



Classification Principles 1997

as amended

made under subsection 96-1(1) of the

Aged Care Act 1997

Compilation start date: 1 August 2013

Includes amendments up to: Classification Amendment (Dementia and Severe Behaviours Supplement) Principle 2013

Prepared by the Office of Parliamentary Counsel, Canberra

About this compilation

The compiled instrument

This is a compilation of the *Classification Principles 1997* as amended and in force on 1 August 2013. It includes any amendment affecting the compiled instrument to that date.

This compilation was prepared on 7 August 2013.

The notes at the end of this compilation (the *endnotes*) include information about amending Acts and instruments and the amendment history of each amended provision.

Uncommenced provisions and amendments

If a provision of the compiled instrument is affected by an uncommenced amendment, the text of the uncommenced amendment is set out in the endnotes.

Application, saving and transitional provisions for amendments

If the operation of an amendment is affected by an application, saving or transitional provision, the provision is identified in the endnotes.

Modifications

If a provision of the compiled instrument is affected by a textual modification that is in force, the text of the modifying provision is set out in the endnotes.

Provisions ceasing to have effect

If a provision of the compiled instrument has expired or otherwise ceased to have effect in accordance with a provision of the instrument, details of the provision are set out in the endnotes.

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Note: Part 2.4 of the Aged Care Act 1997

Part 2.4 of the *Aged Care Act 1997* is about the classification of care recipients.

Care recipients who are approved under Part 2.3 of the Act for residential care, or some kinds of flexible care, are classified according to the level of care they need.

A care recipient's classification affects the amount of residential care, or flexible care, subsidy payable to an approved provider for providing care to the care recipient.

The Classification Principles deal with a number of aspects of the classification of care recipients.

Part 1—Preliminary

9.1 Citation

These Principles may be cited as the *Classification Principles 1997*.

9.2 Commencement

These Principles commence on 1 October 1997.

9.3 Definitions

In these Principles:

Act means the *Aged Care Act 1997*.

Answer Appraisal Pack means the Aged Care Funding Instrument (ACFI) Answer Appraisal Pack, published by the Department of Health and Ageing, as existing on the commencement of the *Classification Amendment (Aged Care Funding Instrument) Principle 2013*.

Note: The Answer Appraisal Pack is available on the Internet—see <http://www.health.gov.au/acfi>.

application for classification means an application for classification of a care recipient under section 25-1 of the Act.

Note: The form for an application for classification is available on the Internet—see <http://www.health.gov.au/acfi>.

Assessment Pack means the Aged Care Funding Instrument (ACFI) Assessment Pack, published by the Department of Health and Ageing, as existing on the commencement of the *Classification Amendment Principles 2008 (No. 1)*.

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Note: The Assessment Pack is available on the Internet—see <http://www.health.gov.au/acfi>.

domain means a group of questions in the Answer Appraisal Pack relating to one of the following:

- (a) activities of daily living;
- (b) behaviour;
- (c) complex health care.

domain category means a category mentioned in column 3 of Schedule 2.

high level of residential care means residential care given to a care recipient whose classification level:

- (a) includes the following domain categories or combinations of domain categories:
 - (i) a high ADL domain category; or
 - (ii) a high CHC domain category; or
 - (iii) a domain category of medium or high in at least two of the three domain categories; or
 - (iv) a high behaviour domain category and either an ADL domain category other than nil or a CHC domain category other than nil; or
- (b) is high level residential respite care.

hostel care resident means a person who:

- (a) is an eligible person under section 2 of the *Aged or Disabled Persons Care Act 1954*; and
- (b) is not eligible for a personal care subsidy under subsection 5(3) of the General Conditions formulated under section 10F of the *Aged or Disabled Persons Care Act 1954* and in force immediately before the commencement of the Aged or Disabled Persons Care (General Conditions) Determination 1997.

interim low level means the classification level given to a care recipient under subsection 9.3B(3).

low level of residential care means residential care given to a care recipient whose classification level:

- (a) consists of domain categories or combinations of domain categories other than those mentioned in paragraph (a) of the definition of high level of residential care; or
- (b) is the interim low level; or
- (c) is low level residential respite care.

transition care has the meaning given by section 15.28 of the *Flexible Care Subsidy Principles 1997*.

