Review of the Tables for the Assessment of Work-related Impairment for Disability Support Pension

Revised Impairment Tables as recommended by the Advisory Committee

30 June 2011

The Introduction appears first, followed by each individual table and associated instructions.

The tables appear in the order shown below:

Tables for the Assessment of Work-related Impairment for Disability Support Pension

Introduction

Purpose of the Tables

1. The Tables assess whether a person, whose qualification or otherwise for disability support pension is being considered, meets an empirically agreed threshold in relation to the effect of their impairments, if any, on their ability to work.

Design of the Tables

2. The Tables represent an empirically agreed set of criteria for assessing the severity of functional limitations for work related tasks and do not take into account the broader impact of a functional impairment in a societal sense. For this reason no specific adjustments are made for a range of non medical factors including age, gender, level of education, numeracy and literacy skills, level of work skills and experience, social or domestic situation, English language fluency, employment market factors, level of personal motivation , religious or cultural factors.

3. These Tables are designed to assess impairment in relation to work and assign ratings consistent with the severity of the impact of the medical conditions on normal function as they relate to work performance. The Tables are function based rather than diagnosis based. The Tables describe functional activities, abilities and limitations.

Diagnosis

4. Diagnosis of a medical condition must be made by the health professional specified in each Table.

Determining Impairment and Assigning Impairment Ratings

5. An impairment rating is only to be assigned after an appropriate history and examination have been undertaken.

6. An impairment rating can only be assigned if the medical condition **and** its resulting impairment (i.e. the functional effect on the person's capacity to work) are both **permanent**.

7. In this context **permanent** means the medical condition causing the impairment is a fully documented, diagnosed condition which has been investigated, treated and stabilised and is more than likely in light of available evidence to persist for more than two years.

8. A condition maybe considered stabilised if the functional effect of the person's medical condition on the person's capacity to work, is more than likely in the light of available evidence and after undertaking reasonable treatment to persist for more than two years.

9. In order to assess whether a condition is fully diagnosed, treated and stabilised, an assessor must consider:

- what treatment or rehabilitation has occurred;
- whether treatment is still continuing or is planned in the near future; and
- whether any further reasonable treatment is likely to lead to significant functional improvement in the next two years.

10. Significant functional improvement is improvement that would enable the person to work within the next two years.

11. Impairments that are not permanent cannot be assigned an impairment rating under the Tables. For example, a medical condition causing impairment may last for more than two years but the resulting impairment level may improve and even cease within two years – if this is the case, the impairment must not be assessed under the Tables.

Reasonable Treatment

12. Reasonable treatment is treatment that is feasible and accessible. It is treatment that:

- is available locally at reasonable cost; and
- can reliably be expected to result in a substantial improvement in functional capacity; and
- is regularly undertaken or performed; and
- has a high success rate; and
- carries a low risk to the person.

13. It is assumed that a person will generally wish to pursue any reasonable treatment that will improve or alleviate an impairment. Treatment will not be reasonable if it is not based on the best medical information available.

14. In those cases where significant functional improvement is not expected or where there is a medical or other compelling reason for a person not undertaking further treatment, it may be reasonable to consider the condition stabilised. The question that must be answered by the assessor is "Am I satisfied that there is a reason that compels, in this case, the person not to undertake the treatment".

15. Where a rating is not assigned because reasonable treatment for a specific condition has not been undertaken, the assessor should:

- evaluate and document the probable outcome of treatment and the main risks and or side effects of the treatment;
- indicate why this treatment is reasonable; and
- note the reason why the person has chosen not to have treatment

Who can make an Assessment?

16. An assessment is to be undertaken by an assessor. An assessor is a person trained and experienced in applying the Tables. An assessor is to determine the loss of functional capacity as it affects a person's ability to work and, where appropriate, to assign an impairment rating.

Material to be taken into account in making the Assessment

17. In making an assessment, an assessor must take into account, in conjunction:

- the information provided by health professionals specified in the relevant Table;
- any additional medical or work capacity information that may be available; and
- assessor's objective observation, if any, of the person's presentation of the functional impairment.

18. If appropriate, assessors may ask the person to demonstrate abilities specified in the Tables. Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment.

19. Supporting evidence should relate to the person's current medical condition and functional abilities. Generally, assessors should use medical evidence from the previous two years; however, where a condition has been present from birth or early childhood, or is never likely to change (e.g. amputation of a limb), evidence from the time of actual diagnosis may be appropriate.

20. If a person in a remote area with a previously diagnosed medical condition has not had access to the health professionals specified in the Tables, and there is not adequate material to determine whether the person has a permanent impairment, appropriate alternate assessment arrangements may be made.

21. When using the Tables, assessors must not take into account the broader impact of functional impairment in a societal sense or the impact of non-medical factors (such as availability of suitable work in the person's local community).

Selecting the Appropriate Table(s)

22. Table selection depends on the function affected. Table selection should be made as follows:

- identify the function affected / identify the loss of function;
- refer to the appropriate table related to the area of function;
- identify the correct rating.

23. Always use a Table specific to the functional impairment being rated unless the instructions in a Table specify otherwise. A single medical condition should be assessed on all relevant Tables when that medical condition is causing multiple functional impairments. For example a person with a stroke could be assessed under a number of different Tables: upper and lower limbs (2 and 3); brain function (7); communication (8); visual disorder (12).

24. When using more than one Table for a single medical condition the assessor must be aware of the possibility of double counting. Care must be taken to ensure that the different Tables are being used to assess separate functional loss and not the same functional impairment.

Determining the Appropriate Rating

25. Ratings can only be assigned in accordance with the rating scores in each Table. Ratings cannot be assigned between consecutive ratings (e.g. a rating of 15 cannot be assigned between 10 and 20). Nor can ratings be assigned in excess of the maximum rating specified in each Table. Ratings must be consistent with these Tables. No idiosyncratic assessments systems are allowed.

26. The scaling system for the Tables is based on points allocation with the number alongside each impairment descriptor representing the number of points to be allocated for that level of impairment.

27. The correct rating is that which best describes the functional impact. The introduction to each Table sets out the criteria with which to rate an impairment.

28. When determining which impairment rating applies to the person (i.e. 'no functional impact', 'mild functional impact', 'moderate functional impact', 'severe functional impact' or 'extreme functional impact'), the assessor should select the rating that best describes the person's abilities/difficulties.

29. The person should be assessed on the basis of what they can/could do (i.e. not on the basis of what the person chooses to do or what others do for the person).

30. The Tables have been scaled so that where two or more conditions cause a common or combined functional loss, a single rating should be assigned for both conditions, reflecting the overall functional impairment. It would be inappropriate to assign a separate impairment rating for each medical condition as this would result in the same functional loss being assessed more than once. For example the presence of both heart disease and chronic lung disease may each result in breathing difficulties. The overall impact on function requiring physical exertion and stamina would be a combined or common effect. In this case a single impairment rating would be assigned using Table 1.

Episodic or Fluctuating Conditions

31. For impairments caused by conditions that are episodic or fluctuating, the assessor should apply the rating that best describes the person's functional abilities most of the time (e.g. the person's usual abilities for more than half of each day, or at least four days per week, or at least six months of the past year, depending on how frequently the condition fluctuates).

Aids and Equipment (Assistive Technology)

32. The person's functional abilities should be assessed when using/wearing any aids and equipment (assistive technology) that they have and usually use. Some of the Tables specify a particular rating level when such assistance is used.

Diagnoses where there is No Apparent Functional Impairment

33. The presence of a diagnosed condition does not necessarily mean that there will be functional impairment. For example, a person may be diagnosed with hypertension but with appropriate and timely treatment may not have any functional impairment. Such a person should be assessed as having no work-related functional impairment due to the condition and receive a nil rating under Table 1: functions requiring physical exertion or stamina.

Assessing the Functional Impact of Pain

34. There is no Table dealing specifically with pain. Pain is a symptom which may result in a loss of functional capacity in more that one area of the body. Where ongoing pain is present, as part of a diagnosed condition, the assessor should assess any loss of functional capacity using the Table relevant to the area of function affected.

35. Pain is a symptom and not a diagnosis. It is important that the cause of pain is properly diagnosed and treated. There are a range of treatment options for the management of pain. Significant, ongoing pain that is not substantiated by the diagnosis of an underlying condition and a report from a medical specialist and/or pain management clinic requires consideration of whether the person's condition has been fully diagnosed, treated and stabilised.

Table 1 - Functions requiring Physical Exertion and Stamina

Introduction to Impairment Table 1
• Impairment Table 1 should be used where the person has a diagnosed medical condition resulting in functional impairment when performing functions requiring physical exertion and/or stamina. • The diagnosis must be made by an appropriately qualified medical practitioner. • A report from the treating doctor must be provided. • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • Examples of corroborating evidence may include (but are not limited to): o reports from medical specialists confirming diagnosis of conditions commonly associated with cardiac or respiratory impairment (e.g. cardiac failure, cardiomyopathy, ischaemic heart disease, chronic obstructive airways/pulmonary disease, asbestosis, mesothelioma, lung cancer) o reports from medical specialists confirming diagnosis of conditions commonly associated with extreme fatigue or exhaustion (e.g. end stage organ failure, widespread/metastatic cancer, some forms of leukaemia, other long-term conditions where treatment cannot sufficiently control symptoms) o results of exercise/cardiac stress/treadmill testing showing impaired exercise tolerance.

