

**HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON SOCIAL POLICY
AND LEGAL AFFAIRS
ANSWERS TO QUESTIONS ON NOTICE
FAMILIES, HOUSING, COMMUNITY SERVICES AND
INDIGENOUS AFFAIRS PORTFOLIO
INQUIRY INTO FOETAL ALCOHOL SPECTRUM DISORDER**

Date: 28 June 2012

Hansard Page: Page 10

Topic: INQUIRY INTO FOETAL ALCOHOL SPECTRUM DISORDER

The Committee Chair asked for further information about the assessment tools used in determining qualification for payments to carers and what type of medical practitioner may complete the required medical reports.

The Committee also asked for a copy of the List of Recognised Disabilities (LoRD) which is contained in Attachment C.

Chairperson asked:

Is there a set medical tool that you would utilise? Do they have to be a GP? Can it be done in a remote community where there is only a nurse? Do you know the assessment tool?

Answer:

See attached response at Attachment A.

**HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON SOCIAL POLICY AND LEGAL AFFAIRS**

**ANSWERS TO INQUIRY INTO FOETAL ALCOHOL SPECTRUM DISORDER
QUESTIONS ON NOTICE and ADDITIONAL INFORMATION
Provided by the Department of Families,
Housing, Community Services and Indigenous Affairs
July 2012**

At the Committee Hearing, 28 June 2012, Ms Corver advised the Committee about access to Carer Payment and Carer Allowance for parents and carers of people with FASD.

The Committee Chair asked for further information about the assessment tools used in determining qualification for payments to carers and what type of medical practitioner may complete the required medical reports.

Below is an overview of the Carer Payment and Carer Allowance assessment processes.

Overview of Carer Payment and Carer Allowance

There are currently two forms of Government financial assistance available to carers of people with disabilities or severe medical conditions: Carer Payment and Carer Allowance.

Carer Payment is an income and assets tested income support payment paid at the same rate as other social security pensions to people who, because of the demands of their caring role, are unable to support themselves through substantial paid employment.

Carer Allowance is a supplementary payment for carers who provide daily care and attention in a private home for people with a disability who need significant additional care and attention. Carer Allowance is not income and assets tested and can be paid in addition to a social security income support payment.

There is an adult stream and a child stream for both Carer Payment and Carer Allowance. The assessment used in determining qualification for payment varies for each stream.

Eligibility for the adult stream is based on the personal care needs of the care receiver as assessed under the Adult Disability Assessment Tool. Eligibility for the child stream is based on the level of care required and the care provided by the carer.

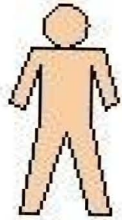
A carer of a person with Foetal Alcohol Spectrum Disorder may qualify for any of these payments depending on their circumstances.

Claim process for Carer Payment and Carer Allowance

The claim process for either the adult or child stream consists of two components; a questionnaire for the carer and a questionnaire for a treating health professional; each resulting in a score. For adults, a minimum score is required on the treating health professional component as well as a minimum combined score to qualify. For children, a minimum score is required in both questionnaires to qualify.

Centrelink has the capacity to provide personalised versions of the Carer Payment and/or Carer Allowance claim forms and Medical Reports for both adult and child payments. This means that where a claimant or their care receiver has an existing Centrelink record, the claim form and Medical Report is issued with the information that is already known to Centrelink populated on the form. This reduces the amount of information a person has to provide. Following is a flow chart of the process:

Carer Payment and Carer Allowance Customer Claim Process



Customer contacts Centrelink Disability, Sickness and Carer line 132717.

Initial assessment identifies whether any more information is required.

First Contact Service Offer identifies information needed for the claim and whether a new medical report is required.

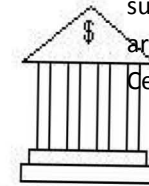
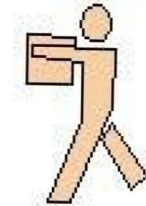
Centrelink will contact the customer if more information is required.

Tailored claim forms are issued to the customer to return within 14 days. Not all claims may require a new medical report.

