Aged Care (Subsidy, Fees and Payments) Determination 2014

made under the

Aged Care Act 1997

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About this compilation

This compilation

This is a compilation of the *Aged Care (Subsidy, Fees and Payments) Determination 2014* that shows the text of the law as amended and in force on 20 March 2025 (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 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 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 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Chapter 1—Preliminary

1 Name of determination

This determination is the *Aged Care (Subsidy, Fees and Payments) Determination 2014*.

3 Authority

This determination is made under the *Aged Care Act 1997*.

4 Definitions

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

(a) accommodation supplement;
(b) aged care service;
(c) approved provider;
(d) classification level;
(e) daily accommodation payment;
(f) daily payment;
(g) extended hospital leave;
(h) flexible care;
(i) flexible care service;
(j) flexible care subsidy;
(k) home care;
(l) home care service;
(m) maximum home value;
(n) member of a couple;
(o) prioritised home care recipient;
(p) residential care;
(q) residential care service;
(r) respite care.

In this determination:

Act means the *Aged Care Act 1997*.

COVID-19 support payment period has the same meaning as in the *Subsidy Principles 2014*.

Modified Monash Model classification has the same meaning as in the *Subsidy Principles 2014*.

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Chapter 2—Residential care subsidy for payment periods beginning before 1 October 2022

Part 1A—Application of this Chapter

4A Application of this Chapter

This Chapter applies in relation to a payment period that begins before 1 October 2022.

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Part 1—Basic subsidy amount

Division 1—Care recipients receiving residential care other than as respite care

5 Purpose of this Division

For subsection 44-3(2) of the Act, this Division sets out the basic subsidy amount for a day for a care recipient who is being provided with residential care other than as respite care.

6 Definitions

In this Division:

ACFI classification means a classification, or a renewal of a classification, of a care recipient under Part 2.4 of the *Aged Care Act 1997* and:

(a) the *Classification Principles 1997*, as in force on or after the commencement of Schedule 1 to the *Aged Care Amendment (Residential Care) Act 2007*; or

(b) the *Classification Principles 2014*.

7 Basic subsidy amount for day on or after date of effect of ACFI classification

(1) This section applies in relation to a care recipient and a day if the care recipient has an ACFI classification that is in effect on the day.

Note: For when a classification of a care recipient takes effect, see Division 26 of the Act.

(2) The basic subsidy amount for the day for the care recipient is the ACFI amount for the care recipient.

(3) For subsection (2), the ACFI amount for the care recipient is the sum of the domain amounts for each domain category in the care recipient's ACFI classification, as set out in the following table.

ACFI amounts

Item	Domain category	Domain amount ($)
1	Nil ADL category	0.00
2	Low ADL category	39.36
3	Medium ADL category	85.71
4	High ADL category	118.74
5	Nil behaviour category	0.00
6	Low behaviour category	9.00
7	Medium behaviour category	18.65

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ACFI amounts		
Item	**Domain category**	**Domain amount ($)**
8	High behaviour category	38.88
9	Nil CHC category	0.00
10	Low CHC category	17.46
11	Medium CHC category	49.73
12	High CHC category	71.81

8 Basic subsidy amount for day before date of effect of ACFI classification—late receipt of appraisal or reappraisal

Appraisal or reappraisal received within 3 months after end of appraisal or reappraisal period

(1) Subsection (2) applies in relation to a care recipient and a day if:
  (a) on the day, the care recipient is taken, under subsection 25-1(4) of the Act, to have been classified at the lowest applicable classification level; and
  (b) either:
    (i) an appraisal in respect of the care recipient has been received by the Secretary in the 3 months beginning at the end of the period referred to in paragraph 26-1(a) or (b) of the Act (whichever is applicable); or
    (ii) a reappraisal in respect of the care recipient has been received by the Secretary in the 3 months beginning at the end of the reappraisal period for the classification determined under section 27-2 of the Act.

(2) The basic subsidy amount for the day for the care recipient is:
  (a) if the ACFI amount for the care recipient under section 7, for the day the care recipient's ACFI classification takes effect, is at least $25—the ACFI amount less $25; or
  (b) in any other case——nil.

Appraisal or reappraisal received more than 3 months after end of appraisal or reappraisal period

(3) The basic subsidy amount for the day for a care recipient is nil if:
  (a) on the day, the care recipient is taken, under subsection 25-1(4) of the Act, to have been classified at the lowest applicable classification level; and
  (b) either:
    (i) an appraisal in respect of the care recipient has been received by the Secretary more than 3 months after the end of the period referred to in paragraph 26-1(a) or (b) of the Act (whichever is applicable); or
    (ii) a reappraisal in respect of the care recipient has been received by the Secretary more than 3 months after the end of the reappraisal period for the classification determined under section 27-2 of the Act.

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9 Basic subsidy amount for care recipients on extended hospital leave

(1) This section applies in relation to a care recipient and a day if, on the day, the care recipient:
  (a) has an ACFI classification that is in effect; and
  (b) is on extended hospital leave.

(2) The basic subsidy amount for the day for the care recipient is:
  (a) for a day that is before the 29th day of the care recipient's leave—the amount for the care recipient for the day under section 7 or 8 (whichever is applicable); or
  (b) for any other day—half of the basic subsidy amount for the care recipient for the 28th day of the care recipient's leave.

(3) However, this section does not apply in relation to a care recipient and a day if the day is in the period between 1 July 2020 and 30 June 2021.

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Division 2—Care recipients receiving residential care as respite care

11 Purpose of this Division

For subsection 44-3(2) of the Act, this Division sets out the basic subsidy amount for a day for a care recipient who is being provided with residential care as respite care.

12 Basic subsidy amount for days within maximum number for provision of respite care

(1) This section applies in relation to a care recipient on a day if, on that day, the number of days on which the care recipient had previously been provided with residential care as respite care during the financial year in which the day occurs does not equal or exceed the number specified under paragraph 23(1)(c) of the *Subsidy Principles 2014*.

(2) Subject to section 14, the basic subsidy amount for the day for the care recipient is:

(a) if the care recipient's approval was, on 30 June 2014, limited to a low level of residential care (within the meaning of the *Classification Principles 1997* as in force on 30 June 2014)—$49.51; or

(b) if the care recipient's approval was, on 30 June 2014, limited to a high level of residential care (within the meaning of the *Classification Principles 1997* as in force on 30 June 2014)—$138.82; or

(c) if the care recipient's classification level is low level residential respite care—$49.51; or

(d) if the care recipient's classification level is high level residential respite care—$138.82.

