment, or the appointment is to be conducted by phone</p> <p>If the customer did not attend the appointment and it is now to be done as a phone appointment, use the 'Reschedule to combo' feature to reschedule the original appointment to a phone appointment later the same day.</p> <p>Record the appointment as 'Attended' in the Diary and conduct the assessment.</p>
9	<p>How to start an assessment interview</p> <p>Establish rapport with the customer to help make them feel comfortable.</p> <p>Give the customer clear guidelines about what information you require and how it will be used. The following things should be included in the introduction of the assessment interview:</p> <ul style="list-style-type: none"> ▪ introduce yourself and your role (e.g., as an Assessor and Psychologist / Social Worker etc) ▪ check the customer's understanding of the reason for their appointment ▪ explain the purpose of the assessment ▪ communicate the Customer Information Sharing Statement (CISS) ▪ explain limits of confidentiality ▪ check for any concerns or questions the customer may have.
10	<p>Managing the assessment interview</p> <p>Effective assessment interviewing involves the use of micro-interviewing skills that are different from an intervention session or specialist assessment.</p> <p>The ability to source critical information from people quickly, while maintaining rapport with the customer, is a skill required to deliver many professional services.</p> <p>Establishing rapport does not require probing deeply into all issues raised, as customers often disclose more information than is required for a JCA/ESAt assessment.</p> <p>Where the customer discloses information which is not relevant for the JCA/ESAt assessment:</p> <ul style="list-style-type: none"> ▪ acknowledge and empathise with the situation without going into details which are not relevant for the purposes of the JCA/ESAt ▪ advise that there is no need to discuss this in further detail for the purposes of

	<p>this assessment</p> <ul style="list-style-type: none"> ▪ remain professional at all times, it is not helpful to the customer to over-identify with their situation. The assessment should not become a counselling or case management session. ▪ provide helpful contacts or referrals if possible for further specialist assessment or intervention as needed. These issues can be expanded upon in those sessions. <p> Extra contains links to the proformas for ESAt and JCA assessment interviews which may assist to keep the interview on track. Note: It is not necessary to cover everything on a proforma if it is not relevant to the particular case.</p>
11	<p>Managing customers in crisis</p> <p>Customers may present at the assessment interview with issues more pressing and immediate to them than the reason for the original assessment referral, for example accommodation, health, financial or family issues. The assessor should refer the customer to an appropriate service for assistance.</p> <p>Other situations that can impact on the assessment interview are when the customer appears affected by drugs or alcohol, or a mental health condition is impacting on their behaviour.</p> <p>The customer may need to get assistance dealing with the immediate issue and it may be difficult to conduct an effective assessment at this time. These customers can be very time-consuming, and it may be challenging to get the information required to complete the JCA or ESAt report.</p> <p>Acknowledge that the customer is in crisis, and make a decision as to whether it might be the best outcome for the customer to terminate the assessment interview until the immediate presenting issue is attended to.</p> <p>If a customer present like this:</p> <ul style="list-style-type: none"> submit the ESAt/JCA assessment as Unable to complete complete the assessment interview in a fortnight complete the assessment interview by phone refer to Stream 4 reduce work capacity 0 - 7, indicate appropriate onward referral but do not refer.
12	<p>Body of the assessment interview</p> <p>During the interview:</p> <ul style="list-style-type: none"> ask relevant questions to identify medical, psychological, social, and/or vocational barriers. establish how any barriers are impacting on the customer's ability to work, including determining personal factors, risk of non-compliance and vulnerabilities if applicable, consider the risks of non compliance and suggested Vulnerability Indicator categories.

13	<p>Ending the assessment interview</p> <p>Where possible, the customer needs to be informed of the outcome of the assessment (with the exception of DSP customers) and what will happen for them as a result of having the assessment.</p> <p>Discuss suitable referral options and advise the customer of the details of any booked referrals.</p> <p>If unable to complete the referrals, advise the customer that after the report is completed and the most appropriate referral options determined, they will receive a phone call to book a referral.</p> <p>Check the customer's phone number is correct. If the customer does not have access to a phone, advise them that a letter will be sent with an appointment time, and they can change the appointment time if it's not suitable.</p> <p>For customers who have applied for the Disability Support Pension (DSP), no indication can be given as to whether or not they will be granted the DSP.</p> <p>Advise the customer that the information discussed today will be put in a report and returned to Centrelink for consideration of their Disability Support Pension New Claim. It is Centrelink's decision whether or not they will be granted DSP.</p>
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Guide to Social Security Law, 1.1.A.30, Active participation in a program of support (DSP)

