

Classification Principles 2014

made under section 96‑1 of the

Aged Care Act 1997

**Compilation No. 3**

**Compilation date:** 1 March 2017

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**About this compilation**

**This compilation**

This is a compilation of the *Classification Principles 2014* that shows the text of the law as amended and in force on 1 March 2017 (the ***compilation date***).

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

**Uncommenced amendments**

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

**Application, saving and transitional provisions for provisions and amendments**

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

**Editorial changes**

For more information about any editorial changes made in this compilation, see the endnotes.

**Modifications**

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

**Self‑repealing provisions**

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Part 1—Preliminary

1 Name of principles

 These principles are the *Classification Principles 2014*.

3 Authority

 These principles are made under section 96‑1 of the *Aged Care Act 1997*.

4 Definitions

Note: A number of expressions used in this instrument are defined in the Act, including the following:

(a) classification level;

(b) disqualified individual;

(c) lowest applicable classification level.

 In these principles:

***Act*** means the *Aged Care Act 1997*.

***ADL domain*** means the domain relating to activities of daily living.

***Answer Appraisal Pack*** means the version of the Aged Care Funding Instrument (ACFI) Answer Appraisal Pack published by the Department in December 2016, as it exists on 9 December 2016.

Note: In 2016, the Answer Appraisal Pack was accessible at http://www.agedcare.health.gov.au.

***application for classification*** means an application completed in accordance with section 15 for classification of a care recipient under section 25‑1 of the Act.

***Assessment Pack*** means the version of the Aged Care Funding Instrument (ACFI) Assessment Pack published by the Department in December 2016, as it exists on 9 December 2016.

Note: In 2016, the Assessment Pack was accessible at http://www.agedcare.health.gov.au.

***behaviour domain*** means the domain relating to behaviour.

***CHC domain*** means the domain relating to complex health care.

***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 aggregate range*** has the meaning given by subsection 6(2).

***domain category*** means a domain category mentioned in a table in Schedule 2.

***multi‑purpose service*** has the meaning given by section 104 of the *Subsidy Principles 2014*.

***User Guide*** means the version of the Aged Care Funding Instrument (ACFI) User Guide published by the Department in December 2016, as it exists on 9 December 2016.

Note: In 2016, the User Guide was accessible at http://www.agedcare.health.gov.au.

Part 2—Classification of care recipients

5 Purpose of this Part

 For subsection 25‑1(2) of the Act, this Part specifies the procedure the Secretary must follow in determining the appropriate classification level for a care recipient being provided with residential care.

6 Procedure for determining classification level—residential care other than respite care

 (1) The procedure set out in subsection (2) is specified for determining the appropriate classification level for a care recipient being provided with residential care (other than respite care).

 (2) The Secretary must take the following steps, using the application for classification completed in respect of the care recipient.

Procedure for determining classification level

Step 1. For the ADL domain and the behaviour domain in the completed application, the Secretary must:

 (a) use the tables in Parts 1 and 2 of Schedule 1 to identifythe score for the rating for each question in each domain; and

 (b) add up the scores to work out an aggregate figure for each domain (the ***domain aggregate***); and

 (c) use the tables in Parts 1 and 2 of Schedule 2 to identify, for each domain:

 (i) the range within which the domain aggregate falls (the ***domain aggregate range***); and

 (ii) the domain category that applies to that domain aggregate range.

Step 2. If:

 (a) the domain categoryidentified for the behaviour domain is the high behaviour category; and

 (b) the completed application does not include a mental and behavioural diagnosis code;

 the Secretary must reduce the domain category to the medium behaviour category.

Step 3. For the CHC domain in the completed application, the Secretary must:

 (a) use the matrix in Part 3 of Schedule 1, which combines ratings for the questions in the domain, to work out the overall score for the domain; and

 (b) identify the domain category mentioned in the table in Part 3 of Schedule 2 that applies to that score.

Step 4. The Secretary must determine that the appropriate classification level for the care recipient consists of the domain categories identified for each domain.

Note 1: For the classification level for a care recipient being provided with residential care (other than respite care), see subsection 11(1).

Note 2: The procedure set out in this subsection also applies in relation to a renewal of the classification level for a care recipient being provided with residential care (other than respite care). See section 23.

7 Procedure for determining classification level—respite care

 (1) 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 according to the limitation of the care recipient’s approval under the *Approval of Care Recipients Principles 2014*.

Note: For the classification levels for care recipients being provided with residential care as respite care, see subsection 11(2).

Part 3—Classes of care recipients excluded from classification

8 Purpose of this Part

 For subsection 25‑1(5) of the Act, this Part specifies:

 (a) a class of care recipients excluded from classification under Part 2.4 of the Act; and

 (b) the period for which that class is excluded.