13 Basic subsidy amount for days equal to or exceeding maximum number for provision of respite care

The basic subsidy amount for a day for a care recipient is nil if, on that day, the number of days on which the care recipient had previously been provided with residential care as respite care during the financial year in which the day occurs equals or exceeds the number specified under paragraph 23(1)(c) of the *Subsidy Principles 2014*.

14 Basic subsidy amount for care recipient in residential care service exceeding respite care proportion

(1) This section applies in relation to a care recipient who is being provided with residential care through a residential care service that provides a greater proportion of care to recipients of respite care than that specified in the conditions attached to the allocation of places to the approved provider in respect of the service.

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(2) The basic subsidy amount for a day for the care recipient is nil.

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Part 2—Amounts of primary supplements

Division 1—Respite supplement

15 Purpose of this Division

(1) For subsection 44-5(3) of the Act, this Division provides for the amount of the respite supplement for a day for a care recipient or the way in which that amount is to be worked out.

(2) For this Division, the respite supplement is the respite supplement set out in Subdivision A of Division 3 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

16 Definitions

In this Division:

allocation of places, in relation to a residential care service, means an allocation of places to the approved provider of the residential care service made under Division 14 of the Act.

conditions, in relation to a residential care service, means conditions under section 14-5 or 14-6 of the Act attached to an allocation of places to the approved provider of the service.

17 Care recipients whose classification level is low level residential respite care

If the classification level for a care recipient on a day is low level residential respite care, then the amount of the respite supplement for the day for the care recipient is, subject to section 21, $43.27.

18 Care recipients whose classification level is high level residential respite care

(1) If the classification level for a care recipient on a day is high level residential respite care, then the amount of the respite supplement for the day for the care recipient is, subject to section 21, the sum of:
  (a) $60.64; and
  (b) if, for a relevant year, the actual proportion of respite care provided through the residential care service is equal to or more than 70% of the specified proportion of respite care for the approved provider of the service—$42.54.

(4) For paragraph paragraph (1)(b):
  (a) the relevant year, in relation to a day, means a period of 12 months ending at the expiration of the month in which the day occurs; and
  (b) the actual proportion of respite care provided through a residential care service for a relevant year is the proportion of care, worked out using the

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method statement in section 19, provided through the service in that year to recipients of respite care; and

(b) the specified proportion of respite care, for the approved provider of a residential care service and a relevant year, is the proportion of care, worked out using the method statement in section 20, specified in respect of recipients of respite care in the conditions attached to each allocation of places to the approved provider in the relevant year.

19 How to work out the actual proportion of respite care provided through a residential care service for a relevant year

(1) For section 18, the actual proportion of respite care provided through a residential care service for a relevant year is worked out as follows:

Method statement

Step 1. Work out, for the relevant year and for each care recipient to whom the residential care service provided residential care in the relevant year, the total number of respite bed days provided by the residential care service.

Step 2. Add together each of the total numbers of respite bed days worked out under step 1.

Step 3. Identify, for each care recipient referred to in step 1, the total number of respite bed days provided to the care recipient in the relevant year that exceeded the maximum number of days on which residential care as respite care could be provided to the care recipient during the relevant financial year.

Note: The maximum number of days on which a care recipient may be provided with residential care as respite care during a financial year is set out in section 23 of the *Subsidy Principles 2014*.

Step 4. Add together each of the total numbers of respite bed days identified under step 3.

Step 5. Identify each respite bed day provided by the residential care service in the relevant year that exceeded the proportion of care for recipients of respite care that was specified in the conditions that applied in respect of the residential care service at the time the respite bed day was provided.

Step 6. Add together all the respite bed days identified under step 5.

Step 7. Add the total number of respite bed days worked out under step 4 to the total number of respite bed days worked out under step 6.

Step 8. Subtract the sum worked out under step 7 from the total number of respite bed days worked out under step 2.

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The result is the ***actual proportion of respite care*** provided through the residential care service for the relevant year.

Definitions

(2) In this section:

respite bed day, in relation to a residential care service and a care recipient, means a day on which the residential care service provided the care recipient with residential care as respite care.

20 How to work out the specified proportion of respite care provided through a residential care service for a relevant year

(1) For section 18, the specified proportion of respite care for the approved provider of a residential care service and a relevant year is worked out as follows:

Method statement

Step 1. Work out the proportion of care for recipients of respite care, expressed as a number of notional respite bed days, as specified in the conditions that applied in respect of the residential care service at the start of the relevant year.

Step 2. Work out the applicable period of time in relation to the proportion of care worked out under step 1.

Step 3. Multiply the proportion of care worked out under step 1 by the applicable period of time worked out under step 2.

Step 4. If the basis for the calculation of the proportion of care in relation to the residential care service changes during the relevant year, work out the proportion of care for recipients of respite care, expressed as a number of notional respite bed days, as specified in the conditions that applied at the time the change took effect.

Step 5. Work out the applicable period of time in relation to the proportion of care worked out under step 4.

Step 6. Multiply the proportion of care worked out under step 4 by the applicable period of time worked out under step 5.

Step 7. Repeat steps 4 to 6 in respect of each further change to the basis for the calculation of the proportion of care in relation to the residential care service in the relevant year.

Step 8. Add the amount worked out under step 3 to any amount or amounts worked out under step 6.

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The result is the ***specified proportion of respite care*** for the approved provider of a residential care service for the relevant year.

When a proportion of care is taken to have been in effect

(2) For this section, a proportion of care is taken to have been in effect in relation to a residential care service for the period that:

(a) commences on the first day of the relevant year or the first day on which the basis for the calculation of the proportion of care changed (as applicable); and

(b) ends on the last day of the relevant year or the last day before the day on which the basis for the calculation of the proportion of care changed (as applicable).

Definitions

(3) In this section:

applicable period of time, in relation to a proportion of care worked out under step 1 or 4 (as applicable) of the method statement in subsection (1) and a residential care service, means the period (expressed as a number of days) during which the proportion of care was in effect in the relevant year in relation to the service, as described in subsection (2).

basis for the calculation of the proportion of care, in relation to a residential care service, means any factor that is relevant to the calculation of the proportion of care through the service, including:

(a) the number of places allocated in respect of the residential care service; and

(b) the conditions in relation to the residential care service.

notional respite bed day, in relation to a residential care service, means a day on which the residential care service is required to provide a care recipient with residential care as respite care.