Points	**Descriptors**
0	There is **no** functional impact on activities requiring physical exertion or stamina. The person is able to undertake exercise appropriate to their age and interests for at least 30 minutes at a time. The person has no difficulty completing physically active tasks around their home and community.
5	There is a **mild** functional impact on activities requiring physical exertion or stamina. The person experiences symptoms such as occasional or mild shortness of breath or fatigue or occasional cardiac pain when performing physically demanding activities. Due to these symptoms, the person has occasional difficulty: • walking (or mobilising if in a wheelchair) to local facilities such as a corner shop or around a shopping mall, larger workplace or education/training campus, without stopping to rest; and/or • performing physically active tasks such as climbing a flight of stairs (or mobilising up a long, sloping pathway or ramp if in a wheelchair) or heavier household duties (such as vacuuming floors or mowing the lawn). The person is/would be able to perform most work-related tasks, other than tasks involving manual labour (such as digging, carrying or moving heavy objects, concreting, bricklaying, laying pavers, etc.)
10	There is a **moderate** functional impact on routine daily activities that require physical exertion or stamina. The person frequently experiences symptoms such as shortness of breath, fatigue or cardiac pain when performing day to day activities around the home and community. Due to these symptoms, the person: • is unable to walk (or mobilise in a wheelchair) far outside the home and needs to drive or get other transport to local shops or community facilities; and/or • has difficulty performing day to day household activities (such as changing the sheets on a bed or sweeping paths). The person is still able to use public transport and walk or mobilise in a wheelchair around a supermarket. The person is/would be able to perform work-related tasks of a clerical, sedentary or stationary nature (i.e. tasks not requiring a high level of physical exertion).

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Table 1 – Functions requiring Physical Exertion and Stamina (Continued)

Points	Descriptors
20	There is a **severe** functional impact on activities requiring physical exertion or stamina. The person usually experiences symptoms such as cardiac pain, shortness of breath or fatigue when performing light physical activities. Due to these symptoms, the person is unable to do any of the following: • walk or mobilise around a supermarket without assistance • walk or mobilise from the carpark into a shopping centre/supermarket without assistance • use public transport without assistance • perform light day to day household activities (such as folding and putting away laundry or light gardening). The person has or is likely to have difficulty sustaining clerical or sedentary work for a continuous shift of at least 3 hours.
30	There is an **extreme** functional impact on activities requiring physical exertion or stamina. The person is completely unable to perform activities requiring physical exertion or stamina. The person experiences symptoms such as cardiac pain, shortness of breath and/or exhaustion when performing any activities requiring physical exertion or stamina. Due to these symptoms, the person is unable to move around inside the home without assistance. This category includes people who require Oxygen treatment (such as the use of an Oxygen concentrator during the day or to move around).

Table 2 – Upper Limb Function

Introduction to Impairment Table 2
• Impairment Table 2 should be used where the person has a diagnosed medical condition resulting in functional impairment when performing functions requiring the use of hands and/or arms. • The diagnosis must be made by an appropriately qualified medical practitioner. • A report from the treating doctor must be provided. • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • Examples of corroborating evidence may include (but are not limited to): o reports from medical specialists confirming diagnosis of conditions associated with upper limb impairment (e.g. arthritis or other condition affecting upper limb joints, paralysis or loss of strength or sensation resulting from stroke or other brain or nerve injury, cerebral palsy or other condition affecting upper limb coordination, inflammation or injury of the muscles or tendons of the upper limbs, amputation or absence of whole or part of upper limb, hand or fingers) o reports from allied health practitioners (e.g. physiotherapist, occupational therapist or exercise physiologist) confirming functional impact. o results of diagnostic tests (e.g. X-Rays or other imagery) o results of physical tests or assessments showing impaired function of the upper limbs.

Points	**Descriptors**
0	There is **no** functional impact on activities using hands and/or arms. The person can pick up, handle, manipulate and use most objects encountered on a daily basis without difficulty.
5	There is a **mild** functional impact on activities using hands and/or arms. The person has <u>some difficulty</u> with most of the following: • picking up heavier objects such as a 2 litre carton of milk or carrying a shopping bag • handling very small objects such as coins • doing up buttons, and/or • reaching up or out to pick up objects. The person can still manage most daily activities requiring use of the hands and arms.
10	There is a **moderate** functional impact on routine daily activities using hands and/or arms. The person <u>has difficulty</u> with most of the following: • picking up a one litre carton full of liquid • picking up a light but bulky object requiring the use of two hands together (such as cardboard box) • holding and using a pen or pencil • doing up buttons or tying shoelaces • using a standard computer keyboard, and/or • unscrewing a top on a soft-drink bottle.
20	There is a **severe** functional impact on activities using hands and arms. Most of the following apply: The person has limited movement and/or coordination in both arms and/or hands, or is an amputee affecting a complete hand. The person is <u>unable</u> to handle, move or carry most objects even when using or wearing any prosthesis or assistive device that they have. The person has difficulty using a computer keyboard despite appropriate adaptations. The person is <u>unable</u> to hold a pen or pencil. The person is <u>unable</u> to turn the pages of a book without assistance.
30	There is an **extreme** functional impact on activities using hands and/or arms. The person is <u>unable</u> to perform <u>any</u> activities requiring the use of hands and/or arms.

Table 3 – Lower Limb Function

Introduction to Impairment Table 3
• Impairment Table 3 should be used where the person has a diagnosed medical condition resulting in functional impairment when performing functions requiring the use of legs and/or feet. • The diagnosis must be made by an appropriately qualified medical practitioner. • A report from the treating doctor must be provided. • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • Lower limbs extend from the hips to the toes. • Examples of corroborating evidence may include (but are not limited to): o reports from medical specialists confirming diagnosis of conditions associated with lower limb impairment (e.g. arthritis or other condition affecting lower limb joints, paralysis or loss of strength or sensation resulting from stroke or other brain or nerve injury, cerebral palsy or other condition affecting lower limb coordination, inflammation or injury of the muscles or tendons of the lower limbs, amputation or absence of whole or part of lower limb, foot or toes) o reports from allied health practitioners (e.g. physiotherapist, occupational therapist or exercise physiologist) confirming the functional impairment o results of diagnostic tests (e.g. X-Rays or other imagery) o results of physical tests or assessments showing impaired function of the lower limbs.

Points	**Descriptors**
0	There is **no** functional impact on activities requiring use of the lower limbs. The person can: • walk without difficulty on a variety of different terrains and at varying speeds • walk without difficulty around the home and community • kneel or squat and rise back to a standing position • stand unaided for at least 10 minutes • use stairs without difficulty.
5	There is a **mild** functional impact on activities using lower limbs. The person has <u>some difficulty</u> • walking to local facilities such as shops or bus-stop; and/or • walking around a shopping mall without a rest; and/or • climbing stairs. The person needs assistance to rise from kneeling or a squat, and/or is unable to stand for more than 10 minutes. **OR** The person can mobilise effectively but needs to use a lower limb prosthesis or a walking stick.
10	There is a **moderate** functional impact on routine daily activities using lower limbs. The person <u>is unable to</u>: • walk far outside their home and needs to drive or get other transport to local shops or community facilities; and/or • kneel or squat; and/or • use stairs or steps without assistance; and/or • stand for more than 5 minutes. Although the person has mobility limitations, the person is still able to use public transport and/or their own vehicle and walk around in a supermarket. This category includes a person who can <u>move around independently</u> using a wheelchair and can <u>independently transfer</u> to and from a wheelchair (e.g. can use an accessible toilet independently). The person may require additional time and effort to move around a workplace, may need to use disabled access entries, lifts and toilets, and may not be able to access some areas of a workplace or training facility. This category also includes a person who can move around <u>independently</u> using walking aids such as quad stick, crutches or walking frame.

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Table 3 – Lower Limb Function (Continued)

Points	Descriptors
20	There is a **severe** functional impact on activities using lower limbs. The person is unable to do any of the following: • walk around a supermarket without assistance • walk from the carpark into a shopping centre/supermarket without assistance • stand up from a sitting position without assistance. The person requires assistance to use public transport. This category includes a person who requires assistance to move around in, and/or transfer to and from a wheelchair. (For example, the person needs personal care assistance to use a toilet.) This category also includes a person who requires assistance to move around using walking aids such as quad stick, crutches or walking frame. (For example, the person needs assistance from another person to walk on some surfaces and could not move independently around a workplace or training facility, even when using a walking aid.)
30	There is an **extreme** functional impact on activities using lower limbs. The person is unable to mobilise independently.