User Guide means the Aged Care Funding Instrument (ACFI) User Guide, published by the Department of Health and Ageing, as existing on the commencement of the *Classification Amendment (Aged Care Funding Instrument) Principle 2013*.

Note: The User Guide is available on the Internet—see <http://www.health.gov.au/acfi>.

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- Note: A number of expressions used in these Principles are defined in the Act, including the following:
- classification level.

Part 1A—Classification of care recipients

9.3A Purpose of Part (Act, s 25-1)

This Part specifies the procedure the Secretary must follow in determining the appropriate classification level for a care recipient being provided with residential care.

9.3B Procedure for determining classification level—non-respite care

- (1) For subsection 25-1(2) of the Act, the procedure set out in subsections (2) and (3) is specified for determining the appropriate classification level for a care recipient being provided with residential care, other than a care recipient being provided with residential care as respite care.
- (2) The Secretary must use the application for classification that was completed in respect of the care recipient in accordance with section 9.17 (the *completed application*) in taking the following steps.

- | | |
|--------|---|
| Step 1 | For the activities of daily living and behaviour domains in the completed application, the Secretary must: <ol style="list-style-type: none">(a) for each question in the domain, use Schedule 1 to identify the score for the rating; and(b) add up the scores for the questions in the domain to work out an aggregate figure for each domain (the domain aggregate); and(c) using Schedule 2, for each domain:<ol style="list-style-type: none">(i) identify the domain aggregate range within which the domain aggregate falls; and(ii) identify the domain category that applies to the domain aggregate range. |
| Step 2 | For the complex health care domain in the completed application, the Secretary must: <ol style="list-style-type: none">(a) use the matrix in Part 3 of Schedule 1 to work out the score for the domain (the domain score); and(b) identify the domain category mentioned in Part 3 of Schedule 2 that applies to the domain score. |
| Step 3 | The Secretary must determine the appropriate classification level for the care recipient under section 25-1 of the Act: |

-
- | |
|--|
| <ul style="list-style-type: none">(a) according to the domain category identified for each domain under subparagraph (c)(ii) of Step 1 and paragraph (b) of Step 2; and(b) if the domain category identified for the behaviour domain is the high behaviour category, and the completed application does not include a mental and behavioural diagnosis code—reducing the domain category to the medium behaviour category. |
|--|

- (3) However, the Secretary must classify the care recipient at the interim low level if:
- (a) the domain categories identified for the care recipient after completing Step 2 include a domain category mentioned in paragraph (a) of the definition of **high level of residential care**; and
 - (b) the care recipient's approval under Part 2.3 of the Act is limited under subsection 22-2(3) of the Act to a low level of residential care.

Note: For the classification levels for care recipients being provided with residential care other than as respite care, see section 9.11. For the procedure for determining the classification level for a care recipient being provided with residential care other than as respite care when renewing a classification, see section 9.30.

9.3C Procedure for determining classification level—respite care

- (1) For subsection 25-1(2) of the Act, the procedure set out in subsection (2) is specified for determining the appropriate classification level for a care recipient being provided with residential care as respite care.
- (2) The Secretary must determine the appropriate classification level for the care recipient under section 25-1 of the Act according to the limitation of the care recipient's approval under subsection 5.9(1) of the *Approval of Care Recipients Principles 1997*.

Note: For the classification levels for care recipients being provided with residential care as respite care, see section 9.12.

Part 2—Classes of care recipients excluded from classification

9.4 Purpose of Part (Act, s 25-1)

This Part sets out the classes of care recipients that are excluded from classification under Part 2.4 of the Act, and the periods for which a care recipient in a class is excluded.

9.9 Exclusion of recipients of multi-purpose services

For subsection 25-1(5) of the Act, care recipients who receive flexible care, provided through a flexible care service that is a multi-purpose service under the *Flexible Care Subsidy Principles 1997*, are excluded from classification for an indefinite period.

Part 3—Classification levels

9.10 Purpose of Part (Act, s 25-2)

This Part sets out classification levels for care recipients.

9.11 Classification levels for non-respite care

For subsection 25-2(1) of the Act, the classification levels for care recipients being provided with residential care, other than care recipients being provided with residential care as respite care, are:

- (a) a classification level consisting of a domain category in each domain; and
- (b) interim low level.

Note: For the procedure for determining the classification of a care recipient being provided with residential care other than as respite care, see section 9.3B. For the procedure for determining the classification level of a care recipient being provided with residential care other than as respite care when renewing a classification, see section 9.30.