21 Number of days or proportion of specified care exceeded

Maximum number of days exceeded

(1) For a care recipient in respect of whom the maximum number of days on which the care recipient may be provided with residential care as respite care during the relevant financial year has been exceeded, the amount of the respite supplement for a day is nil.

Note: The maximum number of days on which a care recipient may be provided with residential care as respite care during a financial year is set out in section 23 of the *Subsidy Principles 2014*.

Proportion of specified care exceeded

(2) For a care recipient to whom residential care is provided through a residential care service that provides a greater proportion of care to recipients of respite care

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than that (if any) specified in the conditions attached to the allocation of places to the approved provider in respect of the service, the amount of the respite supplement for a day is nil.

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Division 2—Oxygen supplement

22 Purpose of this Division

(1) For subsection 44-5(3) of the Act, this Division sets out the amount of the oxygen supplement for a day for a care recipient.

(2) For this Division, the oxygen supplement is the oxygen supplement set out in Subdivision B of Division 3 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

23 Amount of oxygen supplement

(1) Subject to subsection (2), the amount of the oxygen supplement for a day for a care recipient is $12.73.

(2) If the actual cost to the approved provider of providing oxygen to the care recipient on the day is equal to or more than 125% of the amount referred to in subsection (1) (that is, $15.91), the amount of the oxygen supplement for the day for the care recipient is the amount equivalent to that actual cost.

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Division 3—Enteral feeding supplement

24 Purpose of this Division

(1) For subsection 44-5(3) of the Act, this Division sets out the amount of the enteral feeding supplement for a day for a care recipient.

(2) For this Division, the enteral feeding supplement is the enteral feeding supplement set out in Subdivision C of Division 3 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

25 Amount of enteral feeding supplement

(1) Subject to subsection (2), the amount of the enteral feeding supplement for a day for a care recipient is:
  (a) for bolus feeding—$20.17; and
  (b) for non-bolus feeding—$22.65.

(2) If the actual cost to the approved provider of providing enteral feeding to the care recipient on the day is equal to or more than 125% of the applicable amount referred to in subsection (1) (that is, $25.21 for bolus feeding and $28.31 for non-bolus feeding), the amount of the enteral feeding supplement for the day for the care recipient is the amount equivalent to that actual cost.

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Part 3—Reductions in subsidy

42 Purpose of this Part

This Part sets out the following:

(a) for subsection 44-19(2) of the Act—the amount of the adjusted subsidy reduction for a day for a care recipient;
(b) for subsection 44-21(7) of the Act—the annual cap for a start-date year for certain classes of care recipients;
(c) for subsection 44-21(8) of the Act—the lifetime cap for a care recipient;
(d) for subsection 44-22(3) of the Act—the first asset threshold and the second asset threshold;
(e) for the definition of ***maximum home value*** in subsection 44-26B(1) of the Act—the amount of that value.

43 Amount of adjusted subsidy reduction

For subsection 44-19(2) of the Act, the amount of the adjusted subsidy reduction for a day for a care recipient is $13.98.

44 Care subsidy reduction—annual cap

For subsection 44-21(7) of the Act, the annual cap applying at a time in a start-date year for a care recipient is $30,574.33.

Note: ***Start-date year*** is defined in clause 1 of Schedule 1 to the Act.

45 Care subsidy reduction—lifetime cap

For subsection 44-21(8) of the Act, the lifetime cap for a care recipient is $73,378.49.

46 Care subsidy reduction—means tested amount—first asset threshold and second asset threshold

For subsection 44-22(3) of the Act:

(a) the first asset threshold is $186,331.20; and
(b) the second asset threshold is $448,993.60.

47 Value of person's assets—maximum home value

For the definition of ***maximum home value*** in subsection 44-26B(1) of the Act, the amount is $186,331.20.

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Part 4—Amounts of other supplements

Division 1—Accommodation supplement

48 Purpose of this Division

For subsection 44-28(4) of the Act, this Division sets out the amount of accommodation supplement for a day for an eligible care recipient.

Note: See also Subdivision A of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

49 Definitions

In this Division:

assisted resident has the meaning given by clause 1 of Schedule 1 to the *Aged Care (Transitional Provisions) Act 1997*.

concessional resident has the meaning given by clause 1 of Schedule 1 to the *Aged Care (Transitional Provisions) Act 1997*.

eligible care recipient means a care recipient who is eligible for accommodation supplement on a day under section 44-28 of the Act.

low-means care recipient has the same meaning as in the *Subsidy Principles 2014*.

newly built residential care service has the meaning given by section 50.

post-2008 reform resident has the meaning given by section 44-5C of the *Aged Care (Transitional Provisions) Act 1997*.

relevant resident means a care recipient to whom residential care as non-respite care is being provided through a residential care service and who:

(a) is not being provided with care on an extra service basis (within the meaning of subsection 36-1(1) of the Act); and

(b) enters the service:

(i) if the service was certified under Part 2.6 of the Act (as in force before 17 October 2014) on 1 October 1997—after 30 September 1997; or

(ii) if the service was certified under that Part after 1 October 1997—after the date the service is certified; or

(iii) on or after 17 October 2014.

relevant residential care service, in relation to an eligible care recipient and a day, means the residential care service through which the care recipient is being provided with residential care on that day.

significantly refurbished residential care service has the same meaning as in the *Subsidy Principles 2014*.

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supported resident has the meaning given by clause 1 of Schedule 1 to the *Aged Care (Transitional Provisions) Act 1997*.

50 Meaning of *newly built residential care service*

(1) A residential care service is a ***newly built residential care service*** if:
  (a) each building in which residential care is provided to care recipients through the service was completed on or after 20 April 2012; or
  (b) each building in which residential care is provided to care recipients through the service was converted, on or after 20 April 2012, from one or more buildings that, before that date, were used for a purpose other than providing residential care to care recipients through a residential care service.

(2) A residential care service is also a ***newly built residential care service*** if:
  (a) more than one building is used to provide residential care to care recipients through the service; and
  (b) one or more of those buildings was:
    (i) completed on or after 20 April 2012; or
    (ii) converted, on or after 20 April 2012, from one or more buildings that, before that date, were used for a purpose other than providing residential care to care recipients through a residential care service; and
  (c) none of those buildings had been used, before 20 April 2012, to provide residential care to care recipients through a residential care service.