Table 4 – Spinal Function

Introduction to Impairment Table 4
• Impairment Table 4 should be used where the person has a diagnosed medical condition resulting in functional impairment when performing activities involving spinal function, i.e. bending or turning the back, trunk or neck. • The diagnosis must be made by an appropriately qualified medical practitioner. • A report from the treating doctor must be provided. • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • Examples of corroborating evidence may include (but are not limited to): o reports from medical specialists confirming diagnosis of conditions commonly associated with spinal function impairment (e.g. spinal cord injury, spinal stenosis, cervical spondylosis, lumbar radiculopathy, herniated or ruptured disc, spinal cord tumours, arthritis or osteoporosis involving the spine) o reports from physiotherapists or other rehabilitation practitioners confirming loss of range of movement in the spine and/or other effects of spinal disease or injury.

Points	**Descriptors**
0	There is **no** functional impact on activities involving spinal function. The person can bend to knee level and straighten up again without difficulty. The person can turn their trunk from side to side and can turn their head to look in all directions.
5	There is a **mild** functional impact on activities involving spinal function. The person has <u>some difficulty</u> in: • activities over head height (involving looking upwards); or • bending down to pick a light object (such as a piece of paper) off the floor; or • turning their trunk or moving their head (for example. to look to the side or upwards).
10	There is a **moderate** functional impact on activities involving spinal function. The person: • is unable to sustain overhead activities (for example accessing items over head height); or • has <u>difficulty</u> moving their head to look in all directions (for example, turning their head to look over their shoulder); or • <u>is unable to</u> bend forward to pick up a light object placed at knee height; or • <u>needs assistance to get up out of a chair (if not independently mobile in a wheelchair).</u> The person is still able to sit or drive a car for 30 minutes.
20	There is a **severe** functional impact on activities involving spinal function. The person is <u>unable</u> to: • perform any overhead activities; or • turn their head or bend their neck without moving their trunk; or • bend forward to pick up a light object from a desk or table; or • remain seated for at least 10 minutes.
30	There is an **extreme** functional impact on activities involving spinal function. The person is <u>completely unable</u> to perform activities involving spinal function. The person is <u>unable</u> to bend or turn their trunk or neck to complete the most basic of daily activities such as dressing, bathing/showering or light housework.

Table 5 – Mental Health Function

Introduction to Impairment Table 5
• Impairment Table 5 should only be used where the person has a diagnosed psychiatric disorder resulting in functional impairment (this includes recurring episodes of psychiatric impairment). • This diagnosis must be made by an appropriately qualified medical practitioner, with supporting evidence from a psychiatrist or clinical psychologist. • A report from the treating doctor must be provided. • Self-report of symptoms alone is insufficient. • Assessors using Table 5 should consider evidence from a range of sources in determining which rating applies to the person being assessed. Examples of corroborating evidence may include (but are not limited to): o supporting letters, reports and/or assessments relating to the person's mental health or psychiatric illness o interviews with the person and those providing care or support to the person • The person may not have good self-awareness of their psychiatric impairment and/or may not be able to accurately describe its effects. Assessors need to keep this in mind when discussing issues with the person and reading supporting evidence. • The signs and symptoms of psychiatric impairment may vary over time. Assessors should not rely on a 'snapshot' or once-off assessment. • For psychiatric conditions that are episodic or fluctuate, the assessor should apply the rating that best describes the person's functional abilities on most days/most months.

Points	**Descriptors**
0	There is **no** functional impact on activities involving mental health and function. All or most of the following indicators apply to this person: **Self Care and Independent Living** • lives independently and attends to all self care needs without support **Social/Recreational Activities and Travel** • goes out regularly to social and recreational events without support • able to travel to new environments independently **Interpersonal Relationships** • has no difficulty forming and sustaining relationships **Concentration and Task Completion** • no difficulties in concentrating on tasks that interest the person • able to complete a training or educational course or qualification in the normal timeframe **Behaviour, Planning and Decision-making** • no evidence of significant difficulties in behaviour, planning or decision-making **Work/Training Capacity** • able to cope with the normal demands of a job which is consistent with their education and training.

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Table 5 – Mental Health Function (Continued)

Points	Descriptors
5	There is a **mild** functional impact on activities involving mental health function. All or most of the following indicators apply to this person: **Self Care and Independent Living** • lives independently but may sometimes neglect self-care, grooming or meals **Social/Recreational Activities and Travel** • is not actively involved when attending social or recreational activities **Interpersonal Relationships** • has interpersonal relationships that are strained with occasional tension or arguments **Concentration and Task Completion** • has difficulty focussing on intellectually demanding tasks for more than 30 minutes • has some difficulties in completing education or training **Behaviour, Planning and Decision-making** • may have slightly unusual or eccentric behaviours • may have slight difficulties in planning and organising more complex activities **Work/Training Capacity** • occasional interpersonal conflicts at work, education or training may require changes in placement or groupings.
10	There is a **moderate** functional impact on activities involving mental health function. All or most of the following indicators apply to this person: **Self Care and Independent Living** • needs some support (i.e. occasional visit or assistance from family member or support worker) to live independently and maintain adequate hygiene and nutrition **Social/Recreational Activities and Travel** • goes out alone infrequently and is not actively involved in social events • may sometimes be reluctant to travel alone to unfamiliar environments **Interpersonal Relationships** • may have difficulty making and keeping friends/sustaining relationships **Concentration and Task Completion** • finds it very difficult to concentrate on longer tasks e.g. reading a chapter from a book • finds it difficult to follow complex instructions e.g. from an operating manual, recipe or assembly instructions **Behaviour, Planning and Decision-making** • may have difficulty coping with situations involving stress, pressure or performance demands • may have occasional behavioural or mood difficulties such as temper outbursts, depression or withdrawal **Work/Training Capacity** • often has interpersonal conflicts at work, education or training that require intervention by supervisors/managers/teachers and/or changes in placement or groupings.

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Table 5 – Mental Health Function (Continued)

Points	Descriptors
20	There is a **severe** functional impact on activities involving mental health function. All or most of the following indicators apply to this person most of the time: **Self Care and Independent Living** • needs regular support to live independently (i.e. needs visits or assistance at least twice a week from a family member, friend, health worker or support worker) **Social/Recreational Activities and Travel** • travels alone only in familiar areas such as to local shops or other familiar venues **Interpersonal Relationships** • has very limited social contacts and involvement unless these are organised for the person • often has difficulty interacting with other people and may need assistance (e.g. support from a companion) to engage in social iteractions **Concentration and Task Completion** • has difficulty concentrating on any task or conversation for more than a few minutes • has slowed movements or reaction time due to psychiatric illness and/or treatment effects **Behaviour, Planning and Decision-making** • behaviour, thoughts and conversation are significantly and frequently disturbed **Work/Training Capacity** • unable to attend work, education or training on a regular basis over a lengthy period due to ongoing mental illness.
30	There is an **extreme** functional impact on activities involving mental health function. All or most of the following indicators apply to this person: **Self Care and Independent Living** • needs continual support with daily activities and self care • lives with family or in a supported residential facility or similar, or in a secure facility **Social/Recreational Activities and Travel** • is unable to travel away from own residence without a support person **Interpersonal Relationships** • has extreme difficulty interacting with other people and is socially isolated **Concentration and Task Completion** • has extreme difficulty in concentrating on any socially appropriate and productive task for more than a minute • has extreme difficulty in completing tasks and/or following instructions **Behaviour, Planning and Decision-making** • has severely disturbed behaviour which may include self harm, suicidal attempts, unprovoked aggression towards others or manic excitement • judgement, decision-making, planning and organisation functions are severely disturbed **Work/Training Capacity** • unable to attend work, education or training sessions for other than short periods of time.

Table 6 – Functioning related to Alcohol, Drug and Other Substance Use

Introduction to Impairment Table 6

- Impairment Table 6 should be used where the person has a diagnosed medical condition resulting in functional impairment due to excessive use of alcohol, drugs or other harmful substances (such as glue or petrol) or the misuse of prescription drugs.
- The diagnosis must be made by an appropriately qualified medical practitioner, preferably with experience in this area (e.g. an addiction medicine specialist or psychiatrist with experience in diagnosis and/or treatment of substance use disorders).
- A report from the treating doctor must be provided.
- This Table is designed for people who have current, continuing alcohol, drug or other harmful substance user disorders and those in active treatment. Former users with resulting long-term impairments should be assessed under the relevant Table(s), e.g. use Impairment Table 7 (Brain Function) where the person has permanent neurological impairment resulting from previous alcohol, drug or other harmful substance use.
- The use of drugs or alcohol does not in itself constitute or necessarily indicate permanent impairment.
- Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment.
- Examples of corroborating evidence may include (but are not limited to):
  - reports from medical specialists (e.g. addiction medicine specialist or psychiatrist) confirming diagnosis of substance use disorder and resulting impairment of other body systems/functions
  - results of investigations (e.g. liver function tests, alcohol and substance use assessment scales)
  - reports or other records of participation in treatment/rehabilitation programs
  - work or training attendance records.