Guide to Social Security Law, 1.1.P.440, Program of support (DSP)

Guide to Social Security Law, 3.6.2.10, Medical & Other Evidence for DSP

Guide to Social Security Law, 6.2.5.03, DSP - Application of DSP Qualification Rules at Review

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 [Customer Information Sharing Statement \(CISS\)](#)

 [Consent to Exchange Information with Treating Doctor or Health Professional](#)

 [Assessment Guidelines for DSP Portability specific assessment](#)

 [Online forms, Job Capacity Assessment Interview Proforma \(SA441\)](#)

 [Online forms, Employment Services Assessment Interview Proforma \(SA442\)](#)

 [Online forms, Medical Report for Assessor \(SA433\)](#)

 [Online forms, Medical Assessment Report Disability Support Pension \(International\) \(AUS194\)](#)

Glossary items and annotations

Overview	
Employment Services Assessment (ESAt)	An assessment undertaken by a Health or Allied Health Professional that focuses on the impact of a job seeker's identified barriers to their capacity to work, and ensures a referral is made to the most appropriate employment service to support their needs. A customer's circumstances will determine whether they are referred to a Medical ESAt or Non-medical ESAt.
Job Capacity Assessment (JCA)	A Job Capacity Assessment (JCA) is used for assessing claims and ongoing entitlement to Disability Support Pension (DSP) or when a customer lodges an appeal following rejection of their DSP claim on medical grounds. The JCA is also used to assist with eligibility for Special Benefit (paid under DSP conditions), Supported Wage System and Special Disability Trust
Identification of Barriers and Interventions	<p>Used to determine eligibility for the Department of Education, Employment and Workplace Relations (DEEWR) funded employment service(s) and to assist Employment Services Providers to determine appropriate assistance for the individual.</p> <p>Addressing a person's barriers to participation aims to improve their potential to participate in all aspects of society. Significant barriers that impact on a person's capacity to participate in economic and social activities are identified and recorded. These may include:</p> <ul style="list-style-type: none"> employment (vocational) educational health related socio-cultural personal legal and/or environmental barriers. <p>Appropriate interventions to address a person's barriers are also recorded. Possible interventions that may be recommended include:</p> <ul style="list-style-type: none"> education and/or training language, literacy and numeracy courses, and personal counselling and referral to other community and support services.

<p>determining personal factors, risk of non-compliance and vulnerabilities</p>	<p>Assessors will identify the combined level of impact of the job seeker's personal factors on their ability to seek and maintain work. Assessors should include appropriate information about the job seeker's capacity to comply with their Participation Requirements when conducting an Employment Services Assessment. Assessors will complete the Risk of Non-Compliance section for all customers where there is doubt as to the job seeker's capacity to comply with their Participation Requirements. Where no Vulnerability Indicators are identified, assessors should note this in the report. Associated vulnerabilities are identified and reflected through the use of appropriate vulnerability indicator(s)</p>
<p>recommended referrals to employment and related services</p>	<p>Assessors will recommend the most appropriate employment and related services, based on the job seeker's circumstances and their suitability and eligibility for available employment services. Assessors will action referrals to employment and related services in line with the requirements of the specific employment service and relevant participation policy. For job seekers with a work capacity with intervention of less than eight hours per week (including with an ongoing program of support), Assessors will consider whether the job seeker would benefit from connection to employment and related services. For further information see, <i>Onward referrals by Employment Services Assessment (ESAt)/Job Capacity Assessment (JCA) Assessors</i></p>
<p>identifying medical conditions for an Employment Services Assessment (ESAt)</p>	<p>Assessors will identify and document a job seeker's medical conditions. For each medical condition identified, Assessors will determine if the condition is verified by medical evidence, as outlined in Guide to Social Security Law. For each verified medical condition, Assessors will use medical evidence to determine:</p> <ul style="list-style-type: none"> the duration of each condition whether the condition is currently being treated and if so, the efficacy of that treatment whether the condition is stabilised or likely to improve/deteriorate, and whether the condition will impact on the job seeker's work capacity. <p>For the purpose of a medical ESAt, a medical condition is considered:</p> <ul style="list-style-type: none"> Temporary if it is verified by medical evidence but not likely to last for longer than 2 years. Permanent if it is verified by medical evidence and likely to last longer than 2 years. <p>Assessors will record the most appropriate barrier in the report if a medical condition is identified as a barrier to participation in work and/or employment services.</p> <p>Medical conditions should not be recorded as Fully Diagnosed, Treated and Stabilised (FDTS) unless the intention is to convert the ESAt to a JCA, that is, the assessor believes the job seeker has Permanent FDTS medical conditions which will attract a rating of 20 points or more and a FDTS 'with intervention' work capacity of less than 15 hours per week. FDTS work capacities</p>