51 Amount of accommodation supplement—matters relating to relevant residential care service

(1) The amount of accommodation supplement for a day for an eligible care recipient is $63.14 if, on the day, the relevant residential care service in relation to the care recipient meets the building requirements specified in Schedule 1 to the *Aged Care (Transitional Provisions) Principles 2014* and is:
  (a) a newly built residential care service; or
  (b) a significantly refurbished residential care service.

(2) The amount of accommodation supplement for a day for an eligible care recipient is $41.17 if, on the day, the relevant residential care service in relation to the care recipient:
  (a) is not covered by paragraph (1)(a) or (b); and
  (b) meets the building requirements specified in Schedule 1 to the *Aged Care (Transitional Provisions) Principles 2014*.

(3) The amount of accommodation supplement for a day for an eligible care recipient is $34.58 if the relevant residential care service in relation to the care recipient is not covered by subsection (1) or (2) on the day.

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(4) Despite subsection (1), (2) or (3), the amount of accommodation supplement for a day for an eligible care recipient is the amount that applies under subsection (1), (2) or (3), reduced by 25%, if:

(a) not more than 40% of care recipients to whom the relevant residential care service provides residential care, who are both post-2008 reform residents and relevant residents, are low-means care recipients or supported residents; or

(b) not more than 40% of relevant residents (if any) to whom the relevant residential care service provides residential care are assisted residents, concessional residents, low-means care recipients or supported residents.

(5) Despite subsection (1), (2), (3) or (4), an amount of accommodation supplement is not payable for a day for an eligible care recipient under this section if subsection 52(1), (2) or (3) applies in relation to the day and the eligible care recipient.

52 Amount of accommodation supplement—matters relating to eligible care recipient

(1) If an eligible care recipient's means tested amount on a day is equal to or more than the amount of accommodation supplement for the day for the care recipient under section 51, the amount of accommodation supplement for the day for the care recipient is nil.

Note: ***Means tested amount*** is defined in section 44-22 of the Act.

(2) If an eligible care recipient's means tested amount on a day is less than the amount of accommodation supplement for the day for the care recipient under section 51 but greater than zero, the amount of accommodation supplement for the day for the care recipient is the difference between:

(a) the amount of accommodation supplement for the day for the care recipient under section 51; and

(b) the care recipient's means tested amount on the day.

(3) If a financial hardship determination is in force under subsection 52K-1(1) of the Act in relation to an eligible care recipient on a day, the amount of accommodation supplement for the day for the care recipient is the difference between:

(a) the amount of accommodation supplement for the day for the care recipient under section 51; and

(b) the amount specified in the determination.

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Division 2—Hardship supplement

53 Purpose of this Division

For subsection 44-30(5) of the Act, this Division sets out the amount of the hardship supplement for a day for a care recipient in relation to whom a determination is in force under section 44-31 of the Act.

Note: See also Subdivision B of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

54 Amount of hardship supplement

(1) The amount of the hardship supplement for a day for a care recipient in relation to whom a determination (a ***financial hardship determination***) is in force under section 44-31 of the Act is the amount that is the difference between:

(a) the maximum daily amount of resident fees for the care recipient worked out under section 52C-3 of the Act; and

(b) the amount specified in the financial hardship determination.

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Division 3—Viability supplement

55 Purpose of this Division

(1) For subsection 44-27(3) of the Act, this Division sets out the amount of the viability supplement for a day for a care recipient.

(2) For this Division, the viability supplement is the viability supplement set out in Subdivision C of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

56 Definitions

In this Division:

1997 scheme service has the same meaning as in the *Subsidy Principles 2014*.

2001 scheme service has the same meaning as in the *Subsidy Principles 2014*.

2005 scheme service has the same meaning as in the *Subsidy Principles 2014*.

2017 scheme service has the same meaning as in the *Subsidy Principles 2014*.

Isolated Remote Area means a Statistical Local Area classified as "Other Remote" in the RRMA Classification.

Remote Centre means a Statistical Local Area classified as "Remote Centre" in the RRMA Classification.

RRMA Classification means the *Rural, Remote and Metropolitan Area Classification*, 1991 Census Edition, published by the Australian Government Publishing Service, as in force in November 1994.

Rural Outside Large Centre means a Statistical Local Area classified as "Other Rural" or "Small Rural Centre" in the RRMA Classification.

57 Amount of viability supplement—care recipients being provided with residential care through 1997 scheme services

For a care recipient to whom residential care is provided through a 1997 scheme service on a day, the amount of the viability supplement for the day is the amount specified in the item in the following table that relates to the service on the day.

Amount of viability supplement—1997 scheme services

Item	Degree of isolation of service	Number of places allocated in respect of service	Amount ($)
1	Isolated Remote Area	less than 16	56.49
2	Isolated Remote Area	more than 15 but less than 30	34.73

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Amount of viability supplement—1997 scheme services			
Item	**Degree of isolation of service**	**Number of places allocated in respect of service**	**Amount ($)**
3	Isolated Remote Area	30 or more	3.51
4	Remote Centre	less than 16	26.98
5	Remote Centre	more than 15 but less than 30	19.17
6	Remote Centre	30 or more	3.51
7	Rural Outside Large Centre	less than 16	11.36
8	Rural Outside Large Centre	more than 15 but less than 30	3.51
9	Rural Outside Large Centre	30 or more	3.51
10	An area not referred to in items 1 to 9	not applicable	3.51

Note: Terms used in this table are defined in section 56.

58 Amount of viability supplement—care recipients being provided with residential care through 2001 scheme services

For a care recipient to whom residential care is provided through a 2001 scheme service on a day, the amount of the viability supplement for the day is the amount specified in the item in the following table for the score attained by the service on the day under the scoring system set out in the table in subsection 65(2) of the *Subsidy Principles 2014*.

Amount of viability supplement—2001 scheme services		
Item	**Score**	**Amount ($)**
1	40	3.51
2	50	3.93
3	60	11.36
4	70	19.17
5	80	26.98
6	90	34.73
7	100	56.49

59 Amount of viability supplement—care recipients being provided with residential care through 2005 scheme services

For a care recipient to whom residential care is provided through a 2005 scheme service on a day, the amount of the viability supplement for the day is the amount specified in the item in the following table for the score attained by the service on the day under the points calculator in subsection 66(2) of the *Subsidy Principles 2014*.