9.12 Classification levels for respite care

For subsection 25-2(1) of the Act, the classification levels for care recipients being provided with residential care as respite care are:

- (a) low level residential respite care; and
- (b) high level residential respite care.

Note: For the procedure for determining the classification of a care recipient being provided with residential care as respite care, see section 9.3C.

9.13 Lowest applicable classification level—non-respite care

For subsection 25-2(3) of the Act, the lowest applicable classification level for a care recipient being provided with residential care, other than a care recipient being provided with residential care as respite care, is the classification that consists of each of the following domain categories:

- (a) nil ADL category;
- (b) nil behaviour category;
- (c) nil CHC category.

Part 4—Appraisals of the level of care needed

9.15 Purpose of Part (Act, s 25-3)

This Part specifies:

- (a) a circumstance in which subsection 25-3(2) of the Act does not apply in relation to an appraisal, and an alternative period during which the appraisal may be made in that circumstance; and
- (b) procedures for making an appraisal of the level of care needed by a care recipient relative to the needs of other care recipients.

9.16 Circumstance and alternative period

For subsection 25-3(2A) of the Act:

- (a) subsection 25-3(2) of the Act does not apply to an appraisal of a care recipient by an approved provider (or a person acting on the approved provider's behalf) if the care recipient leaves the residential care service through which the approved provider provides care before the end of 7 days starting on the day on which the approved provider began providing care to the care recipient; and
- (b) the appraisal may be made during the period for which the care recipient was provided with care through the residential care service; and
- (c) the appraisal may be given to the Secretary before the end of 28 days starting on the day on which the approved provider began providing care to the care recipient.

9.17 Appraisal procedure

- (1) For subsection 25-3(3) of the Act, the procedure set out in subsection (2) is specified for an appraisal of the level of care needed by a care recipient.
- (2) The person making the appraisal must:
 - (a) complete an Answer Appraisal Pack in accordance with the User Guide, using:
 - (i) accurate and reliable information; and
 - (ii) if required by the Answer Appraisal Pack, the assessment tools in the Assessment Pack; and
 - (b) complete an application for classification using the completed Answer Appraisal Pack.

Part 5—Suspending approved providers from making appraisals

9.19 Purpose of Part (Act, s 25-4C)

This Part specifies requirements for applications for the lifting of suspensions.

9.20 Requirements for applications for the lifting of suspensions

For paragraph 25-4C(3)(b) of the Act, an application must include the following:

- (a) details of the action taken by the approved provider to correct the false, misleading or inaccurate information given in appraisals or reappraisals connected with classifications by the approved provider or by a person acting on the approved provider's behalf;
- (b) details of consultations (if any) held by the approved provider with staff, care recipients or the relatives of care recipients in relation to the giving of false, misleading or inaccurate information in appraisals or reappraisals;
- (c) details of the action the approved provider proposes to take to ensure that false, misleading or inaccurate information is not given in future appraisals or reappraisals.

Part 7—When respite care classifications take effect

9.24 Purpose of Part (Act, s 26-3)

This Part specifies the day when a classification of a care recipient in relation to care provided as respite care takes effect.

9.25 Day of effect

The classification takes effect on the first day of entry to respite care.

Part 8—Expiry and renewal of classifications

9.26 Purpose of Part (Act, Div 27)

This Part specifies:

- (a) different expiry dates for certain classifications; and
- (b) the circumstances in which the care needs of a care recipient are taken to have changed significantly; and
- (c) procedures that the Secretary must follow, in renewing the classification of a care recipient, when the Secretary is determining the appropriate classification level for the care recipient; and
- (d) other matters that the Secretary must take into account in renewing a classification.

9.27 Different expiry dates (Act, s 27-2)

Expiry date—respite care classifications

- (1) For paragraph 27-2(6)(a) of the Act, the expiry date for the classification of a care recipient to whom the circumstance mentioned in item 7 of the table in subsection 27-2(1) of the Act applies is the first day after the earlier of the following days:
 - (a) the day in a financial year on which the number of days on which the care recipient has been provided with residential care as respite care in the financial year equals the number of days specified in section 21.18 of the *Residential Care Subsidy Principles 1997*;
 - (b) the day when the care recipient's approval as a care recipient ceases to have effect.

Note: For when a care recipient's approval as a care recipient ceases to have effect, see Division 23 of the Act.