	inform eligibility for Disability Support Pension (DSP), therefore at this point, an ESAt will turn into a Job Capacity Assessment (JCA) during the course of the assessment
determining work capacity for a medical Employment Services Assessment (ESAt)	<p>For all medical ESAts, Assessors will determine the impact of the job seeker's medical condition/s on their work capacity, in hour bandwidths per week, against the following categories:</p> <p>Temporary reduced work capacity (TRWC) - the job seeker's TRWC from the time of assessment, accounting for the temporary impacts of any medical condition/s or temporary exacerbation/s of permanent medical condition/s. Note: For conditions that have not been verified, a TRWC cannot be assigned. For job seekers with a TRWC of less than 15 hrs per week, who do not volunteer for employment assistance, Assessors may consider and record other suitable activities for the job seeker.</p> <p>Work capacity at the time of Assessment - the job seeker's work capacity at the time of assessment (baseline), accounting only for the impact of permanent medical condition/s.</p> <p>Work capacity within two years with intervention - the job seeker's work capacity that could be achieved with employment assistance and other interventions within the next two years, independently of an ongoing program of support, accounting only for the impact of permanent medical conditions (with intervention).</p> <p>For job seekers with a work capacity of more than eight hours per week, Assessors may consider identifying suitable examples of work that a job seeker could reasonably perform, to assist the Employment Services Provider tailor servicing for the job seeker.</p>
identifying support requirements for a medical Employment Services Assessment (ESAt)	<p>For job seeker's ready for employment assistance, Assessors will identify the type and duration of support job seekers' require to find and maintain employment as a result of their medical condition/s.</p> <p>Impact of medical conditions on a Customer's ability to use Public Transport</p> <p>For all medical Employment Services Assessments, Assessors will consider if a job seeker's medical conditions prevent them from using public transport without substantial assistance, in accordance with the Social Security Act 1991.</p>
medical evidence	May consist of the following:

	<p>Medical Report Disability Support Pension (SA012)</p> <p>Medical Report Disability Support Pension (SA434) - digital document</p> <p>Medical Report Mobility Allowance (MA002)</p> <p>Medical Certificates (SU415)</p> <p>Employment Services Assessment (ESAt)/Job Capacity Assessment (JCA) report</p> <p>Medical Assessment Reports (SA016) (for assessments made before 1 July 2006)</p> <p>Work Capacity/Participation Assessment Report (SA365) (for assessments made before 1 July 2006)</p> <p>Request for Ophthalmologist/Optomtrist report (SA13)</p> <p>Employment Assistance - Professional's Report (SU479) (for assessments made before 1 July 2006)</p> <p>Any other information provided by the customer relating to their medical condition such as x-rays, test reports or specialist reports.</p>
<p>Determine Work Capacity for a fully diagnosed, treated and stabilised medical condition</p>	<p>Assessors will determine the impact of medical conditions identified as fully diagnosed, treated and stabilised (FDTs) in accordance to the Social Security Law for Disability Support Pension (DSP) eligibility, against the following additional FDTs categories:</p> <p>at the time of assessment (FDTs baseline), if a job seeker's work capacity at the time of assessment, accounting only for the impact of FDTs medical condition/s, and</p> <p>within two years with intervention (FDTs with intervention), if the job seeker's capacity that could be achieved with employment assistance and other interventions within the next two years, independently of an ongoing program of support, accounting only for the impact of FDTs medical conditions .</p> <p>When the assessed work capacities against these categories is less than 15 hours per week, the Assessor will conduct an assessment of the fully diagnosed, treated and stabilised medical conditions under the Impairment Tables. Dependent on the impairment ratings assigned, the Assessor may also be required to consider if the customer has actively participated in a program of support</p>
<p>diagnosed, treated and stabilised</p>	<p>diagnosed condition is one that has been identified by an appropriately qualified medical practitioner by means of the person's symptoms and evidence has been provided to Centrelink</p>