When all information is received an assessment is completed.

If a medical report is required, customer gets that completed and has 14 days to return it. This time may be extended.

Centrelink will contact the customer to advise the outcome of the claim, the appeal process and their rights and obligations.



Claim forms and supporting documents are returned to Centrelink to process.

If granted, payment is made to customers nominated bank account.

The timeframe from initial customer contact to finalised assessment is generally 2 to 6 weeks.

Assessment Tools used to assess Carer Payment and Carer Allowance

Payments for Adults

Carer Payment (Adult) - care receiver aged 16 years or over

To be eligible for Carer Payment (Adult) a person must be providing constant care to a care receiver aged 16 years or over, who:

- has been assessed under the Adult Disability Assessment Tool (ADAT) as having severe physical, intellectual or psychiatric disability; or
- has been assessed under the ADAT as having moderate physical, intellectual or psychiatric disability and who has in their care a dependent child:
 - under six years of age; or
 - six years of age or over, with disability or medical condition, for whom a person is receiving Carer Allowance.

The ADAT is comprised of a carer questionnaire and a Medical Report known as the Treating Health Professional (THP) Assessment. A minimum qualifying score must be achieved on the medical assessment component as well as a minimum total ADAT score.

Qualifying Score Carer Payment (Adult)

For the purpose of Carer Payment an adult with a disability meets the following criteria:

Has a physical, intellectual or psychiatric disability AND

- for a lower ADAT score adult has been assessed under the ADAT and has been given a THP score of 8 or higher and an overall score of 20 or higher, OR
- for a higher ADAT score adult - has been assessed under the ADAT and has been given a THP score of 10 or higher and an overall score of 25 or higher, OR
- for 2 carers to qualify for providing care to the same higher ADAT score adult - be given a THP score of 32 or higher and an overall score of 80 or higher, AND
- is likely to suffer from the disability permanently or for an extended period.

Treating Health Professional (Adult)

The following Treating Health Professionals, who are involved in the treatment of the care receiver, can complete the Medical Report in respect of an adult:

- a legally qualified medical practitioner
- a registered nurse
- a physiotherapist
- an occupational therapist
- a member of an Aged Carer Assessment Team
- an Aboriginal Health Worker (in a geographically remote area).

The ADAT measures the level of special care needed by an adult because of his or her disability and/or medical condition. The ADAT aims to assess the level of care provided to individuals experiencing a range of disabilities, including physical, intellectual and psychiatric disabilities. The ADAT measures the amount of help required to undertake activities of daily living such as mobility, communication, hygiene and feeding, and a range of cognitive and behavioural areas.

Carer Allowance (Adult) - care receiver aged 16 years or over

As with Carer Payment (Adult) eligibility for Carer Allowance (Adult) is based on the care receiver being aged 16 years or over and an assessment of their needs using the Adult Disability Assessment Tool (ADAT).

For the purpose of Carer Allowance, the care receiver has been assessed under the ADAT and has been given a

- THP score of 12 or higher and has an overall score of 30 or higher, AND
- is likely to suffer from the disability permanently or for an extended period.

Terminal Illness (Adult)

If a person has been certified by a medical practitioner to be in the terminal phase of a terminal illness and is expected to live for less than 3 months, the carer will generally qualify for Carer Payment and/or Carer Allowance without further investigation, subject to meeting the other qualification criteria, such as income and assets tests.

Attached is a copy of the ADAT (Attachment B).

Payments for Children

The Disability Care Load Assessment is used to determine qualification for both Carer Payment (Child) and Carer Allowance (Child). The qualification processes for both of these payments are outlined below

Carer Payment (Child) – Care receiver aged under 16 years.

To be eligible for Carer Payment (Child) the person must be providing a significant level of care for:

- a single child with a severe disability or severe medical condition;
- 2 to 4 children with a disability or medical condition whose combined care needs are equal to that of a single child with a severe disability or medical condition;
- 1 to 2 children and an adult who each have a disability or medical condition and their combined care needs are equal to that of a single child with a severe disability or severe medical condition.