Expiry date—care recipient eligible for dementia and severe behaviours supplement

- (2) For paragraph 27-2(6)(a) of the Act, the expiry date for the classification of a care recipient whose classification has been renewed because the care recipient's care needs are taken to have changed significantly in the circumstance mentioned in paragraph 9.28(1)(a) is the day immediately after the period of 28 days starting on the day on which the care recipient ceases being provided with residential care (other than because the care recipient is on leave).
- (3) The expiry date specified in Item 5 of the table in subsection 27-2(1) of the Act does not apply in the circumstances specified in subsection (2).

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9.28 Circumstances in which care needs are taken to have changed significantly (Act, s 27-4)

- (1) For subsection 27-4(4) of the Act, the care needs of a care recipient are taken to have changed significantly if:
 - (a) the care recipient becomes eligible for a dementia and severe behaviours supplement under section 21.26KA of the *Residential Care Subsidy Principles 1997*; or
 - (b) the care recipient experiences an event likely to increase the level of care needed by the care recipient by:
 - (i) 2 or more domain categories within a domain; or
 - (ii) at least 1 domain category within 2 or more domains; or
 - (c) for a care recipient whose classification level includes the high ADL category and the medium CHC category—the care recipient experiences an event likely to change the level of complex health care needed by the care recipient to the high CHC category.
- (2) Paragraphs (b) and (c) apply to a care recipient who is classified at the interim low level as if the care recipient was classified at the classification level that was determined for the care recipient under subsection 9.3B(2) before applying subsection 9.3B(3).

9.29 Circumstances in which care needs are taken to have changed significantly (Act, s 27-4)—transitional arrangements

- (1) This section applies to a care recipient who:
 - (a) has an RCS classification; and
 - (b) experiences an event likely to change his or her care needs; and
 - (c) would, if his or her classification were renewed, be given an ACFI classification.
- (2) For subsection 27-4(4) of the Act, the care needs of the care recipient are taken to have changed significantly if the ACFI amount for the care recipient under the renewed classification would be at least \$30 more than the basic subsidy amount for the care recipient's RCS classification under paragraph 6(a) of the Basic Subsidy Amount Determination.

- (3) In this section:

ACFI amount has the meaning given by subsection 7(3) of the Basic Subsidy Amount Determination.

ACFI classification has the meaning given by section 4 of the Basic Subsidy Amount Determination.

Basic Subsidy Amount Determination means the *Aged Care (Residential Care Subsidy—Basic Subsidy Amount) Determination 2008 (No. 1)*.

RCS classification has the meaning given by section 4 of the Basic Subsidy Amount Determination.

9.30 Procedure for renewal of classification (Act, s 27-6)

For subsection 27-6(2) of the Act, in determining the appropriate classification level for a care recipient, the procedure set out in subsection 9.3B(2) is specified.

Schedule 1—Scores for question ratings

(section 9.3B)

Part 1—Activities of daily living domain

Question	Rating	Score
1 Nutrition	A	0
	B	6.69
	C	13.39
	D	20.09
2 Mobility	A	0
	B	6.88
	C	13.76
	D	20.65
3 Personal hygiene	A	0
	B	6.88
	C	13.76
	D	20.65
4 Toileting	A	0
	B	6.11
	C	12.21
	D	18.31
5 Continence	A	0
	B	5.79
	C	11.53
	D	17.31

Part 2—Behaviour domain

Question	Rating	Score
6 Cognitive skills	A	0
	B	6.98
	C	13.91
	D	20.88
7 Wandering	A	0
	B	5.91
	C	11.82
	D	17.72
8 Verbal behaviour	A	0
	B	7.04
	C	14.10
	D	21.14
9 Physical behaviour	A	0
	B	7.70
	C	15.40
	D	23.11
10 Depression	A	0
	B	5.71
	C	11.43
	D	17.15

Schedule 1 Scores for question ratings
Part 3 Complex health care domain

Part 3—Complex health care domain

		Question 12 Complex health care			
		A	B	C	D
Question 11 Medication	A	0	0	2	2
	B	0	1	2	3
	C	1	1	2	3
	D	1	2	3	3

Schedule 2—Domain categories

(sections 9.3 and 9.3B)