9 Exclusion of class of care recipients

 (1) The class of care recipients who receive flexible care provided through a multi‑purpose service is excluded from classification.

 (2) An indefinite period is specified in relation to the class mentioned in subsection (1).

Part 4—Classification levels

10 Purpose of this Part

 For section 25‑2 of the Act, this Part sets out classification levels for care recipients being provided with residential care.

11 Classification levels

Care other than respite care

 (1) For subsection 25‑2(1) of the Act, the classification level for care recipients being provided with residential care (other than respite care) consists of a domain category for each domain.

Respite care

 (2) 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.

12 Lowest applicable classification level—care other than 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 respite care) consists of the following domain categories:

 (a) nil ADL category;

 (b) nil behaviour category;

 (c) nil CHC category.

Part 5—Appraisals of the level of care needed

13 Purpose of this Part

 For section 25‑3 of the Act, this Part specifies:

 (a) a circumstance in which subsection 25‑3(2) of the Act does not apply in relation to an appraisal of the level of care needed by a care recipient being provided with residential care, relative to the needs of other care recipients; and

 (b) an alternative period during which the appraisal may be made; and

 (c) procedures for making the appraisal.

14 Circumstance and alternative period

 For subsection 25‑3(2A) of the Act:

 (a) subsection 25‑3(2) of the Act does not apply in relation to the appraisal if the care recipient leaves the residential care service through which the care is provided within 7 days after the day the approved provider began providing the care; and

 (b) if paragraph (a) applies, the appraisal may be:

 (i) made during the period in which the care recipient was provided with the care; and

 (ii) given to the Secretary within 28 days after the day the provider began providing the care.

15 Appraisal procedure

 (1) For subsection 25‑3(3) of the Act, the procedure set out in subsection (2) is specified for the appraisal.

 (2) The person making the appraisal must:

 (a) complete an Answer Appraisal Pack in accordance with the requirements mentioned in subsection (3); and

 (b) complete an application for classification using the completed Answer Appraisal Pack.

 (3) For the purposes of paragraph (2)(a), the requirements are that:

 (a) the Answer Appraisal Pack must be completed 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) if the User Guide requires a directive from a health care practitioner as evidence in respect of care mentioned in a question or part of a question in the Answer Appraisal Pack, the care may be taken into account only if:

 (i) a directive has been given for the care by the kind of health care practitioner mentioned in the User Guide in respect of that care; and

 (ii) the directive states the manner in which the care is to be provided and the qualifications of the person who is to provide the care; and

 (iii) the care was, is or is to be provided in the manner, and by a person with the qualifications, stated in the directive.

Part 6—Suspending approved providers from making appraisals and reappraisals

16 Purpose of this Part

 For the purposes of sections 25‑4A and 25‑4C of the Act, this Part:

 (a) excludes a class of persons from being appointed as advisers under stay of suspension agreements; and

 (b) specifies matters that the Secretary must take into account in specifying the period within which an adviser must be appointed under a stay of suspension agreement; and

 (c) specifies requirements that must be met by an application for the lifting of a suspension of an approved provider from making appraisals and reappraisals.

16A Stay of suspension agreements—class of persons excluded from being appointed as advisers

 For the purposes of subsection 25‑4A(4) of the Act, a disqualified individual is excluded from being appointed as an adviser.

Note: For the meaning of ***disqualified individual***, see section 10A‑1 of the Act.

16B Stay of suspension agreements—matters to be taken into account in specifying period for appointing advisers

 For the purposes of subsection 25‑4A(5) of the Act, in specifying, in a stay of suspension agreement, the period within which an approved provider must appoint an adviser, the Secretary must take into account:

 (a) the location of each aged care service to which the proposed suspension under subsection 25‑4(1) of the Act relates; and

 (b) the number of classifications to which the proposed suspension relates; and

 (c) the extent to which the information to which the proposed suspension relates is false, misleading or inaccurate.

17 Requirements for applications for the lifting of suspensions

 For the purposes of paragraph 25‑4C(3)(b) of the Act, an application for the lifting of a suspension of an approved provider from making appraisals and reappraisals must include information about:

 (a) action the approved provider has taken to correct false, misleading or inaccurate information given in appraisals or reappraisals made by the approved provider; and

 (b) consultations (if any) held by the approved provider with staff, care recipients or the relatives of care recipients in relation to the giving of the false, misleading or inaccurate information; and

 (c) action the approved provider proposes to take to ensure that false, misleading or inaccurate information is not given in future appraisals or reappraisals made by the approved provider.

Part 7—When respite care classifications take effect

18 Purpose of this Part

 For section 26‑3 of the Act, this Part specifies the day when a classification of a care recipient in relation to care provided as respite care takes effect.

19 Day of effect

 The classification takes effect on the first day the care recipient enters respite care.