Carer Payment is paid where a child requires care for 6 months or more. However, it can also be paid where a significant level of care for a child is required and is being provided on a short term or episodic basis that is for a minimum of 3 months.

For the purpose of Carer Payment, the Disability Care Load Assessment (Child) (DCLA) is used to measure the level of care required by a care receiver or care receivers aged under 16 years and the level of care given by a person to each care receiver.

The DCLA is used to determine a qualifying rating as part of the qualification process for Carer Payment and Carer Allowance. A qualifying rating of 'intense' is required in order to qualify for Carer Payment and Carer Allowance.

The DCLA is comprised of a carer questionnaire (the Assessed Care Load questionnaire) (ACL), and a Treating Health Professional questionnaire (THP).

ACL questionnaire

The ACL questionnaire is completed by the carer. It assesses the level of care required by and provided to the care receiver (care load) by the person claiming Carer Payment or Carer Allowance based on questions about the behaviour, functional ability and special care needs of the care receiver. It is not necessary for a child's needs to score against all question categories to be eligible for payment.

Professional questionnaire

The professional questionnaire is completed by a Treating Health Professional for each child in respect of whom payment is being claimed. It assesses the functional ability, behaviour and special care needs of the child to determine the total professional questionnaire score.

The DCLA uses specific questions to identify a broad spectrum of care needs to determine eligibility for both Carer Payment and Carer Allowance. The questions are structured into four key domains, cognitive behaviour, behaviour that impacts on other, everyday tasks and special care needs. It is the combination of the scores which determines eligibility for payment. A carer must obtain a qualifying score in each questionnaire to receive a rating of 'intense'.

Treating Health Professional (Child)

The following Treating Health Professionals, who are involved in the treatment of the care receiver, can complete the Medical Report:

- a legally qualified medical practitioner
- a registered nurse
- a physiotherapist
- a registered psychologist
- an occupational therapist
- an Aboriginal Health Worker (in a geographically remote area)
- a speech pathologist.

Carer Allowance (Child) – Care receiver aged under 16 years.

There are two stages in assessing the care receiver for Carer Allowance (Child). Firstly, the child is assessed against the List of Recognised Disabilities (the List). The List contains certain disabilities and medical conditions that are constantly severe enough to qualify the parent or carer for the allowance automatically. Where a child's condition is identified on the List they will be immediately granted Carer Allowance.

Secondly, where a child's medical condition or disability is not on the List they are assessed using the Disability Care Load Assessment (DCLA). This assessment considers the level of care required by the child and the level of care provided by the carer and takes into account the total care load of the carer. If the care load is assessed to be sufficiently high i.e. rated 'intense' then the carer may qualify for Carer Allowance.

It is important to note that if a disability or medical condition is not listed on the List, it does not mean the carer is not entitled to Carer Allowance, or that the condition does not require care. It means that the medical condition is not on the list that provides 'fast-tracked' automatic eligibility for Carer Allowance and the carer needs to provide an assessment. A number of conditions, such as Pervasive Developmental Disorder – Not Otherwise Specified, which falls within the Autism spectrum, vary in severity and in the amount of additional care required to support the child, and therefore are not 'fast-tracked'.

If someone does not qualify for Carer Allowance (Child) based on the level of care required, the child they are caring for may still qualify for a Health Care Card if at least 14 hours a week of additional care and attention is provided. The card is issued in the name of the care receiver.

Attached is a copy of the DCLA, which also contains the List of Recognised Disabilities (Attachment C, page 61).

Terminal Illness (Child)

A child who has been diagnosed with a terminal condition by a medical practitioner qualifies their carer for Carer Payment where:

- the medical practitioner has certified in writing that the child requires continuous personal care for the remainder of his/her life, and
- that the average life expectancy for a child with the same or similar condition is not substantially longer than 24 months.