Points	Descriptors
0	There is **no** functional impact from problematic use of alcohol, drugs or other harmful substances (including volatile solvents such as glue or petrol). The person is usually able to reliably attend and effectively participate in work, education or training activities. The person attends to all aspects of personal care and daily living tasks.
5	There is **mild** functional impact from alcohol, drugs or other harmful substance use. At least one of the following indicators applies: • The person engages in alcohol or illicit drug use and experiences some physical or cognitive effects that carry over into working hours (e.g. poor concentration, lethargy, irritability). • The person may have occasional difficulties in reliably attending work/education/training sessions or appointments or completing duties or assigned tasks. • The person is **sometimes** absent from work, education or training activities due to the effects of substance use.

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Table 6 – Functioning related to Alcohol, Drug and Other Substance Use (Continued)

Points	Descriptors
10	There is **moderate** functional impact from alcohol, drugs or other harmful substance use. Most of the following indicators apply: • The person regularly uses harmful amounts of alcohol, drugs or other substances and as a result experiences difficulties performing physical or cognitive tasks. • The person often has difficulty completing daily tasks and responsibilities due to the short term or long term effects of alcohol, drugs or other harmful substances. • The person's substance use may be having a detrimental effect on family or social relationships and activities. • The person may have more frequent difficulties in reliably attending appointments or completing duties or assigned tasks. • The person is **often** absent from work, education or training activities due to the effects of substance use. This category includes people in receipt of treatment and in sustained remission (e.g. a person who is receiving Methadone treatment or other opiate replacement therapy and is able to complete most activities of daily living).
20	There is severe functional impact from alcohol, drug or other harmful substance use. Most of the following indicators apply:. • The person neglects personal care, hygiene, nutrition and general health. • The person spends most of the time using or procuring substances and/or recovering from the effects of substance use. • There is medical or psychological evidence that the person has physical and/or cognitive impairment resulting from excessive use of alcohol, drugs or other harmful substances (e.g. documented or diagnosed end organ damage; psychological or psychiatric assessment showing sustained and significant impairment or behavioural dysfunction linked to brain damage resulting from substance use). • Remission is only very brief if it occurs. • The person is frequently absent from work, education or training activities due to the effects of substance use.
30	There is an **extreme** functional impact from alcohol, drug or other harmful substance use. Most of the following indicators apply: • The person has long-term, entrenched and diagnosed alcohol, drug or other harmful substance use disorder and has engaged in multiple attempts at various treatment programs without any significant periods of sustained remission. • The person neglects most aspects of self care, family relationships, social interaction and community involvement. • There is well-documented medical evidence of significant and permanent damage to physical health (for example, failure of the liver or other organs) and/or diagnosed brain injury with severely impaired cognitive function resulting from the substance use. • The person has undergone multiple periods of treatment without sustained improvement. • The person is **rarely** able to attend work, education, or training activities due to the effects of substance use.

Table 7 – Brain Function

Introduction to Impairment Table 7
• Impairment Table 7 should be used where the person has a diagnosed medical condition resulting in functional impairment related to neurological or cognitive function. • The diagnosis must be made by an appropriately qualified medical practitioner and supported where appropriate by expert opinion in this field such as a neurologist, neuropsychologist, rehabilitation physician, psychiatrist or other specialist relevant to the person's diagnosis. • A report from the treating doctor must be provided. • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • Examples of corroborating evidence may include (but are not limited to): o reports from specialists (e.g. neurologist, rehabilitation physician, psychiatrist or neuropsychologist) supporting the diagnosis of conditions associated with neurological or cognitive impairment (e.g. acquired brain injury, stroke/CVA, conditions resulting in dementia, tumour in the brain, some neurodegenerative disorders) o results of diagnostic tests (e.g. MRI, CT scans, EEGs) o results of cognitive function assessments.

Points	**Descriptors**
0	There is **no** functional impact resulting from a neurological/cognitive diagnosis, i.e. the person has no significant problems with memory, attention, concentration, problem solving, visuo-spatial function, planning, decision making, comprehension, self awareness and/or behavioural control.
5	There is a **mild** functional impact resulting from a neurological/cognitive diagnosis. The person has mild difficulties in at least one of the following areas but is able to complete most day to day activities without assistance: **Memory** • occasionally forgets to complete a regular task, sometimes misplaces important items **Attention and Concentration** • has some difficulty concentrating on complex tasks for more than one hour • may have some difficulty focussing on a task if there are other activities occurring nearby **Problem solving** • has difficulty solving complex problems that may involve multiple factors and/or abstract concepts • may show a lack of awareness of problems in some situations **Planning** • has some difficulty planning and organising complex activities such as arranging travel and accommodation for an interstate or overseas holiday **Decision making** • has some difficulty in prioritising and complex decision making when there are several options to choose from **Comprehension** • has some minor difficulty in understanding complex instructions involving multiple steps

Continued overleaf:

Table 7 – Brain Function (Continued)

Points	Descriptors
10	There is a **moderate** functional impact resulting from a neurological/cognitive diagnosis. The person has moderate difficulties in at least one of the following areas and needs occasional (less than once a day) assistance with day to day activities: **Memory** • often forgets to complete regular tasks of minor consequence (such as putting the bin out on rubbish night), often misplaces items, needs to use memory aids such as shopping lists to remember any more than three or four items **Attention and Concentration** • has difficulty concentrating on complex tasks for more than 30 minutes • has significant difficulty focussing on a task if there are other activities occurring nearby **Problem solving** • has difficulty solving some day to day problems or problems not previously encountered and may need assistance or advice from time to time **Planning** • has difficulty planning and organising new or special activities such as planning and organising a large birthday party **Decision making** • has some difficulty in prioritising and decision making and displays poor judgement at times, resulting in negative outcomes for self or others **Comprehension** • has difficulty understanding complex instructions involving multiple steps and may need more prompts, written instructions or repeated demonstrations than peers to complete tasks **Visuo-spatial function** • has some difficulty with visuo-spatial functions e.g. has some difficulty reading maps, giving directions or judging distance or depth but this does not result in major limitations in day to day activities **Behavioural Control** • occasionally has difficulty controlling behaviour in routine situations (e.g. may show frustration or anger or lose temper for minor reasons but displays no physical aggression)

Continued overleaf

Table 7 – Brain Function (Continued)

Points	Descriptors
20	There is a **severe** functional impact resulting from a neurological/cognitive diagnosis. The person has severe difficulties in at least one of the following areas and needs frequent (at least once a day) assistance and supervision: **Memory** • unable to remember routines, regular tasks and instructions, has difficulty recalling events of the past few days, may get easily lost in unfamiliar places **Attention and Concentration** • unable to concentrate on any task, even a task that interests the person, for more than 30 minutes • is easily distracted from any task **Problem solving** • unable to solve routine day to day problems (e.g. what to do if a household appliance breaks down) and needs regular assistance and advice **Planning** • unable to plan and organise routine daily activities (such as an outing to the movies or supermarket shopping trip) **Decision making** • unable to prioritise and make complex decisions and often displays poor judgement, resulting in negative outcomes for self or others **Comprehension** • unable to understand basic instructions and needs regular prompts to complete tasks, has difficulty understanding abstract concepts **Visuo-spatial function** • unable to perform many visuo-spatial functions e.g. is unable to read maps or give directions (such as how to get to the person's house) or unable to judge distance or depth (e.g. stumbles on steps or bumps into objects) **Behavioural Control** • often (more than once a week) unable to control behaviour even in routine, day to day situations and may be verbally abusive to others or threaten physical aggression **Self Awareness** • lacks awareness of own limitations, resulting in significant difficulties or problems arising in day to day activities

Continued overleaf

Table 7 – Brain Function (Continued)

30	There is an **extreme** functional impact resulting from a neurological/cognitive diagnosis. The person has extreme difficulties in <u>at least one</u> of the following areas and needs continual assistance and supervision: **Memory** • needs constant prompts and reminders to remember routine tasks, familiar people and places, may get lost even in familiar places if not accompanied, has difficulties remembering events that happened earlier in the day such as what he/she ate for breakfast **Attention and Concentration** • unable to concentrate on any task for more than a few minutes **Problem solving** • unable to solve even the most basic problems (such as what to do if the kettle is empty) and needs complete assistance with problem solving **Planning** • unable to plan and organise daily activities and needs complete assistance to organise daily routine **Decision making** • unable to prioritise and make simple decisions and needs a guardian or other delegate to make decisions or give consent on the person's behalf **Comprehension** • unable to understand even simple, single step instructions and needs assistance to complete most tasks **Visuo-spatial function** • unable to perform even basic visuo-spatial functions - for instance, is unable to follow spatial directions (e.g. 'turn left at the corner'), or unable to judge distance or depth which severely limits mobility • has left or right-sided neglect, i.e. is not aware of objects, people and/or body parts in the left or right field of vision (even though the person's eyes can see these things, the brain does not register their presence) **Behavioural Control** • frequently (e.g. every day) unable to control behaviour in a range of day to day situations and this interferes with participation in activities outside the home and requires supervision and possibly restriction to a home or institutional environment **Self Awareness** • has very poor or no awareness of own limitations resulting in frequent and serious risks to self or others.