Part 8—Expiry and renewal of classifications

20 Purpose of this Part

 For sections 27‑2, 27‑4 and 27‑6 of the Act, this Part specifies the following:

 (a) different expiry dates in relation to certain classifications;

 (b) circumstances in which the care needs of a care recipient are taken to have changed significantly;

 (c) procedures the Secretary must follow in determining the appropriate classification level for a care recipient when renewing the care recipient’s classification.

21 Different expiry dates

Care recipient being provided with respite care

 (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:

 (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 paragraph 23(1)(c) of the *Subsidy Principles 2014*;

 (b) the day 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.

Care recipient eligible for dementia and severe behaviours supplement

 (2) For paragraph 27‑2(6)(a) of the Act:

 (a) the expiry date for the classification of a care recipient being provided with residential care whose classification has been renewed because the care recipient became eligible for a dementia and severe behaviours supplement under the *Subsidy Principles 2014* is the day immediately after the period of 28 days starting on the day the care recipient ceases being provided with residential care (other than because the care recipient is on leave); and

 (b) the expiry date specified in item 5 of the table in subsection 27‑2(1) of the Act does not apply in relation to the classification.

22 Circumstances in which care needs are taken to have changed significantly

 For subsection 27‑4(4) of the Act, the care needs of a care recipient being provided with residential care are taken to have changed significantly if the care recipient:

 (a) becomes eligible for a dementia and severe behaviours supplement under the *Subsidy Principles 2014*; or

 (b) 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 one 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—experiences an event likely to change the level of complex health care needed by the care recipient to the high CHC category.

23 Procedure for determining renewal of classification

 For subsection 27‑6(2) of the Act, in determining the appropriate classification level for a care recipient, the procedure mentioned in subsection 6(2) of these principles is specified.

Part 9—Changing classifications

24 Purpose of this Part

 For the purposes of paragraph 29‑1(3)(b) of the Act, this Part specifies matters that the Secretary must have regard to in reviewing the classification of a care recipient being provided with residential care.

25 Changing classifications

 For the purposes of paragraph 29‑1(3)(b) of the Act, if care mentioned in paragraph 15(3)(b) (care covered by a directive) was taken into account in making the appraisal in respect of the care recipient that was taken into account in classifying the care recipient, the Secretary must have regard to whether that care was, is or is to be provided in the manner, and by a person with the qualifications, stated in the directive.

Part 10—Application fees for reconsideration of decisions to change classification of care recipients

26 Purpose of this Part

 For the purposes of section 85‑6 of the Act, this Part:

 (a) specifies the application fee for a request made under subsection 85‑5(1) of the Act for reconsideration of a reviewable decision made under subsection 29‑1(1) of the Act (a decision to change the classification of a care recipient); and

 (b) deals with the circumstances in which the Secretary may waive the fee; and

 (c) deals with the circumstances in which the fee may be refunded.

27 Application fees

 (1) For the purposes of subsection 85‑6(1) of the Act, the application fee for a request is the sum of $375 for each question in the Answer Appraisal Pack that the request relates to.

 (2) A request relates to a question if the request relates to the change of the rating for that question.

28 Waiver of application fees

 For the purposes of paragraph 85‑6(3)(a) of the Act, the Secretary may waive the application fee for a request if the Secretary is satisfied that there are exceptional circumstances that justify the waiver.

29 Refund of application fees

 For the purposes of paragraph 85‑6(3)(c) of the Act, the application fee for a request may be refunded if:

 (a) the whole or a part of the decision to which the request relates is varied or set aside; and

 (b) the decision or part of the decision relates to the change of the rating for one or more questions in the Answer Appraisal Pack; and

 (c) as a result of the varying or setting aside of the decision or part of the decision, the classification of the care recipient to which the decision relates is changed back to the classification that applied to the care recipient before the decision took effect; and

 (d) the request did not include any material or information that was not available to the Secretary for the purposes of the review of the classification under subsection 29‑1(3) of the Act.

Part 15—Transitional provisions

50 Transitional provisions relating to the *Classification Amendment (Budget Savings Measures No. 1) Principles 2016*

 (1) Despite the amendment of these principles by the *Classification Amendment (Budget Savings Measures No. 1) Principles 2016*, the old principles continue to apply in relation to:

 (a) an appraisal of the level of care needed by a care recipient to whom an approved provider began providing care before 1 January 2017; and

 (b) a classification of a care recipient mentioned in paragraph (a); and

 (c) a reappraisal of the level of care needed by a care recipient whose classification has an expiry date that is before 1 January 2017; and

 (d) the renewal of a classification mentioned in paragraph (c).

 (2) In this section:

***old principles*** means the *Classification Principles 2014* as in force immediately before 9 December 2016.

Schedule 1—Scores for question ratings

Note: See section 6.