Adult Disability Assessment Determination 1999

as amended

made under section 38C of the

Social Security Act 1991

This compilation was prepared on 11 December 2008
taking into account amendments up to *Adult Disability Assessment
Amendment Determination 1999 (No. 1)*

Prepared by the Public Law Branch,
Department of Families, Housing, Community Services and Indigenous
Affairs, Canberra

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Part 1 Preliminary

1.1 Name of determination

This determination is the *Adult Disability Assessment Determination 1999*.

1.2 Commencement

This determination commences on 1 July 1999.

1.3 Definitions

In this determination:

Act means the *Social Security Act 1991*.

adult means a person aged 16 or more.

claimant means a person mentioned in subsection 2.1 (2).

claimant questionnaire means the questionnaire mentioned in subsection 2.1 (1).

professional questionnaire means the questionnaire mentioned in subsection 2.1 (3).

treating health professional means a person approved under section 1.5.

Note Some expressions used in this determination are defined in the *Social Security Act 1991* (see sections 5 and 23), including:

- officer
- Secretary.

1.4 Delegation

The Secretary may, in writing, delegate to an officer all or any of the powers of the Secretary under this determination.

1.5 Treating health professional

- (1) The Secretary may approve a person as a treating health professional.
- (2) The Secretary may also approve a class of persons as treating health professionals.

Note A treating health professional is the only person who can complete the questionnaire set out in Part 2 of Schedule 1 (see subsections 2.1 (3) and (4)).

1.6 Disability assessment components

Part 2 of this determination sets out an Adult Disability Assessment Tool.

Note Under subsection 38C (1) of the Act, the Secretary may, by determination in writing:

- (a) devise a test for assessing the disability, emotional state, behaviour and special care needs of a person aged 16 or over; and

- (b) provide a method for rating the person by giving him or her, on the basis of the results of the test, a score in accordance with a scale.

Under subsection 38C (3) of the Act, the part of the determination setting out the test and the rating method is the *Adult Disability Assessment Tool*.

Part 2 Adult Disability Assessment Tool

2.1 Questionnaires

- (1) Part 1 of Schedule 1 sets out a questionnaire (the *claimant questionnaire*) about disability, emotional state, behaviour and special care needs of an adult.
- (2) The claimant questionnaire may be completed only by a person (the *claimant*) wishing:
 - (a) to claim a carer allowance or carer payment, or both, under the Act for the care of an adult; or
 - (b) to continue to be qualified for receiving carer allowance or carer payment, or both, under the Act for the care of an adult.
- (3) Part 2 of Schedule 1 sets out another questionnaire (the *professional questionnaire*) about the disability, emotional state, behaviour and special care needs of an adult.
- (4) The professional questionnaire may be completed only by a treating health professional.

2.2 Testing method

- (1) The test for assessing a person's disability, emotional state, behaviour and special care needs is the assessment, under this Part, of the answers given in relation to the person in the 2 questionnaires mentioned in section 2.1.
- (2) The following steps are carried out for the test:
 - (a) the Secretary must be satisfied that a completed professional questionnaire is an accurate reflection of the disability, emotional state, behaviour and special care needs of the person concerned;
 - (b) a score must be calculated:
 - (i) using the rating method mentioned in section 2.3; and
 - (ii) on the basis of the answers given in the questionnaire.
- (3) If the Secretary is not satisfied that the professional questionnaire is an accurate reflection of the person's disability, emotional state, behaviour and special care needs, the Secretary must ask for a replacement professional questionnaire to be completed by another treating health professional.

2.3 Rating method

- (1) Steps 1 to 5 in Schedule 2 set out the method for rating a person, on the basis of the answers given in each questionnaire completed in relation to the person.
- (2) The method gives the person a score:
 - (a) in accordance with the scale mentioned in subsection 38C (2) of the Act; and

- (b) that determines whether the person is a care receiver to which paragraph 198 (2) (a), subparagraph 198 (2) (d) (i) or paragraph 954 (1) (c) of the Act applies.

Part 3 Review of decisions

3.1 Review of decisions

For Chapter 6 of the Act, a decision under section 1.5 or subsection 2.2 (3) is taken to be a decision of an officer under the Act.