	<p>a condition is considered treated where all reasonable treatment options have been explored and no new treatment will significantly improve the person's functional capacity.</p> <p>a condition is considered stabilised, for social security purposes, if all available treatment has been undertaken and a significant functional improvement leading to increased capacity to work is unlikely to occur within the next two years (with or without further treatment).</p>
Disability Support Pension (DSP)	<p>An income support payment for people who are aged between 16 years and age pension age (when claiming), satisfy the residence criteria, and either:</p> <p>are permanently blind, or</p> <p>have a physical, intellectual or psychiatric disability causing functional incapacity of at least 20 points as measured by the Impairment Tables, and</p> <p>have a Continuing Inability to Work (CITW), or</p> <p>are participating in Supported Wage System (SWS).</p>
Impairment Tables	<p>Function based tables designed to assign ratings to determine the level of functional impairment and not to assess conditions.</p> <p>Commonly referred to as the Impairment Table (ITs), the latest revision is effective from 1 January 2012, and is contained in the legislative instrument: Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011.</p> <p>The previous version of the Impairment Tables, which is valid for assessment prior to 1 January 2012, is contained in Schedule 1B of the pre-1 January 2012 version of the Social Security Act, 1991.</p>
Portability	<p>Someone's right to be paid a pension or allowance while outside Australia. Pensions and allowances are described as being portable or non-portable. A pension or allowance is portable if it is able to be paid while the customer is overseas.</p>
actively participated in a	<p>A person claiming DSP from 3 September 2011 who is not manifestly eligible and does not have a severe impairment will need</p>

<p>program of support</p>	<p>to show that they have actively participated in a program of support, as well as satisfying the other elements of the Continuing Inability To Work test (being unable to work or be retrained for work within the next two years because of an impairment).</p> <p>The Job Capacity Assessor will identify whether the person has actively participated in a program of support.</p> <p>A person may meet this criterion if they have participated in a program of support during the 3 years before their claim for DSP, complied with the requirements of the program, and</p> <p>participated in the program for at least 18 months (78 weeks), or</p> <p>the duration of the program was less than 18 months and they have completed the program, or</p> <p>the program was terminated because the person was unable to improve their work capacity through continued participation in that program because of their impairment, or</p> <p>they are still in the program but cannot improve their work capacity through continued participation in that program, because of their impairment.</p>
<p>Impairment</p>	<p>Any loss of or abnormality of psychological, physiological or anatomical structure or function.</p> <p>Impairment means that a person's physical, intellectual or psychiatric faculties are adversely affected, or diminished to some degree by their medical condition after appropriate medical treatment and rehabilitation has been completed.</p> <p>A person has a continuing inability to work if their impairment prevents them within the next two years from doing any work and undertaking education or vocational or on-the-job training likely to re-skill them for work.</p> <p>This term may have a different meaning in regard to countries other than Australia. For further information contact Centrelink International Services.</p>
<p>Assessment of Continuing Inability to Work (CITW)</p>	<p>Factors to consider in determining CITW:</p> <ul style="list-style-type: none"> ▪ physical and intellectual characteristics which would be required to perform the work

	<ul style="list-style-type: none"> • the person's ability to demonstrate those characteristics, both at present and in the future • the ability to: <ul style="list-style-type: none"> regularly report to work persist at work tasks understand and follow work instructions communicate with others in the workplace travel to/from work, and move around at work manipulate objects at work exhibit appropriate work behaviour undertake a variety of tasks and to alternate between tasks lift, carry and move objects at work attend medical appointments/treatments interferes with their ability to work attend training activities, including education, pre-vocational training, vocational training, vocational rehabilitation, work related training (including on-the-job training), whether or not designed specifically for customers with disabilities, could assist the person to build his or her capacity for any work in the next two years work where wages are at or above the relevant minimum wage independently of a program of support. <p>Factors to disregard in determining CITW:</p> <ul style="list-style-type: none"> the availability: <ul style="list-style-type: none"> of the person's usual work in the locally accessible labour market of any work the person could do or be trained for, within the locally accessible labour market the person's: <ul style="list-style-type: none"> ability to work or train, except when medical evidence indicates that the lack of motivation is directly attributable to the impairment
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	<p>preferences regarding the type of work or training</p> <p>potential attractiveness to an employer in a particular area of work</p> <p>employer preferences and discriminatory practices that exist in the open labour market.</p>
<p>Sources of medical evidence</p>	<p>The primary source of medical evidence for a Job Capacity Assessment (JCA) is a Medical report from a person's treating doctor. The report provides information about the person's medical conditions and how these impact on their ability to function. The person may also provide additional information about their medical conditions and how these impact on their ability to work.</p> <p>The medical evidence should include details of:</p> <ul style="list-style-type: none"> ▪ the diagnosis of the person's medical condition(s), including date of onset and whether the diagnosis is confirmed ▪ clinical features including history and current symptoms ▪ past, present and future/planned treatment ▪ compliance with recommended treatment ▪ impact of condition(s) on ability to function, including whether this impact is long term or temporary and whether the effect of the condition on the person's ability to function is expected to remain unchanged, improve, or deteriorate ▪ any supporting information used by the doctor, such as X-rays or pathology results, and ▪ periods of hospitalisation. <p>Regardless of the form in which the medical information is provided, diagnosis of a medical condition that may qualify a person for Disability Support Pension (DSP) can only be provided by a registered medical practitioner, with limited exceptions.</p> <p>A Medical report is not required in certain circumstances if sufficient information is available from other sources. A Medical report is not required for:</p> <p>intellectually disabled customers who have attended a special school, and are able to provide a report from their school which indicates their IQ, capacity for independent living and any behavioural problems.</p>