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Amount of viability supplement—2005 scheme services		
Item	**Score**	**Amount ($)**
1	50	8.48
2	55	12.71
3	60	19.01
4	65	23.23
5	70	33.90
6	75	42.23
7	80	52.77
8	85	63.42
9	90	73.95
10	95	82.39
11	100	92.96

60 Amount of viability supplement—safety net for former 1997 scheme services and 2001 scheme services

(1) This section applies in relation to a residential care service if:

(a) on a day, the service is a 2005 scheme service because of subsection 66(6) or (7) of the *Subsidy Principles 2014*; and

(b) on a later day, the score attained by the service on the later day using the points calculator set out in subsection 66(2) of the *Subsidy Principles 2014* is 40 or 45.

(2) For a care recipient to whom residential care is provided through the service on the later day, the amount of the viability supplement for the later day is $3.51.

60A Amount of viability supplement—care recipients being provided with residential care through 2017 scheme services

For a care recipient to whom residential care is provided through a 2017 scheme service on a day, the amount of the viability supplement for the day is the amount specified in the item in the following table for the score attained by the service on the day under the points calculator in subsection 66A(2) of the *Subsidy Principles 2014*.

Amount of viability supplement—2017 scheme services		
Item	**Score**	**Amount ($)**
1	50	11.51
2	55	15.34
3	60	21.02
4	65	24.86
5	70	34.54

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Amount of viability supplement—2017 scheme services		
Item	**Score**	**Amount ($)**
6	75	46.07
7	80	59.25
8	85	70.44
9	90	81.49
10	95	90.35
11	100	101.46

60B Amount of viability supplement—safety net for former 1997 scheme services, 2001 scheme services and certain 2005 scheme services

(1) This section applies in relation to a residential care service if the service meets the requirements of subsection (2) or (3).

Former 1997 scheme services and 2001 scheme services

(2) A residential care service meets the requirements of this subsection if:
  (a) on a day, the service is a 2017 scheme service because of subsection 66A(6) or (7) of the *Subsidy Principles 2014*; and
  (b) on a later day, the score attained by the service on the later day using the points calculator set out in subsection 66A(2) of the *Subsidy Principles 2014* is 40 or 45.

Certain former 2005 scheme services

(3) A residential care service meets the requirements of this subsection if:
  (a) on a day, the service is a 2017 scheme service because of subsection 66A(8) of the *Subsidy Principles 2014*; and
  (b) before that day, section 60 of this determination applied in relation to the service; and
  (c) on a later day, the score attained by the service on the later day using the points calculator set out in subsection 66A(2) of the *Subsidy Principles 2014* is 40 or 45.

Safety net amount

(4) For a care recipient to whom residential care is provided through the service on the later day, the amount of the viability supplement for the later day is $3.51.

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Division 4—Veterans' supplement

61 Purpose of this Division

(1) For subsection 44-27(3) of the Act, this Division sets out the amount of the veterans' supplement for a day for a care recipient.

(2) For this Division, the veterans' supplement is the veterans' supplement set out in Subdivision D of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

62 Amount of veterans' supplement

The amount of the veterans' supplement for a day for a care recipient is $7.50.

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Division 5—Homeless supplement

63 Purpose of this Division

(1) For subsection 44-27(3) of the Act, this Division sets out the amount of the homeless supplement for a day for a care recipient.

(2) For this Division, the homeless supplement is the homeless supplement set out in Subdivision E of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

64 Amount of homeless supplement

The amount of the homeless supplement for a day for a care recipient is $28.82.

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Division 6—COVID-19 support supplement (for COVID-19 support payment periods)

64A Purpose of this Division

(1) For the purposes of subsection 44-27(3) of the Act, this Division sets out the amount of the COVID-19 support supplement for a day for a care recipient.

(2) For the purposes of this Division, the COVID-19 support supplement is the COVID-19 support supplement set out in Subdivision F of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

64B Amount of COVID-19 support supplement

The amount of the COVID-19 support supplement for a day in a COVID-19 support payment period mentioned in column 1 of an item of the following table, for a care recipient provided with residential care through a residential care service with a street address that has a Modified Monash Model classification mentioned in column 2 of the item, is the amount mentioned in column 3 of the item.

Amount of COVID-19 support supplement

Item	Column 1 COVID-19 support payment period	Column 2 Modified Monash Model classification	Column 3 Amount ($)
1	The payment period beginning on 1 February 2020	MMM 1	31.38
2	The payment period beginning on 1 February 2020	MMM 2, MMM 3, MMM 4, MMM 5, MMM 6 or MMM 7	47.07
3	The payment period beginning on 1 June 2020	MMM 1	32.48
4	The payment period beginning on 1 June 2020	MMM 2, MMM 3, MMM 4, MMM 5, MMM 6 or MMM 7	47.81

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Division 7—Residential care support supplement (for February 2021 payment period)

64C Purpose of this Division

(1) For the purposes of subsection 44-27(3) of the Act, this Division sets out the amount of the residential care support supplement for a day for a care recipient.

(2) For the purposes of this Division, the residential care support supplement is the residential care support supplement set out in Subdivision G of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

64D Amount of residential care support supplement (for February 2021 payment period)

The amount of the residential care support supplement for a day for a care recipient is:

(a) for a care recipient provided with residential care through a residential care service with a street address that has a Modified Monash Model classification of MMM 1—$27.25; and

(b) for a care recipient provided with residential care through a residential care service with a street address that has a Modified Monash Model classification of MMM 2, MMM 3, MMM 4, MMM 5, MMM 6 or MMM 7—$40.88.

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Division 8—2021 basic daily fee supplement (for payment periods July 2021 to September 2022)

64E Purpose of this Division

(1) For the purposes of subsection 44-27(3) of the Act, this Division sets out the amount of the 2021 basic daily fee supplement for a day for a care recipient.

(2) For the purposes of this Division, the 2021 basic daily fee supplement is the 2021 basic daily fee supplement set out in Subdivision H of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

64F Amount of 2021 basic daily fee supplement (for payment periods July 2021 to September 2022)

The amount of the 2021 basic daily fee supplement for a day for a care recipient is $10.00.