Part 1—Activities of daily living (ADL) domain

Item	Domain aggregate range	Domain category
1	0 – 17.99	Nil ADL category
2	18 – 61.99	Low ADL category
3	62 – 87.99	Medium ADL category
4	88 – 100	High ADL category

Part 2—Behaviour domain

Item	Domain aggregate range	Domain category
5	0 – 12.99	Nil behaviour category
6	13 – 29.99	Low behaviour category
7	30 – 49.99	Medium behaviour category
8	50 – 100	High behaviour category

Part 3—Complex health care (CHC) domain

Item	Domain score	Domain category
9	0	Nil CHC category
10	1	Low CHC category
11	2	Medium CHC category
12	3	High CHC category

Endnotes

Endnote 1—Legislation history

Endnotes

Endnote 1—Legislation history

This endnote sets out details of the legislation history of the *Classification Principles 1997*.

Title	Gazettal or FRLI registration date	Commencement date	Application, saving and transitional provisions
Classification Principles 1997	29 Sept 1997 (see <i>Gazette</i> 1997, No. S380)	1 Oct 1997	
Classification Amendment Principles 1998 (No. 1)	26 Aug 1998 (see <i>Gazette</i> 1998, No. S423)	Ss. 11: 1 Oct 1997 Remainder: 1 Nov 1998	—
Classification Amendment Principles 2001 (No. 1)	15 June 2001 (see <i>Gazette</i> 2001, No. S212)	1 July 2001	s. 4
Classification Amendment Principles 2002 (No. 1)	20 Nov 2002 (see <i>Gazette</i> 2002, No. GN46)	20 Nov 2002	—
Classification Amendment Principles 2004 (No. 1)	30 June 2004 (see <i>Gazette</i> 2004, No. S252)	1 July 2004	—
Classification Amendment Principles 2005 (No. 1)	24 June 2005 (see F2005L01664)	24 June 2005	—
as amended by			
Classification Amendment Principles 2005 (No. 2)	25 Aug 2005	Schedule 1 (item [1]): 24 June 2005	—
Classification Amendment Principles 2005 (No. 2)	25 Aug 2005 (see F2005L02358)	24 June 2005	—
Classification Amendment Principles 2008 (No. 1)	18 Mar 2008 (see F2008L00830)	20 Mar 2008 (see s. 2)	ss. 4 and 5
Classification Amendment Principles 2009 (No. 1)	16 Dec 2009 (see F2009L04650)	1 Jan 2010	—
Classification Amendment Principles 2012	30 Nov 2012 (see F2012L02298)	1 Dec 2012	ss. 4 and 5
Classification Amendment Principles 2013 (No. 1)	22 Jan 2013 (see F2013L00074)	1 Feb 2013	—
Classification Amendment (Aged Care Funding Instrument) Principle 2013	27 June 2013 (see F2013L01192)	1 July 2013	—
Classification Amendment (Dementia and Severe Behaviours Supplement) Principle 2013	10 July 2013 (see F2013L01340)	1 Aug 2013	—

Endnote 2—Amendment history

This endnote sets out the amendment history of the *Classification Principles 1997*.

ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted exp. = expired or
ceased to have effect

Provision affected	How affected
Part 1	
s. 9.3	am. No. 1, 1998; No. 1, 2002; No. 1, 2005; No. 1, 2008; No. 1, 2009; No. 1, 2013, F2013L01192 and F2013L01340
Note to s. 9.3	rs. No. 1, 1998; F2013L01340
Part 1A	
Part 1A	ad. No. 1, 2008
s. 9.3A	ad. No. 1, 2008
s. 9.3B	ad. No. 1, 2008
s. 9.3C	ad. No. 1, 2008
Part 2	
Heading to Part 2	rs. No. 1, 2008
Heading to Div. 1 of Part 2	rep. No. 1, 2008
Heading to Div. 2 of Part 2	rep. No. 1, 2008
Div. 2 of Part 2	rep. No. 1, 1998 ad. No. 1, 2002 rep. No. 1, 2008
s. 9.5	rep. No. 1, 1998 ad. No. 1, 2002 am. No. 1, 2008 rep. F2013L01340
s. 9.6	rep. No. 1, 1998
Div. 3 of Part 2	rep. No. 1, 1998
ss. 9.7, 9.8	rep. No. 1, 1998
Heading to Div. 4 of Part 2	rep. No. 1, 2008
s. 9.9	am. No. 1, 2008
Part 3	
Part 3	rep. No. 1, 1998 ad. No. 1, 2008
s. 9.10	rep. No. 1, 1998 ad. No. 1, 2008
s. 9.11	rep. No. 1, 1998 ad. No. 1, 2008
s. 9.12	rep. No. 1, 1998 ad. No. 1, 2008
s. 9.13	rep. No. 1, 1998 ad. No. 1, 2008