	<p>Blind customers who are able to provide a report from an ophthalmologist, or a report from an optometrist, which is supported by a report from the treating or formerly treating ophthalmologist.</p> <p>a child assessed before 1 July 2009 as being a profoundly disabled child whose <u>carer</u> was being paid Carer Payment up to the time the child turns 16.</p> <p>Department of Veterans Affairs (DVA) disability pension recipient, at special rate for Total and Permanent Incapacitated (TPI). The person must provide their special rate decision letter from DVA or give authority for Centrelink to obtain the relevant payment information from DVA.</p> <p>The treating Doctor or Specialist has provided clear, written information that verifies the diagnosis and prognosis of the condition and is sufficient to allow appropriate application of the Impairment Tables</p> <p>There are a small number of vulnerable customers with suspected mental health conditions who are likely to be qualified for DSP or eligible for a significant reduction in their participation requirements but are unable to be effectively assessed through normal JCA process. This may be because they are disengaged from the health system, or do not acknowledge the impacts of their condition on their capacity to work or comply with requirements. In limited circumstances a person's eligibility for DSP may be based solely on the provisional diagnosis of a psychological/mental health medical condition provided by an Assessment Services registered psychologist.</p> <p>If it is indicated that a customer has a medical condition that is not listed on their Medical report, they should be asked to provide medical evidence detailing the diagnosis and treatment. It is generally the person's responsibility to provide all relevant medical evidence in support of their claim or payment continuation.</p>
diagnosis	The formal identification of a disease or illness by means of the patient's symptoms.
medical practitioner	A person registered and licensed as a medical practitioner under a State or Territory law that provides for the registration or licensing of medical practitioners. It includes only those with recognised medical qualifications, such as general practitioners and medical specialists, and excludes those with non-medical qualifications, such as physiotherapists or chiropractors.
special school	A school conducted primarily for students having a mental or significant physical, intellectual or psychiatric disability that is: a government school or

	<p>a non-government school that is recognised as a school: under the law of a State or Territory or for the payment of government capital or recurrent grants or for the payment of government bursaries or allowances to its students.</p>
blind	<p>Definition related to visual ability. For the purposes of the Social Security Act 1991, a customer is regarded as permanently blind when their vision is impaired as a result of a combination of visual problems to the extent they have no useful vision.</p> <p>The following guidelines are applied:</p> <p>Visual acuity on the Snellen Scale after correction by suitable lenses must be less than 6/60 in both eyes. A field of vision constricted to 10 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity (equivalent to 1/100 white test object). A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.</p> <p>For information on whether other ratings on the Snellen Scale qualify a customer as being assessed as permanently blind please see the table in the Extra Section of 008.01420 Assessing permanent blindness.</p> <p>This term may have a different meaning in regard to countries other than Australia. For further information contact Centrelink International Services.</p>
Profoundly disabled child	<p>Prior to 1 July 2009, for a customer to be entitled to Carer Payment (CP) for a child, that child had to meet the definition of a 'profoundly disabled child'.</p> <p>For the 2009-10 financial year, transitional rules apply for existing customers. See 009.02960 - Carer Payment (CP) (child) - transitional rules 1 July 2009 to 30 June 2010.</p> <p>From 1 July 2010 these children remain grandfathered unless they lose eligibility or are reviewed under the Disability Care</p>