Table 8 – Communication Function

Introduction to Impairment Table 8
• Impairment Table 8 should be used where the person has a diagnosed medical condition resulting in functional impairment affecting communication functions (i.e. understanding and/or producing speech). • The diagnosis must be made by an appropriately qualified medical practitioner and corroborating evidence from a specialist assessment by a speech pathologist, neurologist or psychologist is also recommended. • A report from the treating doctor must be provided. • When using Table 8, the person should be assessed on their <u>independent</u> communication abilities when using any aids or equipment (assistive technology) that they have, i.e. <u>without physical assistance from a support person.</u> • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • Examples of corroborating evidence may include (but are not limited to): o reports from medical specialists confirming diagnosis of conditions associated with communication impairment (e.g. stroke/CVA, other acquired brain injury, cerebral palsy, neurodegenerative conditions, damage to the speech-related structures of the mouth, vocal cords or larynx) o results of diagnostic tests (e.g. X-Rays or other imagery) o results of functional assessments showing impaired speech or comprehension.

Points	**Descriptors**
0	There is **no** functional impact on <u>understanding</u> speech in the person's main language and **no** functional impact on <u>speaking</u> the main language (i.e. the language that the person most commonly uses at home). The person's <u>speech is usually understood</u> by those who speak the same language.
5	There is a **mild** functional impact on communication in the person's main language. The person has <u>mild difficulties</u> in <u>at least one</u> of the following areas: **Receptive communication** (understanding language) • has some difficulty understanding complex language with complex words and long sentences such as a TAFE or university lecture **Expressive communication** (speaking) • has mild difficulty in producing speech and has minor difficulty with being understood
10	There is a **moderate** functional impact on communication in person's main language. The person has <u>moderate difficulties</u> in <u>at least one</u> of the following areas: **Receptive communication** (understanding language) • has some difficulty understanding day to day language, particularly where a sentence or instruction includes multiple steps or concepts, such as '*Please take this book out to Jane at the front desk and ask her to give you some paper clips and bring them back in here.'* • may need instructions repeated or broken down into shorter sentences. **Expressive communication** (speaking) • has moderate difficulty in producing speech, such as a stutter, stammer, difficulty coordinating speech movements or damage to speech structures (e.g. vocal cords, larynx) which makes speech effortful, slow and/or sometimes difficult for strangers to understand **Alternative or augmentative communication** (e.g. sign language, technology that produces electronic speech, use of symbols to communicate) • is unable to speak clearly but uses recognised sign language (Auslan or signed English) fluently and is able to lip read

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Table 8 – Communication Function (Continued)

20	There is a **severe** functional impact on communication in the person's main language. The person has severe difficulties in at least one of the following areas: **Receptive communication** (understanding language) • unable to understand day to day language in unfamiliar environments and/or relating to non-routine tasks, even where a sentence or instruction includes only a single step, such as '*Put the book next to the pencils*' • needs instructions repeated and/or gestures or physical demonstration in order to understand what is said **Expressive communication** (speaking) • unable to produce speech, e.g. has a severe stutter, stammer, difficulty coordinating speech movements or damage to speech structures (e.g. vocal cords, larynx) which makes speech very effortful and/or very slow • speech is always difficult for strangers to understand, **or** • uses a limited vocabulary of words in speech e.g. fewer than 50 words, **or** • speech is clear but is not used appropriately, e.g. has frequent echolalia (compulsively repeats words or what the other person says), frequently swears or uses abusive language as a result of a condition such as Tourette's syndrome and is unable to sustain a normal conversation for even a few minutes **Alternative or augmentative communication** (e.g. sign language, technology that produces electronic speech, use of symbols to communicate, use of a note taker to assist in communication) • is unable to speak clearly and uses recognised sign language (Auslan or signed English) but is not fluent and has limited or no ability to lip read, **or** • needs to use an electronic communication device to communicate with others in places such as shops, workplace or education/training facility and is unable to be understood without this device, **or** • is unable to speak and uses handwriting or typing to communicate, or • is unable to speak and uses the assistance of a note taker to communicate
30	There is **extreme** functional impact on communication in the person's main language. The person has extreme difficulties in at least one of the following areas: **Receptive communication** (understanding language) • has extreme difficulty understanding even simple day to day language in familiar environments • may understand only a few single words or simple phrases that are used on a regular basis (such as 'drink', 'toilet', 'bed-time', 'go in the car') • needs additional gestures, pictures, symbols or physical demonstration in order to understand what is said **Expressive communication** (speaking) • has extreme difficulty in producing any clear speech or is unable to speak at all, **or** • speech is difficult to understand even for family members and others who have regular contact with the person, **or** • uses a limited vocabulary of words in speech e.g. fewer than 20 words, **or** • is only able to indicate yes/no, pleasure or displeasure through facial expressions or head movements **Alternative or augmentative communication** (e.g. sign language, technology that produces electronic speech, use of symbols to communicate, use of a note taker to communicate) • uses a limited number of symbols (such as Compics) or pictures or photos to communicate basic needs and feelings, **or** • needs to use an electronic communication device to communicate with others but has difficulty using this and is very slow in preparing communications, **or** • is unable to speak or use an electronic communication device and uses a note taker to communicate with others

Table 9 – Intellectual Function

Introduction to Impairment Table 9
• Impairment Table 9 should be used where the person has a diagnosis of intellectual disability resulting in functional impairment related to their level of intellectual function. • A diagnosis must be made by an appropriately qualified medical practitioner with supporting evidence from a specialist assessment by a psychologist. • A report from the treating doctor must be provided. • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • An assessment of intellectual function, in the form of a WAIS IV or equivalent contemporary assessment deemed acceptable by the Health Professional Advisory Unit, must be completed by a psychologist,. This assessment should be conducted after the person turns 16 years of age. A WISC (Wechsler Intelligence Scale for Children) assessment completed between the ages of 12 and 16 years is also acceptable for people aged 18 years or under at the time of Impairment Table assessment. • Assessors need to consider the adaptation of recognised assessments of intellectual function for use with Aboriginal and Torres Strait Islander consumers. • Assessors should note the diagnostic definition of intellectual disability in the current version of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association). • Assessors should note that diagnosis of a learning disorder such as dyslexia does not equate to a diagnosis of intellectual disability. • Assessors should consider evidence from a range of sources in determining which rating applies to the person being assessed. • Examples of corroborating evidence may include (but are not limited to): o supporting letters, reports and/or assessments relating to the person's development, intellectual function, adaptive behaviour and/or programs o interviews with the person and those providing care, support or treatment to the person.

Points	**Descriptors**
0	There is **no** impact on intellectual functions such as learning, reasoning and problem solving. For example, the person has intellectual functioning within the average range and displays an average range of adult skills in activities of daily living, socialisation, communication and appropriate behaviour and is able to live independently in the community.
5	There is **mild** impact on intellectual functions in at least two of the following domains: **Learning and applying knowledge** • may have mild difficulties with literacy and/or numeracy e.g. difficulty reading a complex newspaper article • may need more instructions and demonstrations than peers to learn a complex task **Daily living skills** • may have some difficulties in managing personal finances e.g. may need occasional assistance with budgeting • may have some difficulties managing personal safety. **Social skills** • may have minor difficulties with interpersonal skills and understanding social responsibilities

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Table 9 – Intellectual Function (Continued)

Points	Descriptors
10	There is **moderate** impact on intellectual functions in at least two of the following domains: **Learning and applying knowledge** • difficulties with literacy and/or numeracy are evident e.g. significant difficulty reading and completing forms • needs repeated demonstrations to learn tasks involving several steps and/or concepts **Daily living skills** • difficulties in managing money and needs regular assistance with budgeting • may need assistance with travel and public transport arrangements to new destinations • may need occasional reminders to maintain adequate personal hygiene, nutrition and health care **Social skills** • difficulties with interpersonal skills e.g. social interactions and behaviour may not always be appropriate to the situation • may have difficulty communicating more complex needs or issues • needs guidance and advice to understand and follow rules, obey laws and maintain personal safety The person will have an assessed intellectual impairment using the WAIS IV or equivalent contemporary assessment of intellectual function, deficits in adaptive behaviour and a history of developmental difficulties before 18 years of age.
20	There is **severe** impact on intellectual functions in at least two of the following domains: **Learning and applying knowledge** • has only basic reading and writing skills e.g. can read only simple text and perform only basic counting but not calculations such as addition or subtraction of double digit numbers • needs repeated demonstrations to learn tasks involving two or three steps and/or concepts **Daily living skills** • needs assistance to make routine purchases and receive correct change and needs full assistance with budgeting • needs to be accompanied when travelling to new destinations • needs regular supervision and/or assistance to maintain adequate personal hygiene, nutrition and health care • needs regular assistance to live in the community **Social skills** • interpersonal skills are limited e.g. social interactions are limited and/or often not appropriate to the situation • has difficulty communicating with others • needs regular supervision and assistance to understand and follow rules, obey laws and maintain personal safety • may display behaviours that are inappropriate or unacceptable to the community The person will have an assessed intellectual impairment using the WAIS IV or equivalent contemporary assessment of intellectual function, deficits in adaptive behaviour and a history of developmental difficulties before 18 years of age.