Endnotes

Endnote 2—Amendment history

ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted exp. = expired or
ceased to have effect

Provision affected	How affected
s. 9.14	rep. No. 1, 1998
Part 4	
Part 4	rs. No. 1, 2008
s. 9.15	rep. No. 1, 1998 ad. No. 1, 2008
s. 9.16	rs. No. 1, 2008
s. 9.17	am. No. 1, 1998 rs. No. 1, 2008
Part 5	
Part 5	rs. No. 1, 2008
s. 9.18	rep. No. 1, 2008
s. 9.19	am. No. 1, 1998; No. 1, 2004 rs. No. 1, 2008
s. 9.20	rs. No. 1, 2008
s. 9.21	rep. No. 1, 2008
Part 6	rep. No. 1, 2008
s. 9.22	rep. No. 1, 2008
s. 9.23	am. No. 1, 1998; No. 1, 2002 rep. No. 1, 2008
Part 6A	ad. No. 1, 1998 rep. No. 1, 2008
s. 9.23A	ad. No. 1, 1998 rep. No. 1, 2008
s. 9.23B.....	ad. No. 1, 1998 rep. No. 1, 2008
Part 7	
Heading to Part 7.....	rs. No. 1, 1998
Part 8	
Part 8	rs. No. 1, 2008
s. 9.26	rs. No. 1, 2008
s. 9.27	rs. No. 1, 2008; F2013L01340
s. 9.28	rs. No. 1, 2008; F2013L01340
s. 9.29	rs. No. 1, 2008
Div. 3 of Part 8	ad. No. 1, 1998 rep. No. 1, 2008
s. 9.29A	ad. No. 1, 1998 am. No. 1, 2005 rep. No. 1, 2008

Endnote 2—Amendment history

ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted exp. = expired or
ceased to have effect

Provision affected	How affected
s. 9.29B.....	ad. No. 1, 1998 am. No. 2, 2005 rep. No. 1, 2008
Note to s. 9.29B.....	ad. No. 1, 2005 rep. No. 1, 2008
Div. 4 of Part 8	ad. No. 1, 2005 rep. No. 1, 2008
s. 9.29C.....	ad. No. 1, 2005 rep. No. 1, 2008
s. 9.29D	ad. No. 1, 2005 rep. No. 1, 2008
s. 9.30	rs. No. 1, 2004; No. 1, 2008
Part 9	rep. No. 1, 2008
Div. 1 of Part 9	rs. No. 1, 2004 rep. No. 1, 2008
s. 9.31	rs. No. 1, 2004 rep. No. 1, 2008
Heading to Div. 2 of Part 9.....	rs. No. 1, 2004 rep. No. 1, 2008
Div. 2 of Part 9	rep. No. 1, 2008
s. 9.32	rs. No. 1, 2004 rep. No. 1, 2008
s. 9.32A	ad. No. 1, 2004 rep. No. 1, 2008
s. 9.33	rep. No. 1, 2008
Div. 3 of Part 9	rep. No. 1, 2008
s. 9.34.....	rep. No. 1, 2008
s. 9.35	rep. No. 1, 2008
Div. 4 of Part 9	ad. No. 1, 1998 rep. No. 1, 2008
s. 9.36	ad. No. 1, 1998 rep. No. 1, 2008
s. 9.37	ad. No. 1, 1998 rep. No. 1, 2008
Schedule 1	
Schedule 1	rs. No. 1, 1998 am. No. 1, 2001 rs. No. 1, 2008; F2012L02298

Endnotes

Endnote 2—Amendment history

ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted exp. = expired or
ceased to have effect

Provision affected	How affected
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Schedule 2

Schedule 2	rs. No. 1, 2008
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Endnote 3—Uncommenced amendments [none]

Endnote 3—Uncommenced amendments [none]

There are no uncommenced amendments.

Endnotes

Endnote 4—Misdescribed amendments [none]

Endnote 4—Misdescribed amendments [none]

There are no misdescribed amendments.