	<p>Load Assessment Determination (DCLAD).</p> <p>For the purposes of CP (child) pre 1 July 2009, a child was a profoundly disabled child if a medical practitioner certified in writing that:</p> <ul style="list-style-type: none"> • the child is in the advanced phase of a terminal condition, and not expected to live for a period substantially greater than 12 months and will need continuous personal care for the remainder of his or her life, as certified by the medical practitioner via the Medical Report (MR) (SA333r), <p>or</p> <p>the child has a severe multiple disability/ medical condition and because of that condition, requires care for six months or more and their disability or condition must include at least three of the following:</p> <ul style="list-style-type: none"> the child receives all food by nasogastric or percutaneous entero gastric tube, the child has a tracheostomy, the child must use a ventilator for at least eight hours a day, the child has faecal incontinence day and night, and if the child is under three years old, is expected to have faecal incontinence day and night at the age of three, the child cannot stand without support, and if the child is under two years old, is expected to be unable to stand without support at the age of two, a medical practitioner has certified that the child has a terminal condition for which palliative care has replaced active treatment, or the child requires personal care on two or more occasions between 10 PM and 6 AM each day, and if the child is under six months old, is expected to need personal care between 10 PM and 6 AM each day at the age of six months. <p>or</p> <p>The child is aged between 6 years and under 16 years and has a severe intellectual, psychiatric or behavioural disability/medical condition and the child requires care for six months or more, and</p> <ul style="list-style-type: none"> repeatedly engages in dangerous behaviour that is, or gives rise to, a significant immediate or long term risk to the child's health or safety that without carer intervention, would result in the child suffering sustained injury or death
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	<p>and/or</p> <p>the child repeatedly engages in aggressive or violent behaviour that is, or gives rise to a significant risk to the health or safety of others, or that would result in significant property damage as a result of which the child is regularly or permanently excluded from community programs, activities, services or facilities and/or</p> <p>the child repeatedly engages in severe sexually deviant or sexually inappropriate behaviour, as a result of which the child is regularly or permanently excluded from community programs, activities, services or facilities and</p> <p>the child requires a level of personal care that would severely restrict the carer's capacity to undertake paid employment because of the disability or condition.</p>
Prognosis	The forecast of the course of a disease or illness.
Other medical evidence	<p>The person may choose to provide other relevant medical evidence. This type of evidence may also be available from other sources such as Centrelink records. Other appropriate medical evidence supporting the person's condition and inability to work, may include but is not limited to:</p> <ul style="list-style-type: none"> ▪ additional reports from the person's treating doctor/s or specialist/s ▪ medical certificates from the person's treating doctor or specialist ▪ hospital/outpatient reports ▪ X-ray and other medical investigation reports ▪ psychometric test results ▪ prescriptions/sample medication ▪ medical information used by Centrelink to assess entitlement to other payments ▪ reports from para-professionals; or ▪ reports from non-medical practitioners or community services <p>Information about a person's medical conditions may be obtained verbally in limited circumstances. Diagnosis and other details relevant to assessment of Disability Support Pension (DSP) may be based solely on documented conversations with the person's treating doctor in the following limited circumstances if the person:</p>

	<p>is unlikely to provide written medical evidence because of a mental health or other serious condition, and/or</p> <p>In the case of customers from remote areas who may have limited access to doctors, the Medical report may need to be completed by a community nurse, generally based on clinical notes from a doctor. In these cases it may be possible for the Assessor to form an opinion regarding the person's medical qualification on the basis of available evidence. This will only apply if the medical condition has been diagnosed, treated and stabilised to the extent that an impairment rating can be assigned.</p>
Non-medical evidence	<p>The person may also choose to provide non-medical evidence. This type of evidence may include but is not limited to:</p> <ul style="list-style-type: none"> • reports from alternative health practitioners (e.g. naturopaths, massage therapists), or • letters or references from various sources (e.g. carers, friends, community members), or • reports from teachers (other than reports from teachers on behalf of special schools that contain IQ test results) Note: Reports from special schools/teachers on behalf of special schools that contain IQ test results and information about capacity for independent living and any behavioural problems are treated as medical evidence. <p>Non-medical evidence alone cannot be used to verify medical conditions and complete the JCA.</p> <p>Unclear evidence</p> <p>If a report contains unclear terminology or lacks clarity, it should be discussed with:</p> <ul style="list-style-type: none"> its author, or the treating doctor, or the Health Professional Advisory Unit (HPAU). <p>These discussions must be recorded in the JCA and form part of the medical evidence used to support the decision about medical qualification.</p>
Workflow	
file assessment	<p>This refers to an assessment of a customer's medical condition using available medical evidence on the customer's record. The assessment is completed without the assessor having any contact with the customer</p>