Part 1—ADL domain

1 Scores

 The following table sets out the score for each rating for each question in the ADL domain.

| ADL 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

2 Scores

 The following table sets out the score for each rating for each question in the behaviour domain.

| 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 |

Part 3—CHC domain

3 Scores

 The following matrix sets out the score for each combination of ratings in the CHC domain.

|  |
| --- |
| **CHC domain** |
| **Matrix** |
|   |  | **Question 12 Complex health care** |
|  | **Rating** | **A** | **B** | **C** | **D** |
| **Question 11 Medication** | **A** | 0 | 0 | 1 | 2 |
| B | 1 | 1 | 2 | 3 |
| C | 1 | 2 | 2 | 3 |

Schedule 2—Domain categories

Note: See section 6.

Part 1—ADL domain

1 Domain categories

 The following table sets out the domain category that applies to each domain aggregate range for the ADL domain.

| 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

2 Domain categories

 The following table sets out the domain category that applies to each domain aggregate range for the behaviour domain.

| 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—CHC domain

3 Domain categories

 The following table sets out the domain category that applies to each overall score for the CHC domain.

| CHC domain |
| --- |
| Item | 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—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

**Abbreviation key—Endnote 2**

The abbreviation key sets out abbreviations that may be used in the endnotes.

**Legislation history and amendment history—Endnotes 3 and 4**

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

**Editorial changes**

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

**Misdescribed amendments**

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

|  |  |
| --- | --- |
| ad = added or inserted | o = order(s) |
| am = amended | Ord = Ordinance |
| amdt = amendment | orig = original |
| c = clause(s) | par = paragraph(s)/subparagraph(s) |
| C[x] = Compilation No. x |  /sub‑subparagraph(s) |
| Ch = Chapter(s) | pres = present |
| def = definition(s) | prev = previous |
| Dict = Dictionary | (prev…) = previously |
| disallowed = disallowed by Parliament | Pt = Part(s) |
| Div = Division(s) | r = regulation(s)/rule(s) |
| ed = editorial change | reloc = relocated |
| exp = expires/expired or ceases/ceased to have | renum = renumbered |
|  effect | rep = repealed |
| F = Federal Register of Legislation | rs = repealed and substituted |
| gaz = gazette | s = section(s)/subsection(s) |
| LA = *Legislation Act 2003* | Sch = Schedule(s) |
| LIA = *Legislative Instruments Act 2003* | Sdiv = Subdivision(s) |
| (md) = misdescribed amendment can be given | SLI = Select Legislative Instrument |
|  effect | SR = Statutory Rules |
| (md not incorp) = misdescribed amendment | Sub‑Ch = Sub‑Chapter(s) |
|  cannot be given effect | SubPt = Subpart(s) |
| mod = modified/modification | underlining = whole or part not |
| No. = Number(s) |  commenced or to be commenced |

Endnote 3—Legislation history

| Name | Registration | Commencement | Application, saving and transitional provisions |
| --- | --- | --- | --- |
| Classification Principles 2014 | 24 June 2014 (F2014L00805) | 1 July 2014 (s 2) |  |
| Classification Amendment (CHC Domain Scores) Principles 2016 | 17 May 2016 (F2016L00804) | 1 July 2016 (s 2(1) item 1) | — |
| Classification Amendment (Budget Savings Measures No. 1) Principles 2016 | 8 Dec 2016 (F2016L01887) | 9 Dec 2016 (s 2(1) item 1) | — |
| Classification Amendment (2016 Budget Savings Measures) Principles 2017. | 28 Feb 2017 (F2017L00171) | 1 Mar 2017 (s 2(1) item 1) | — |

Endnote 4—Amendment history

| Provision affected | How affected |
| --- | --- |
| **Part 1** |  |
| s 2  | rep LA s 48D |
| s 4  | am F2016L01887; F2017L00171 |
| **Part 5** |  |
| s 15  | am F2017L00171 |
| **Part 6** |  |
| s 16  | rs F2017L00171 |
| s 16A  | ad F2017L00171 |
| s 16B  | ad F2017L00171 |
| s 17  | am F2017L00171 |
| **Part 9** |  |
| Part 9  | ad F2017L00171 |
| s 24  | ad F2017L00171 |
| s 25  | ad F2017L00171 |
| **Part 10** |  |
| Part 10  | ad F2017L00171 |
| s 26  | ad F2017L00171 |
| s 27  | ad F2017L00171 |
| s 28  | ad F2017L00171 |
| s 29  | ad F2017L00171 |
| **Part 15** |  |
| Part 15  | ad F2016L01887 |
| s 50  | ad F2016L01887 |
|  | am F2017L00171 |
| **Schedule 1** |  |
| c 3  | rs F2016L00804 |
|  | am F2016L01887 |