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Chapter 2A—Residential care subsidy for payment periods beginning on or after 1 October 2022

Part 1—Preliminary

64G Application of this Chapter

This Chapter applies in relation to a payment period that begins on or after 1 October 2022.

64H Definitions

In this Chapter:

applicable amount for a day for a care recipient: see section 64J.

ATSI care percentage for a residential care service: see subsection 64X(2).

ATSI transition period for a residential care service: see subsection 64N(2).

classification means a classification under Part 2.4A of the Act.

day of eligible residential care has the same meaning as in the *Subsidy Principles 2014*.

group A facility has the same meaning as in the *Subsidy Principles 2014*.

group B facility has the same meaning as in the *Subsidy Principles 2014*.

has specialised ATSI status on a day: see subsections 64N(1) and (3).

has specialised homeless status on a day: see subsections 64R(1), (2) and (4).

homeless care percentage for a residential care service: see subsection 64Y(2).

homeless supplement means:

(a) the homeless supplement set out in Subdivision E of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*; or

(b) the homeless supplement set out in Subdivision D of Division 8 of Part 3 of Chapter 2 of the *Aged Care (Transitional Provisions) Principles 2014*.

homeless transition period for a residential care service: see subsection 64R(3).

MM category means a category for an area provided for by the Modified Monash Model and known as MM 1, MM 2, MM 3, MM 4, MM 5, MM 6 or MM 7.

Modified Monash Model means the model known as the Modified Monash Model (MMM) 2019 developed by the Department to categorise areas according to geographical remoteness and population size, as the model exists on 1 October 2022.

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national efficient price: the ***national efficient price*** for residential care activity is $282.44.

newly built residential care service: see section 50.

non-respite classification amount for a care recipient for a day: see section 64K.

NWAU (short for National Weighted Activity Unit) means a measure of residential care activity, expressed as a common unit, against which the national efficient price is set.

operational places: see subsection 64M(2).

qualifying facility has the same meaning as in the *Subsidy Principles 2014*.

residential care percentage for a residential care service: see subsection 64ZP(3).

respite classification amount for a care recipient for a day: see section 64L.

service amount for a care recipient for a day: see section 64M.

significantly refurbished residential care service has the same meaning as in the *Subsidy Principles 2014*.

specialist ATSI programs means specialist programs for Aboriginal or Torres Strait Islander persons and includes, but is not limited to, the following:

(a) programs to deliver care and services that are culturally safe for, and tailored to meet the particular needs of, the Aboriginal or Torres Strait Islander persons being provided with residential care through the residential care service in question;
(b) programs to promote social and cultural engagement and participation of Aboriginal or Torres Strait Islander persons;
(c) any other relevant programs that the Secretary considers appropriate.

specialist homeless programs means specialist programs for persons with a background as a homeless person and includes, but is not limited to, the following:

(a) programs and interventions to manage complex behavioural needs of persons with that background;
(b) programs to promote social engagement and participation of persons with that background;
(c) any other relevant programs that the Secretary considers appropriate.

64J Meaning of *applicable amount* for a day for a care recipient

(1) If:

(a) a care recipient is provided with residential care through a residential care service on a day; and

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(b) on the day, the service meets the building requirements specified in Schedule 1 to the *Aged Care (Transitional Provisions) Principles 2014*; and

(c) the service is:

(i) a newly built residential care service; or

(ii) a significantly refurbished residential care service;

the ***applicable amount*** for the day for the recipient is $69.79.

(2) If:

(a) a care recipient is provided with residential care through a residential care service on a day; and

(b) on the day, the service meets the building requirements specified in Schedule 1 to the *Aged Care (Transitional Provisions) Principles 2014*; and

(c) the service is not:

(i) a newly built residential care service; or

(ii) a significantly refurbished residential care service;

the ***applicable amount*** for the day for the recipient is $45.51.

(3) If:

(a) a care recipient is provided with residential care through a residential care service on a day; and

(b) on the day, the service does not meet the building requirements specified in Schedule 1 to the *Aged Care (Transitional Provisions) Principles 2014*;

the ***applicable amount*** for the day for the recipient is $38.23.

64K Meaning of *non-respite classification amount* for a care recipient for a day

The ***non-respite classification amount*** for a care recipient for a day is the amount worked out by multiplying the national efficient price by the NWAU worked out using the following table.

NWAU

Item	If the classification level for the classification of the recipient for non-respite care that is in effect on the day is ...	the NWAU is ...
1	Class 1	0.80
2	Class 2	0.19
3	Class 3	0.37
4	Class 4	0.25
5	Class 5	0.44
6	Class 6	0.40
7	Class 7	0.55
8	Class 8	0.64
9	Class 9	0.52
10	Class 10	0.70

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NWAU		
Item	**If the classification level for the classification of the recipient for non-respite care that is in effect on the day is ...**	**the NWAU is ...**
11	Class 11	0.66
12	Class 12	0.66
13	Class 13	0.80

Note: The classification levels for classifications for non-respite care are those provided for by section 40 of the *Classification Principles 2014*.

64L Meaning of *respite classification amount* for a care recipient for a day

The ***respite classification amount*** for a care recipient for a day is the amount worked out by multiplying the national efficient price by the NWAU worked out using the following table.

NWAU		
Item	**If the classification level for the classification of the recipient for respite care that is in effect on the day is ...**	**the NWAU is ...**
1	Respite Class 1	0.365
2	Respite Class 2	0.479
3	Respite Class 3	0.691

Note: The classification levels for classifications for respite care are those provided for by section 39 of the *Classification Principles 2014*.

64M Meaning of *service amount* for a care recipient for a day

(1) If:

(a) a care recipient is provided with residential care on a day through a residential care service; and

(b) on the day, the service meets the requirements set out in column 1 of an item of the following table;

the ***service amount*** for the recipient for the day is the amount worked out in accordance with column 2 of the item.