Continued overleaf:

Table 9 – Intellectual Function (Continued)

Points	Descriptors
30	There is an **extreme** impact on intellectual function in <u>all</u> of the following domains: **Learning and applying knowledge** • unable to read, write or count objects and needs repeated demonstrations to learn simple tasks involving one or two steps or is unable to complete even simple tasks **Daily living skills** • needs complete supervision and/or assistance to maintain adequate personal hygiene, nutrition and health care • needs complete assistance to manage money • needs complete assistance to travel/ use transport • needs continual support and lives with family or in supported accommodation **Social skills** • interpersonal skills are extremely limited e.g. can manage only very basic social interactions such as smiling or responding with simple language or gestures • communication skills are extremely limited • the person needs complete assistance to participate in social and community activities • may display behaviours that are highly inappropriate and/or dangerous to self, others or property The person will have an assessed intellectual impairment or be deemed unassessable using the WAIS IV or equivalent contemporary assessment of intellectual function,, deficits in adaptive behaviour and a history of developmental difficulties before 18 years of age.

Table 10 – Gastrointestinal Function

Introduction to Impairment Table 10

- Impairment Table 10 should be used where the person has a diagnosed medical condition resulting in functional impairment related to gastrointestinal function. Gastrointestinal conditions may include diseases that affect the mouth, salivary glands, oesophagus, stomach, intestines (small and/or large intestine), pancreas, liver, gall bladder, bile ducts, rectum and/or anus.
- The diagnosis must be made by an appropriately qualified medical practitioner.
- A report from the treating doctor must be provided.
- Symptoms of gastrointestinal conditions may include pain, discomfort, nausea, vomiting, diarrhoea, constipation, reflux, heartburn/indigestion, fatigue.
- Personal care needs associated with gastrointestinal conditions may include (but are not limited to): the need to take medications when symptoms occur, care of special feeding equipment such as PEG button or special feeding tube, special diets or feeding solutions, care of stomas and ostomy bags, strategies to relieve pain, additional toileting and personal hygiene needs.
- Note that continence and ostomy care are assessed using Table 13, i.e. a person with an ileostomy or colostomy should be assessed using Table 13 (Continence).
- Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment.
- Examples of corroborating evidence may include (but are not limited to):
  - reports from medical specialists (e.g. gastroenterologist) confirming diagnosis of a gastrointestinal condition that is likely to result in the symptoms described by the person
  - results of investigations (e.g. X-Rays or other imagery, endoscopy, colonoscopy).

Points	Descriptors
0	There is **no** functional impact on work-related or daily activities and the person is not usually interrupted at work or other activity by symptoms or personal care needs associated with a gastrointestinal condition.
5	There is a **mild** functional impact on work-related or daily activities due to symptoms or personal care needs associated with a gastrointestinal condition. The following indicators apply: • the person's attention and concentration at a task are **sometimes** interrupted or reduced by pain or other symptoms or personal care needs associated with the gastrointestinal condition (e.g. on most days); and/or • the person is **sometimes** absent from work, education or training activities due to the gastrointestinal condition.
10	There is a **moderate** functional impact on work-related or daily activities due to symptoms or personal care needs associated with a gastrointestinal condition. At least two of the following indicators apply: • the person's attention and concentration at a task are **often** interrupted or reduced by pain or other symptoms or personal care needs associated with the gastrointestinal condition (e.g. at least once a day but not every hour) • the person is unable to sustain work activity or other tasks for more than two hours without a break due to symptoms of the gastrointestinal condition • the person is **often** absent from work, education or training activities due to the gastrointestinal condition.

Continued overleaf:

Table 10 – Gastrointestinal Function (Continued)

Points	Descriptors
20	There is a **severe** functional impact on work-related or daily activities due to symptoms or personal care needs associated with a gastrointestinal condition. At least two of the following apply: • the person's attention and concentration at a task are **frequently** interrupted or reduced by pain or other symptoms or care needs associated with the gastrointestinal condition (e.g. at least once every hour) • the person is unable to sustain work activity or other tasks for a total of more than five hours a day, even with regular breaks, due to symptoms of the gastrointestinal condition • the person's condition may affect the comfort and /or attention of co-workers • the person is **frequently** absent from work, education or training activities due to the gastrointestinal condition
30	There is an **extreme** functional impact on gastrointestinal function. The person is completely unable to perform work-related or daily activities due to symptoms or personal care needs associated with a gastrointestinal condition. At least two of the following apply: • the person's attention and concentration at a task are **continually** interrupted or reduced by pain or other symptoms or care needs associated with the gastrointestinal condition (e.g. pain or other symptoms are present all or most of the time) • the person is unable to sustain work activity or other task for more than one hour without a break due to symptoms of the gastrointestinal condition • the nature of the person's condition is likely to affect co-workers adversely • the person is **rarely** able to attend work, education or training activities due to the gastrointestinal condition

Table 11 – Hearing and other Functions of the Ear

Introduction to Impairment Table 11
• Impairment Table 11 should be used where the person has a diagnosed medical condition resulting in functional impairment when performing activities involving hearing function or other functions of the ear (such as balance difficulties due to a condition involving the inner ear). • The diagnosis must be made by an appropriately qualified medical practitioner with corroborating evidence from an audiologist or ENT specialist. • A report from the treating doctor must be provided. • Table 11 ratings should be assessed with the person using any prescribed hearing aid, cochlear implant or other hearing device that they usually use. • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • Examples of corroborating evidence may include (but are not limited to): o reports from medical practitioners (e.g. ear nose and throat specialist, neurologist) confirming diagnosis of conditions associated with hearing impairment or other impaired function of the ear (e.g. congenital deafness, presbyacusis, acoustic neuroma, side-effects of medication, or Meniere's disease) o results of audiological assessment.

Points	**Descriptors**
0	There is **no** functional impact on hearing. All of the following indicators apply: • The person can hear a conversation at average volume in a room with an average level of background noise (e.g. other people talking quietly in the background). • The person does not have to turn the television volume up louder than others in the household to hear clearly. • The person does not need to use a hearing aid, cochlear implant or other hearing device.
5	There is **mild** functional impact on hearing. The following indicators apply: • The person has some difficulty hearing a conversation at an average volume in a room with background noise (e.g. other people talking quietly in the background); and/or • The person may have to turn the television volume up slightly louder than others in the household to hear clearly; and/or • The person may use a hearing aid, cochlear implant or other device; and/or • The person may have difficulty hearing conversations when using a standard telephone; **OR** • The person may have occasional difficulty with balance (e.g. occasional dizziness) or occasional ringing in the ears, less than once a week,, due to a medically diagnosed disorder of the inner ear such as Meniere's disease.
10	There is a **moderate** functional impact on hearing even when using a hearing aid, cochlear implant or other hearing device or sign language interpreting. The following indicators apply: • The person has difficulty hearing a conversation at average volume in a room with no background noise; and • The person has to turn the television volume up much louder than others in the household to hear clearly; and • The person may be partially reliant on lip-reading and/or Auslan or other sign language; **OR** • The person may have more frequent difficulty with balance (e.g. has to sit down or hold on to a solid object) or ringing in the ears, at least once a week, due to a medically diagnosed disorder of the inner ear such as Meniere's disease.

Continued overleaf:

Table 11 – Hearing and other Functions of the Ear (Continued)

Points	Descriptors
20	There is a **severe** functional impact on hearing even when using a hearing aid, cochlear implant or other hearing device or technology or sign language interpreting. The following indicators apply: • The person has severe difficulty hearing any conversation even at raised volume in a room with no background noise (i.e. is unable to hear someone speaking to them in a loud voice, may not be able to hear someone shouting a warning, such as 'Look out!'); and • The person is unable to hear sounds needed for personal or workplace safety such as a smoke alarm, fire evacuation siren, or car or truck horn; and • The person needs to use headphones or ear piece for listening to the television or is reliant on captions to follow a television program or movie; and/or • The person is reliant on Auslan or other sign language or note taking to converse with others; **OR** • The person has continual difficulty with balance (e.g. continual dizziness – has to sit down or hold on to a solid object), repeatedly during each day,, or continual ringing in the ears that interferes with hearing, due to a medically diagnosed disorder of the inner ear such as Meniere's disease.
30	There is an **extreme** functional impact on hearing even when using a hearing aid, cochlear implant or other hearing device. The following indicators apply: • The person is unable to hear anything at all; and • The person has limited or no ability to understand Auslan or other sign language.