Schedule 1 Questionnaires

(section 2.1)

Part 1 Claimant questionnaire

Division A

For each question, the claimant must tick only the response code that best describes how well the person in care usually manages. Help means any physical assistance, guidance or supervision. Without help means that the person initiates and completes activities without assistance or supervision.

Does the person in care:

1	Move around the house (may use walking stick, frame, wheelchair etc)?	Response code
	Without help	a
	With help of one person	b
	With help of two people	c
	Is confined to bed	d
2	Fall over indoors or outdoors (or from wheelchair)?	Response code
	Often	a
	Sometimes	b
	Never	c
3	Move to and from bed, chair, wheelchair and walking aids?	Response code
	Without help	a
	With some help	b
	With a lot of help	c
	Cannot do this	d
4	Have difficulty hearing others (even with hearing aids)?	Response code
	Always	a
	Often	b
	Sometimes	c
	Never	d

5	Have difficulty seeing clearly (even with glasses)?	Response code
	Always	a
	Often	b
	Sometimes	c
	Never	d
6	Need help or attention during the night?	Response code
	Always	a

	Often	b
	Sometimes	c
	Never	d
7	Have loss of bladder control or bowel control or both (incontinence)?	Response code
	Always	a
	Often	b
	Sometimes	c
	Never	d
8	Use continence aids or equipment (eg colostomy, catheter, pads)?	Response code
	Without help	a
	With some help	b
	With a lot of help	c
	Does not use aids	d
9	Use the toilet?	Response code
	Without help	a
	With some help	b
	With a lot of help	c
	Cannot use a toilet	d

10	Eat his or her food (does not include meal preparation)?	Response code
	Without help	a
	With some help	b
	With a lot of help	c
	Cannot feed themselves	d
11	Shower or bathe himself or herself?	Response code
	Without help	a
	With some help	b
	With a lot of help	c
	Cannot do this	d
12	Dress himself or herself? (eg buttons, zips, etc)	Response code
	Without help	a
	With some help	b
	With a lot of help	c
	Cannot do this	d

13	Look after his or her grooming (eg shaving, caring for hair, and teeth)?	Response code
	Without help	a
	With some help	b
	With a lot of help	c
	Cannot do this	d
14	Take care of his or her own medication (eg takes the right tablet at the right time)?	Response code
	Without help	a
	With some help	b
	With a lot of help	c
	Cannot do this	d
	Does not take medication	e

15	Take care of his or her own treatment (eg oxygen, wound care, gastric feeding)?	Response code
	Without help	a
	With some help	b
	With a lot of help	c
	Cannot do this	d
	Does not have treatment	e

Division B

For each question, the claimant must tick only the response code that best describes how well the person in care usually manages.

Does the person in care:

1	Understand what you, the carer, say?	Response code
	Always	a
	Usually	b
	Sometimes	c
	Never	d
2	Understand what other people say?	Response code
	Always	a
	Usually	b
	Sometimes	c
	Never	d
3	Let others know how he or she feels and what he or she wants (eg by speaking, using sign, or a communication aid)?	Response code

	Always	a
	Usually	b
	Sometimes	c
	Never	d

4	Know where he or she is?	Response code
	Always	a
	Usually	b
	Sometimes	c
	Never	d
5	Know whether it is morning, afternoon, or night?	Response code
	Always	a
	Usually	b
	Sometimes	c
	Never	d
6	Remember things that happened today?	Response code
	Always	a
	Usually	b
	Sometimes	c
	Never	d

Division C

For each question, the claimant must tick only the box that best describes how the person in care usually behaves.