Requirements and amount		
Item	**Column 1** **Requirements**	**Column 2** **Amount**
1	The service: (a) has specialised ATSI status; and (b) has a street address that is in the MM category known as MM 7	The amount worked out using the formula in subsection (2) if it were assumed that the NWAU were 1.80
2	The service: (a) has specialised ATSI status; and (b) has a street address that is in the MM	The amount worked out using the formula in subsection (2) if it were assumed that the NWAU were 0.78

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Requirements and amount		
Item	**Column 1** **Requirements**	**Column 2** **Amount**
	category known as MM 6	
3	All of the following apply: (a) the service does not have specialised ATSI status or specialised homeless status; (b) the service has a street address that is in the MM category known as MM 6 or MM 7; (c) the number of operational places in respect of the service is less than 30	The amount worked out using the formula in subsection (2) if it were assumed that the NWAU were 0.68
4	All of the following apply: (a) the service does not have specialised ATSI status or specialised homeless status; (b) the service has a street address that is in the MM category known as MM 6 or MM 7; (c) the number of operational places in respect of the service is 30 or more	The sum of the following amounts: (a) the amount worked out using the formula in subsection (2) if it were assumed that the NWAU were 0.68 and that the number of operational places were 29; (b) the amount worked out using the formula in subsection (2) if it were assumed that the NWAU were 0.52 and that the number of operational places were reduced by 29
5	The service: (a) does not have specialised homeless status; and (b) has a street address that is in an MM category known as MM 4 or MM 5	The amount worked out by multiplying the national efficient price by the NWAU of 0.57
6	The service: (a) has specialised homeless status; and (b) has a street address that is in any of the MM categories	The amount worked out by multiplying the national efficient price by the NWAU of 0.92
7	The service: (a) does not have specialised homeless status; and (b) has a street address that is in an MM category known as MM 2 or MM 3	The amount worked out by multiplying the national efficient price by the NWAU of 0.55
8	The service: (a) does not have specialised homeless status; and (b) has a street address that is in the MM category known as MM 1	The amount worked out by multiplying the national efficient price by the NWAU of 0.50

(2) For the purposes of items 1 to 4 of the table in subsection (1), the formula is:

$$\text{National efficient price} \times \text{NWAU} \times \frac{\text{Operational places}}{\text{Occupied places}}$$

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where:

occupied places means the total number of places allocated under Part 2.2 of the Act to a person in respect of the relevant residential care service to which all of the following apply:

(a) the places are not provisionally allocated on the relevant day;

(b) the places are places in respect of which:

(i) residential care is provided through the service to a care recipient on the relevant day; and

(ii) subsidy is payable for the provision of that care under Part 3.1 of the Act or Part 3.1 of the *Aged Care (Transitional Provisions) Act 1997*.

Note: A care recipient who is on leave from the service is taken to be provided with residential care by the approved provider operating the service (see section 42-2 of the Act and section 42-2 of the *Aged Care (Transitional Provisions) Act 1997*).

operational places means the total number of places allocated under Part 2.2 of the Act to a person in respect of the relevant residential care service to which all of the following apply:

(a) the places are not provisionally allocated on the relevant day;

(b) if a notice relating to the service has been given under subsection 27B(2) of the *Accountability Principles 2014*—the places are not places specified in the notice as offline places (within the meaning of paragraph 27B(3)(b) of those principles) for a period in which the relevant day occurs;

(c) the places are places in respect of which subsidy would be payable under Part 3.1 of the Act, or Part 3.1 of the *Aged Care (Transitional Provisions) Act 1997*, if a care recipient were provided with residential care through the service on the relevant day.

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Part 2—Specialised ATSI or homeless status

Division 1—Specialised ATSI status

64N Specialised ATSI status

Specialised ATSI status during ATSI transition period

(1) A residential care service ***has specialised ATSI status*** on each day during the ATSI transition period for the service if:

(a) the service had a street address that is in the MM category known as MM 6 or MM 7 on a day (the ***test day***) during the payment period beginning on 1 June 2022; and

(b) either:

(i) on the test day; or

(ii) on a day during at least 8 of the payment periods occurring between 1 July 2021 and 30 June 2022;

at least 50% of the care recipients (including continuing care recipients) provided with residential care as non-respite care through the service were Aboriginal or Torres Strait Islander persons; and

(c) if an election in relation to the service may be given to Secretary under section 64S—no such election has been given to Secretary.

(2) The ***ATSI transition period*** for a residential care service is the period that:

(a) begins on 1 October 2022; and

(b) ends at the earliest of the following:

(i) the end of 31 March 2023;

(ii) if the specialised ATSI status of the service is revoked under Division 3 of this Part—when the revocation takes effect;

(iii) if an election in relation to the service has been given to the Secretary in accordance with section 64S—immediately before the first day of the first payment period that begins after the election is given.

Determination of specialised ATSI status

(3) A residential care service ***has specialised ATSI status*** on a day if:

(a) a determination has been made under subsection 64Q(2) in relation to the service; and

(b) the day is a day during the period specified in the notice relating to the determination that was given under subsection 64Q(4).

Note: The period specified in the notice may end earlier if the specialised ATSI status of the service is revoked under Division 3 of this Part.

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64P Application for determination that residential care service has specialised ATSI status

(1) An approved provider may apply to the Secretary for a determination that a residential care service operated by the provider has specialised ATSI status.

(2) The application must:
  (a) be made in writing; and
  (b) be in a form approved by the Secretary (if any); and
  (c) be accompanied by any documents or information specified by the Secretary.

Request for further information

(3) If the Secretary needs further information to make a decision on the application, the Secretary may, by written notice, request the approved provider to give further information to the Secretary within 28 days after the notice is given.

(4) If the approved provider does not give the requested further information within the period mentioned in subsection (3), the application is taken to be withdrawn at the end of that period.

(5) A notice given under subsection (3) must set out the effect of subsection (4).

Bar on application if previous specialised ATSI status revoked

(6) If:
  (a) the residential care service previously had specialised ATSI status on a day; and
  (b) that status of the service was revoked under section 64X;

the approved provider must not make an application in relation to the service under subsection (1) until at least 3 months have passed since that revocation took effect.

(7) If subsection (6) applies in relation to an approved provider in respect of a residential care service, then both of the following apply:
  (a) the Secretary is not required to consider an application made under subsection (1) in relation to the service before the end of the period specified in subsection (6);
  (b) the application is taken to be withdrawn.

64Q Determination that residential care service has specialised ATSI status

(1) This section applies if an approved provider makes an application under subsection 64P(1) for a determination that a residential care service has specialised ATSI status.