Table 12 – Visual Function

Introduction to Impairment Table 12
• Impairment Table 12 should be used where the person has a diagnosed medical condition resulting in functional impairment when performing activities involving visual function. • The diagnosis must be made by an appropraitely qualified medical practitioner with supporting evidence from an ophthalmologist. • A report from the treating doctor must be provided. • Where severe loss of visual function is evident or suspected, the assessor should ensure that testing by a qualified ophthalmologist has occurred to determine if the person meets the criteria for permanent blindness and therefore is automatically eligible for DSP under section 95 of the Social Security Act. • Table 12 ratings should be assessed <u>with the person using</u> any visual aids the person usually uses, such as spectacles or contact lenses. • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • Examples of corroborating evidence may include (but are not limited to): o reports from medical specialists (e.g. ophthalmologist, ophthalmic surgeon) confirming diagnosis of conditions associated with vision impairment (e.g. diabetic retinopathy, glaucoma, retinitis pigmentosa, macular degeneration, cataracts, congenital blindness i.e. blind from birth) o results of vision assessments.

Points	**Descriptors**
0	There is **no** functional impact on vision. The person has <u>no difficulties</u> seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn. All of the following indicators apply: • The person has no difficulties seeing the print in a newspaper or magazine. • The person has no difficulties seeing road signs, street signs or bus numbers. • The person has a full field of vision, i.e. they do not have any problems with peripheral vision (being aware of objects or movement to the sides, above or below, when looking straight ahead) and no patches or areas of lost vision. • The person can usually perform all day to day functions involving the eyes without discomfort (i.e. no watering of the eyes, difficulty opening the eyes, or difficulty moving the eyes, able to tolerate normal light levels).

Continued overleaf:

Table 12 – Visual Function (Continued)

Points	Descriptors
5	There is a **mild** functional impact on vision. The person has mild difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn. The person can still perform most day to day activities involving vision. The following indicators apply: • The person has some difficulty seeing the fine print in newspapers or magazines (may have to hold the print further away or use brighter light); and/or • The person has some difficulty seeing road signs, street signs or bus numbers and/or may have some difficulty reading road signs at night but can still travel around the community and use public transport without assistance; and/or • The person experiences some discomfort when performing day to day activities involving the eyes (e.g. mild occasional watering of the eyes, mild difficulty opening the eyes, or mild difficulty moving or coordinating the eyes, or difficulty tolerating bright lights and sunlight); and/or • The person has functional vision in only one eye (or only has one eye) but has good vision in the remaining eye.
10	There is a **moderate** functional impact on vision. The person has moderate difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn. The person may need to use vision aids or assistive devices other than spectacles and contact lenses for some tasks. The person has difficulty performing some day to day activities involving vision. The following indicators apply: • The person has some difficulty seeing routine workplace, educational or training information such as signs, safety information, or manuals and may need to use alternative formats (e.g. large print) and/or assistive devices or technology for vision in work, training or educational settings; and/or • The person experiences moderate discomfort when performing day to day activities involving the eyes (i.e. frequent watering of the eyes, frequent difficulty opening the eyes, or moderate difficulty moving or coordinating the eyes, or unable to tolerate normal levels of light indoors or outdoors); and/or • The person has only one eye or functional vision in only one eye and has mild problems with the vision in the remaining eye. • The person is still able to function independently in familiar environments (i.e. without regular assistance from other people) • The person is able to travel independently using public transport when using any assistive devices that they have.
20	There is a **severe** functional impact on vision. The person has severe difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn. The person needs to use vision aids or assistive devices other than spectacles and contact lenses for many tasks. The person has severe difficulty performing many day to day activities involving vision. The following indicators apply: • The person is unable to see routine workplace, educational or training information such as signs, safety information, or manuals even when using any assistive devices or technology that they have; and/or • The person needs assistance to use public transport or travel independently to work, educational or community facilities even when using any assistive devices that he/she has (such as a guide dog or cane); and • The person is unable to move around independently in unfamiliar environments; and/or • The person has been denied a driver's licence on the basis of vision impairment. A person with vision difficulties at this level should undergo a specialist assessment to determine if they meet the Social Security Act criteria for permanent blindness.

Continued overleaf:

Table 12 – Visual Function (Continued)

Points	Descriptors
30	There is an **extreme** functional impact on vision. The person has complete loss of effective vision. The person has no useful vision at a distance or close up even when wearing glasses or contact lenses if these are usually worn and/or when using other vision assistance devices or technology. The following indicators apply: • The person has been totally blind since birth; or • The person has lost both eyes due to trauma or malignancy; and/or • The person has been assessed as 'legally blind' (e.g. has been assessed as meeting the Social Security Act criteria for permanent blindness); and/or • The person needs assistance to move around even in familiar environments and to perform most day to day activities due to extreme functional impact on vision. A person with vision difficulties at this level not already in receipt of Disability Support Pension should undergo a specialist assessment and/or administrative review to confirm that they meet the Social Security Act criteria for permanent blindness.

Table 13 – Continence Function

Introduction to Impairment Table 13
• Impairment Table 13 should be used where the person has a diagnosed medical condition resulting in functional impairment related to incontinence of the bladder and/or bowel. • The diagnosis must be made by an appropriately qualified medical practitioner. Assessment by an appropriate specialist clinician (e.g. urogynaecologist, urologist, or gastroenterologist) is recommended in cases of moderate or severe incontinence. • A report from the treating doctor must be provided. • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • Examples of corroborating evidence may include (but are not limited to): o reports from medical specialists (e.g. urogynaecologist, gynaecologist, urologist, gastroenterologist) confirming diagnosis of conditions associated with incontinence (e.g. some gynaecological conditions, prostate enlargement or malignancy, gastrointestinal conditions, incontinence resulting from paraplegia, spina bifida, neurodegenerative conditions or severe intellectual disability) o assessments/reports from practitioners specialising in the treatment and management of incontinence such as urologists, urogynaecologists, continence nurse advisors.

Points	**Descriptors**
0	There is **no** functional impact on maintaining continence of the bladder and bowel during the day. The person does not have a stoma (e.g. colostomy, ileostomy) or use a catheter or other collection device to manage continence.
5	There is a **mild** functional impact on maintaining continence of the bladder and/or bowel during the day. The following indicators apply: **Bladder** • the person has minor leakage from the bladder (e.g. a small amount of urine when coughing or sneezing) at least once a day but not every hour; and/or • the person has urgency (has to get to a toilet very quickly and has difficulty 'holding on' to urine) and/or has occasional loss of control of bladder (at least weekly); and/or • the person has difficulty passing urine (e.g. has to strain or has restricted flow of urine or has difficulty emptying bladder); and/or **Bowel** • the person has minor leakage from the bowel (e.g. enough faecal matter to soil underwear but not outer clothes) more than once a week but not every day; and/or • the person has urgency and/or occasional loss of control of bowel at least monthly; and/or **Continence aids** • the person has a stoma, or uses a catheter or other collection device to manage their continence independently without any difficulties and does not need any assistance with this.

Continued overleaf:

Table 13 – Continence Function (Continued)

Points	Descriptors
10	There is a **moderate** functional impact on maintaining continence of the bladder and/or bowel. The following indicators apply: **Bladder** • the person has minor leakage from the bladder (e.g. a small amount of urine when coughing or sneezing) several times each day; and/or **Bowel** • the person has major leakage from the bowel (e.g. enough faecal matter to fully soil underwear and stain outer clothes if a continence pad is not worn) in most weeks; and/or **Continence aids** • the person has a stoma, or uses a catheter or other collection device to manage their continence independently but requires frequent bag or catheter changes, or has frequent equipment failure. • The person's continence difficulties result in interruption to tasks, work or training on most days
20	There is a **severe** functional impact on maintaining continence of the bladder and/or bowel. The following indicators apply: **Bladder** • continual dribbling of urine throughout the day; and/or • the person has major leakage from the bladder (e.g. a large amount of urine – enough to soak through clothes or soak a continence pad) at least every day but not every hour; and/or **Bowel** • the person has minor leakage from the bowel (e.g. enough faecal matter to soil underwear or continence pad but not outer clothes) every day; and/or • the person has major leakage from the bowel (e.g. enough faecal matter to fully soil underwear or a continence pad) at least weekly; and/or **Continence aids** • the person has a stoma, or uses a catheter or other collection device to manage their continence and needs **some assistance** from another person to manage this; and/or • the person wears continence pads and needs **some assistance** to change these during the day • The person's condition may affect the comfort and /or attention of co-workers.
30	There is an **extreme** functional impact. The person is completely unable to maintain continence of the bladder and/or bowel. The following indicators apply: **Bladder** • the person has **no control** of bladder emptying and is always incontinent of urine; and/or **Bowel** • the person has **no control** of bowel emptying and is always incontinent of faeces; and/or **Continence aids** • the person has a stoma, or uses a catheter or other collection device to manage their continence and needs **complete assistance** from another person to manage this; and/or • the person wears continence pads and needs **complete assistance** to change these during the day • The nature of the person's condition is likely to affect co-workers adversely.