Does the person in care:

1	Wander away or 'run away' from home?	Response code
	Never	a
	Sometimes	b
	Often	c
2	Shout, scream at or threaten other people?	Response code
	Never	a
	Sometimes	b
	Often	c

3	Physically harm other people?	Response code
	Never	a

	Sometimes	b
	Often	c
4	Damage furniture, possessions or objects?	Response code
	Never	a
	Sometimes	b
	Often	c
5	Laugh or cry without apparent reason?	Response code
	Never	a
	Sometimes	b
	Often	c
6	Withdraw from contact with other people, or appear depressed, worried or fearful?	Response code
	Never	a
	Sometimes	b
	Often	c
7	Deliberately harm himself or herself (eg by biting, scratching skin, hitting or banging his or her head)?	Response code
	Never	a
	Sometimes	b
	Often	c
8	Have unusual, inappropriate, or repetitive behaviours (eg uncontrolled eating, spinning objects, hand flapping, rocking, calling out or saying the same thing over and over again)?	Response code
	Never	a
	Sometimes	b
	Often	c

Part 2 Professional questionnaire

Division A

This is an assessment of personal activities of daily living. For each function, the treating health professional must tick only the box that best describes the person receiving care.

The information under each function should be used as a record of what a person *does*, **not** as a record of what a person could do.

The main aim is to establish degree of independence from any help, physical or verbal, however minor and for whatever reason.

The need for supervision renders the person **not** independent.

A person's performance should be established using the best available evidence. Asking the person, friends or relatives or both, and nurses will be the usual source, but direct observation and common sense are also important. However, direct testing is not needed.

Usually the performance over the preceding 24-48 hours is important, but occasionally longer periods will be relevant.

Middle categories imply that the person supplies more than 50% of the effort.

Use of aids to be independent is allowed.

1	Bowels - Assess preceding week. If needs enema, then 'incontinent'.	Response code
	Incontinent (or needs to be given enema)	a
	Occasional accident (once a week)	b
	Continent	c
2	Bladder - Assess preceding week. Occasional = less than once a day. A catheterised person who can completely manage the catheter alone is registered as 'continent'.	Response code
	Incontinent or catheterised and unable to manage	a
	Occasional accident (once a week)	b
	Continent	c
3	Grooming - Assess preceding 24-48 hours. Refers to personal hygiene including cleaning teeth, fitting false teeth, doing hair, shaving, washing face. Implements can be provided by helper.	Response code
	Needs help with personal care: face, hair, teeth	a
	Independent (implements provided)	b
4	Toilet use - Should be able to reach toilet or commode, undress sufficiently, clean self, dress and leave. With help = can wipe self, and could do some of the above.	Response code
	Dependent	a
	Need some help but can do some things alone	b
	Independent (on and off, wiping, dressing)	c
5	Feeding - Able to eat any normal food (not only soft food). Food cooked and served by others, but not cut up. Help = food cut up, person feeds self.	Response code

	Unable	a
	Needs help in cutting, spreading butter etc	b
	Independent (food provided within reach)	c
6	Transfer - From bed to chair and back. Unable = no sitting balance (unable to sit), 2 people to lift. Major help = 1 strong or skilled or 2 normal people. Can sit up. Minor help = 1 person easily, or needs any supervision for safety.	Response code
	Unable - no sitting balance	a
	Major help (physical, 1 or 2 people), can sit	b
	Minor help (verbal or physical)	c
	Independent	d
7	Mobility - Refers to mobility about house or indoors. May use aid. If in wheelchair, must negotiate corners or doors or both unaided. Help = by 1 untrained person, including supervision, moral support.	Response code
	Immobile	a
	Wheelchair independent, including corners etc (ie. uses wheelchair without assistance)	b
	Walks with help of 1 person (verbal or physical)	c
	Independent	d
8	Dressing - Should be able to select and put on all clothes which may be adapted. Half = requires help with buttons, zips etc but can put on some garments alone.	Response code
	Dependent	a
	Needs help but can do about half unaided	b
	Independent (including buttons, zips, laces etc)	c

9	Stairs - To be independent must be able to carry any walking aid used.	Response code
	Unable	a
	Needs help (verbal, physical, carrying aid)	b
	Independent up and down	c
10	Bathing - Usually the most difficult activity. Bath: Independent = must get in and out unsupervised, and wash self. Shower: Independent = unsupervised or unaided or both.	Response code
	Dependent	a
	Independent	b

Division B

1	In your opinion is the person cognitively impaired?	Response code
	No, please go to Division C	a
	Yes, please answer question 2	b
2	Cognitive Function	Response code