Table 14 – Functions of the Skin

Introduction to Impairment Table 14
• Impairment Table 14 should be used where the person has a diagnosed medical condition resulting in functional impairment related to disorders of, or injury to, the skin. • The diagnosis must be made by an appropriately qualified medical practitioner, preferably supported by the opinion of a dermatologist or burns specialist. • A report from the treating doctor must be provided. • Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment. • Examples of corroborating evidence may include (but are not limited to): o reports from medical specialists (e.g. dermatologist or burns specialist) confirming diagnosis of dermatological conditions or burns.

Points	**Descriptors**
0	There is **no** functional impact on activities requiring healthy, undamaged skin. For example, the person is able to perform normal daily activities (such as washing dishes, shampooing hair, household cleaning and participating in outdoor activities) with no difficulty.
5	There is a **mild** functional impact on activities requiring healthy, undamaged skin (i.e. the person has to make minor adaptations to some daily activities). At least one of the following indicators applies. The person: • has minor difficulties performing activities involving use of their hands due to minor skin lesions, dermatitis, skin allergies or scarring and may need to wear protective gloves for some tasks, apply protective cream to the hands, and/or limit repetitive tasks involving use of the hands • has minor difficulties performing activities involving use of other parts of the body due to minor skin lesions, dermatitis, skin allergies or scarring • has minor difficulties performing activities involving exposure to sunlight due to heightened sensitivity to sunlight (this may be a result of certain medications or past history of skin cancers) and needs to take higher than normal precautions to limit exposure to sunlight
10	There is a **moderate** functional impact on activities requiring healthy, undamaged skin (i.e. the person has to make adaptations to several daily activities). At least one of the following indicators applies. The person: • has moderate difficulties performing activities involving use of their hands due to minor skin lesions, dermatitis, skin allergies or scarring and needs to wear protective gloves for most tasks, avoid contact with all detergents and soaps, and/or avoid repetitive tasks involving use of the hands • has moderate difficulties performing daily activities due to scarring from burns which restricts movement of limbs and/or other parts of the body (e.g. may require additional time to perform some tasks, and/or some tasks may need to be modified) • has moderate difficulties performing daily activities due to lesions on skin which require creams and/or dressings and limit movement and comfort (e.g. may require additional time to perform some tasks, and/or some tasks may need to be modified) • has moderate difficulties performing activities involving exposure to sunlight due to heightened sensitivity to sunlight (this may be a result of certain medications, past history of skin cancers, albinism, or other genetic condition) and needs to take higher than normal precautions to avoid exposure to sunlight (e.g. must wear sunscreen at all times, wear hat and other protective clothing at all times outside and has to limit time spent outside in sunlight).

Table 14 – Functions of the Skin (Continued)

Points	Descriptors
20	There is a **severe** functional impact on activities requiring healthy, undamaged skin (i.e. the person has to make significant modifications to daily activities and/or is unable to perform some daily activities). At least two of the following indicators apply. The person: • has severe difficulties performing activities involving use of their hands due to major skin lesions, dermatitis, skin allergies or scarring and is unable to perform some tasks involving use of the hands • has severe difficulties performing daily activities due to scarring from burns which restricts movement of limbs and/or other parts of the body (e.g. may not be able to perform some tasks, requires additional time to perform some tasks, and/or some tasks need to be modified) • has severe difficulties performing daily activities due to extensive and/or severe lesions on skin which require creams and/or dressings and limit movement and comfort (e.g. may not be able to perform some tasks, requires additional time to perform some tasks, and/or some tasks need to be modified) • has severe difficulties performing activities involving exposure to sunlight due to heightened sensitivity to sunlight (this may be a result of certain medications, past history of skin cancers, albinism, or other genetic condition) and can spend only a brief period of time in sunlight each day even when wearing sunscreen and protective clothing • is/would not be able to wear items of personal protective equipment likely to be required in their workplace (e.g. protective glasses, ear defenders, safety jacket, gloves, safety boots/safe shoes, hard hat).
30	There is an **extreme** functional impact on activities requiring healthy, undamaged skin (i.e. the person has to make major modifications to most daily activities and/or is unable to perform most daily activities; requires repeated assistance throughout the day; and could not attend a work, education or training session for a continuous period of at least three hours). At least one of the following indictors applies. The person: • has such extensive damage or scarring of their skin that they are unable to perform most daily activities without significant difficulty or discomfort • requires continual application/wearing of medically prescribed creams or dressings to most or all of the skin on the body • has severe reactions to normal exposure to sunlight or skin contact with routine substances found in most households, requiring repeated urgent medical treatment and frequent hospitalisation.

Table 15 - Functions of Consciousness

Introduction to Impairment Table 15

- Impairment Table 15 should be used where the person has a diagnosed medical condition resulting in functional impairment due to an impaired ability to remain conscious, i.e. a condition which results in loss of consciousness or altered state of consciousness, (such as epilepsy, some forms of migraine, or poorly controlled diabetes mellitus).
- The diagnosis must be made by an appropriately qualified medical practitioner.
- A report from the treating doctor must be provided.
- Self-report of symptoms alone is insufficient. There must also be corroborating evidence of the person's impairment.
- Examples of corroborating evidence may include (but are not limited to):
  - reports from medical specialists (e.g. neurologist, endocrinologist, physician, as appropriate) confirming diagnosis of conditions associated with episodes of loss of or altered state of consciousness (e.g. epilepsy, diabetes mellitus, transient ischaemic attacks, some forms of migraine)
  - assessments/reports from practitioners specialising in the treatment and management of these conditions, including neurologists, endocrinologists, clinical nurse consultants or nurse practitioners specialising in diabetes management.

Points	New Descriptors
0	There is **no** functional impact on maintaining consciousness during waking hours when occupied with a task or activity.
5	There is a **mild** functional impact on maintaining consciousness during waking hours when occupied with a task or activity. The following indicator applies: • The person has <u>rare</u> episodes of involuntary loss of consciousness or altered state of consciousness due to a diagnosed medical condition (e.g. no more than twice per year and not usually requiring hospitalisation) The person is still able to perform most daily activities of living but may have restrictions on a driver's licence due to the medical condition.
10	There is a **moderate** functional impact on maintaining consciousness during waking hours when occupied with a task or activity. The following indicators apply: • The person has episodes of involuntary <u>loss of consciousness</u> due to a diagnosed medical condition <u>more than twice each year</u> (but not every month) and loses all functional abilities during these episodes (i.e. falls or slumps to the ground or in a chair and is unresponsive during the episode). Requires first aid measures and may require emergency medication and/or hospitalisation. OR • The person has episodes of involuntary <u>altered state of consciousness</u> that occur <u>at least once per month</u> (e.g. the person remains standing or sitting but is unaware of their surroundings or actions during the episode). Functional abilities are affected during these episodes. Episodes are less than 30 minutes in duration. The person is still able to perform many daily activities of living but is unlikely to be granted a driver's licence and may have other safety-related restrictions on activities. The person may not be able to attend work, education or training activities on a full-time basis and may be restricted due to safety issues in the work-related activities that they can undertake.

Continued overleaf:

Table 15 - Functions of Consciousness (Continued)

Points	New Descriptors
20	There is a **severe** functional impact on maintaining consciousness during waking hours when occupied with a task or activity. The following indicators apply: • The person has episodes of involuntary loss of consciousness due to a diagnosed medical condition at least once each month and loses all functional abilities during these episodes (i.e. falls or slumps to the ground or in a chair and is unresponsive during episode). Requires first aid measures and may require emergency medication and/or hospitalisation. OR • The person has episodes of altered state of consciousness that occur at least once each day (e.g. the person remains standing or sitting but is unaware of their surroundings or actions during the episode). Functional abilities are affected during these episodes. The person is unable to perform many activities of living, cannot obtain a driver's licence on medical grounds and has other safety-related restrictions on activities. The person is/would not be able to attend work, education or training activities, even on a part-time basis and would be severely restricted due to safety issues in the work-related activities that they could undertake.
30	There is an **extreme** functional impact on maintaining consciousness during waking hours. The following indicators apply: • The person has frequent episodes of involuntary loss of consciousness due to a diagnosed medical condition such as epilepsy (at least once each week) and loses all functional abilities during these episodes (i.e. falls or slumps to the ground or in a chair and is unresponsive during episode). Requires first aid measures and requires emergency medication and/or hospitalisation. OR • The person has frequent episodes of altered state of consciousness that occur many times each day (e.g. the person remains standing or sitting but is unaware of their surroundings or actions during the episode). Functional abilities are affected during these episodes. The person is unable to perform most activities of daily living, cannot obtain a driver's licence on medical grounds and has other safety-related restrictions on activities. The person is not able to attend work, education or training activities at all.