	This is an assessment of cognitive function. Ask the person receiving care for the following information. Tick box (4) to indicate if the person's answers were right or wrong.						
		<table border="1"> <tr> <td>Right</td> <td>Wrong</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Right	Wrong			
Right	Wrong						
	Time (to nearest hour)		a				
	Memory Phrase: Repeat this phrase after me and remember it for later - <i>42 West Street</i>						
	Name of institution or suburb where the person lives		b				
	Recognition of 2 persons in the room (doctor, nurse, carer etc)		c				
	Date of birth (day, month and year)		d				
	Name of present Prime Minister of Australia		e				
	Count backwards from 20 to 1		f				
	Repeat the memory phrase		g				

3	Unable to administer Abbreviated Mental Test because:	Response code
	Person unable to communicate	a
	Person refuses to participate	b

Division C

For each question tick (4) the response code that best describes the person's usual state.

Does the person:

1	Show signs of depression?	Response code
	Never	a
	Sometimes	b
	Most of the time	c
2	Shows signs of memory loss?	Response code
	Never	a
	Sometimes	b
	Most of the time	c
3	Withdraw from social contact?	Response code
	Never	a
	Sometimes	b
	Most of the time	c
4	Display aggression towards self or others?	Response code
	Never	a

	Sometimes	b
	Often	c
5	Display disinhibited behaviour?	Response code
	Never	a
	Sometimes	b
	Often	c

Schedule 2 Rating method

(section 2.3)

STEP 1

If a medical practitioner has certified that the care receiver is in the terminal phase of a terminal illness and is not expected to live for more than 3 months, the total final score is 30 (no further steps relevant).

STEP 2

- (1) Calculate a score for each question in the claimant questionnaire of the Adult Disability Assessment Tool set out in Part 2 of this determination. If a claimant has marked more than 1 answer to any question in division A, B or C, accept only the answer which gives the highest score.
- (2) Calculate the total score for each division by adding the score for each answer in that division.
- (3) Calculate the total claimant questionnaire score by adding the total score from each division of the Adult Disability Assessment Tool.

Division A

Question	Answer	Value	Score
1	a	0	
	b	3	
	c	6	
	d	9	
2	a	2	
	b	1	
	c	0	
3	a	0	
	b	3	
	c	6	
	d	9	
4	a	3	
	b	2	
	c	1	
	d	0	
5	a	3	
	b	2	
	c	1	
	d	0	
6	a	9	
	b	6	
	c	3	
	d	0	
7	a	3	
	b	2	
	c	1	
	d	0	
8	a	0	
	b	1.5	
	c	3	
	d	0	
9	a	0	
	b	1.5	

Question	Answer	Value	Score
10	c	3	
	d	4.5	
	a	0	
	b	2.5	
	c	5	
11	d	7.5	
	a	0	
	b	1.25	
	c	2.5	
12	d	3.75	
	a	0	
	b	1.25	
	c	2.5	
13	d	3.75	
	a	0	
	b	2	
	c	4	
14	d	6	
	a	0	
	b	1	
	c	2	
	d	3	
15	e	0	
	a	0	
	b	1	
	c	2	
	d	3	
	e	0	

Total A =

Division B

Question	Answer	Value	Score
1	a	0	
	b	0.5	
	c	1	
	d	1.5	
2	a	0	
	b	0.5	
	c	1	
	d	1.5	
3	a	0	
	b	1	
	c	2	
	d	3	
4	a	0	
	b	1.5	
	c	3	
	d	4.5	
5	a	0	
	b	1.5	
	c	3	
	d	4.5	
6	a	0	
	b	1.5	
	c	3	
	d	4.5	

Total B =

Division C

Question	Answer	Value	Score
1	a	0	
	b	3	
	c	6	
2	a	0	
	b	3	
	c	6	
3	a	0	
	b	3	
	c	6	
4	a	0	
	b	2	
	c	4	
5	a	0	
	b	2	
	c	4	
6	a	0	
	b	2	
	c	4	
7	a	0	
	b	3	
	c	6	
8	a	0	
	b	2	
	c	4	

Total C =

Total A +
Total B +
Total C _____
Total claimant questionnaire score

STEP 3

- (1) Calculate a score for each question in the professional questionnaire of the Adult Disability Assessment Tool. If a treating health professional has marked more than 1 answer to any question in division A or C, accept only the answer which gives the highest score. In division B, question 2, no score is given for a right answer; each wrong answer by the care receiver is allocated the score indicated. Where all answers to question 2 are left blank because the care receiver is unable to communicate, no points should be awarded for the question but points should be allocated in accordance with question 3.
- (2) Calculate the total score for each division by adding the score for each answer in that division.
- (3) Calculate the total professional questionnaire score by adding the total score from each division of the Adult Disability Assessment Tool.

Division A

Question	Answer	Value	Score
1	a	3	
	b	1.5	
	c	0	
2	a	3	
	b	1.5	
	c	0	
3	a	2	
	b	0	
4	a	3	
	b	1.5	
	c	0	
5	a	5	
	b	2.5	
	c	0	
6	a	9	
	b	6	
	c	3	
	d	0	
7	a	9	
	b	4.5	
	c	4.5	
	d	0	
8	a	5	
	b	2.5	
	c	0	
9	a	4	
	b	2	
	c	0	
10	a	2.5	
	b	0	

Total A =

Division B

Question	Answer	Value	Score
1	a	Nil	
	b	Nil	
2 Maximum score for question 2 is 10.5	a	1.5	
	b	1.5	
	c	1.5	
	d	1.5	
	e	1.5	
	f	1.5	
	g	1.5	
3*	a	8.5	
	b	8.5	

Total B =

* If question 3 is answered, ignore any points awarded in question 2 of this division.

Division C

Question	Answer	Value	Score
1	a	0	
	b	2	
	c	4	
2	a	0	
	b	1.5	
	c	3	
3	a	0	
	b	2	
	c	4	
4	a	0	
	b	3	
	c	6	
5	a	0	
	b	2	
	c	4	

Total C =

Total A		+
Total B		+
Total C		_____
Total professional questionnaire score		

STEP 4

Add the claimant questionnaire total score (from step 2) and the professional questionnaire total score (from step 3) to achieve a final total score.

Total claimant questionnaire score		+
Total professional questionnaire score	_____	
Total final score		

STEP 5

The minimum professional questionnaire score that must be achieved if an individual is to qualify for payments is as follows:

- (a) a professional questionnaire score of 10 for carer payment under subparagraph 198 (2) (a) (i) of the Act;
- (b) a professional questionnaire score of 32 where an individual care recipient is qualified to have 2 carers for carer payment under subparagraph 198 (2) (a) (ii) of the Act;
- (c) a professional questionnaire score of 8 for carer payment where the care is provided to an adult and that adult's dependent child under subparagraph 198 (2) (d) (i) of the Act;
- (d) a professional questionnaire score of 12 for carer allowance (adult) under paragraph 954 (1) (c) of the Act.

Notes

Note 1

The *Adult Disability Assessment Determination 1999* (in force under section 38C of the *Social Security Act 1991*) as shown in this compilation is amended as indicated in the Tables below.

Under the *Legislative Instruments Act 2003*, which came into force on 1 January 2005, it is a requirement for all non-exempt legislative instruments to be registered on the Federal Register of Legislative Instruments.

Table of Instruments

Title	Date of notification in <i>Gazette</i> or FRLI registration	Date of commencement	Application, saving or transitional provisions
<i>Adult Disability Assessment Determination 1999</i>	29 April 1999 (see <i>Gazette</i> 1999, No. S 180)	1 July 1999	
<i>Adult Disability Assessment Amendment Determination 1999 (No. 1)</i>	25 June 1999 (see <i>Gazette</i> 1999, No. S 275)	1 July 1999	—

Table of Amendments

ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted

Provision affected **How affected**

Part 3 (S. 3.1) ad. No. S 275, 1999;