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Determination by Secretary

(2) The Secretary must determine that the residential care service has specialised ATSI status if the Secretary is satisfied that:
  (a) on the day before the application was made, the service had a street address that is in the MM category known as MM 6 or MM 7; and
  (b) on the day before the application was made, at least 50% of the care recipients (including continuing care recipients) provided with residential care as non-respite care through the service were Aboriginal or Torres Strait Islander persons; and
  (c) the approved provider, or an individual who is one of the key personnel of the provider, has demonstrated experience in providing, or the capacity to provide, specialist ATSI programs; and
  (d) either:
    (i) the service is providing specialist ATSI programs; or
    (ii) the provider has given a written undertaking that the service will begin providing specialist ATSI programs within 3 months after the application is made.

(3) In deciding whether to make a determination under subsection (2), the Secretary may have regard to any information that the Secretary considers relevant (including information that has become available since the application was made).

Notice of making of determination

(4) If the Secretary decides to make a determination under subsection (2) that the residential care service has specialised ATSI status, the Secretary must give the approved provider written notice of the following:
  (a) the decision;
  (b) that the service has specialised ATSI status on each day during the period that:
    (i) begins on the first day of the first payment period that begins after the date of the notice; and
    (ii) ends at the end of the 3 year period beginning on that first day unless that status of the service is revoked earlier under Division 3 of this Part.

Notice of decision not to make determination

(5) If the Secretary decides not to make a determination under subsection (2) that the residential care service has specialised ATSI status, the Secretary must give the approved provider written notice of the following:
  (a) the decision;
  (b) the reasons for the decision;
  (c) that the provider may apply for reconsideration of the decision under section 64Z.

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Division 2—Specialised homeless status

64R Specialised homeless status

Specialised homeless status during homeless transition period

(1) A residential care service ***has specialised homeless status*** on each day during the homeless transition period for the service if:

(a) either:

(i) the homeless supplement applied to a care recipient for a day (the ***test day***) during the payment period beginning on 1 June 2022; or

(ii) the homeless supplement applied to a care recipient for a day (the ***test days***) during at least 8 of the payment periods occurring between 1 July 2021 and 30 June 2022; and

(b) the recipient was provided with residential care through the service on the test day or test days (as the case may be).

Note: A residential care service may be taken not to have specialised homeless status in certain circumstances (see section 64S).

(2) A residential care service ***has specialised homeless status*** on each day during the homeless transition period for the service if an election in relation to the service has been given to the Secretary in accordance with section 64S.

(3) The ***homeless transition period*** for a residential care service is the period that:

(a) begins on:

(i) if the service has specialised homeless status under subsection (1)—1 October 2022; or

(ii) if the service has specialised homeless status under subsection (2)—the first day of the first payment period that begins after the election referred to in that subsection is given to the Secretary; and

(b) ends at the end of 31 March 2023 unless the specialised homeless status of the service is revoked earlier under Division 3 of this Part.

Determination of specialised homeless status

(4) A residential care service ***has specialised homeless status*** on a day if:

(a) a determination has been made under subsection 64U(2) in relation to the service; and

(b) the day is a day during the period specified in the notice relating to the determination that was given under subsection 64U(4).

Note: The period specified in the notice may end earlier if the specialised homeless status of the service is revoked under Division 3 of this Part.

64S Circumstances in which residential care service may not have specialised homeless status

(1) If, on 1 October 2022, a residential care service:

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(a) has specialised ATSI status under subsection 64N(1); and
(b) has specialised homeless status under subsection 64R(1);

the service is taken, despite subsection 64R(1), not to have specialised homeless status unless an election under subsection (2) of this section is given in relation to the service.

(2) The approved provider that operates the residential care service may elect to have subsection 64R(1) apply in relation to the service.

(3) The election must:
(a) be made in writing; and
(b) be given to the Secretary before the end of the ATSI transition period for the residential care service.

64T Application for determination that residential care service has specialised homeless status

(1) An approved provider may apply to the Secretary for a determination that a residential care service operated by the provider has specialised homeless status.

(2) The application must:
(a) be made in writing; and
(b) be in a form approved by the Secretary (if any); and
(c) be accompanied by any documents or information specified by the Secretary.

Request for further information

(3) If the Secretary needs further information to make a decision on the application, the Secretary may, by written notice, request the approved provider to give further information to the Secretary within 28 days after the notice is given.

(4) If the approved provider does not give the requested further information within the period mentioned in subsection (3), the application is taken to be withdrawn at the end of that period.

(5) A notice given under subsection (3) must set out the effect of subsection (4).

Bar on application if previous specialised homeless status revoked

(6) If:
(a) the residential care service previously had specialised homeless status on a day; and
(b) that status of the service was revoked under section 64Y;

the approved provider must not make an application in relation to the service under subsection (1) until at least 3 months have passed since that revocation took effect.

(7) If subsection (6) applies in relation to an approved provider in respect of a residential care service, then both of the following apply:

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(a) the Secretary is not required to consider an application made under subsection (1) in relation to the service before the end of the period specified in subsection (6);
(b) the application is taken to be withdrawn.

64U Determination that residential care service has specialised homeless status

(1) This section applies if an approved provider makes an application under subsection 64T(1) for a determination that a residential care service has specialised homeless status.

Determination by Secretary

(2) The Secretary must determine that the residential care service has specialised homeless status if the Secretary is satisfied that:
(a) on the day before the application was made, at least 50% of the care recipients (including continuing care recipients) provided with residential care as non-respite care through the service demonstrated complex behavioural needs and social disadvantage associated with their background as a homeless person; and
(b) the approved provider, or an individual who is one of the key personnel of the provider, has demonstrated experience in providing, or the capacity to provide, specialist homeless programs; and
(c) either:
(i) the service is providing specialist homeless programs; or
(ii) the provider has given a written undertaking that the service will begin providing specialist homeless programs within 3 months after the application is made.

(3) In deciding whether to make a determination under subsection (2), the Secretary may have regard to any information that the Secretary considers relevant (including information that has become available since the application was made).

Notice of making of determination

(4) If the Secretary decides to make a determination under subsection (2) that the residential care service has specialised homeless status, the Secretary must give the approved provider written notice of the following:
(a) the decision;
(b) that the service has specialised homeless status on each day during the period that:
(i) begins on the first day of the first payment period that begins after the date of the notice; and
(ii) ends at the end of the 3 year period beginning on that first day unless that status of the service is revoked earlier under Division 3 of this Part.

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Notice of decision not to make determination

(5) If the Secretary decides not to make a determination under subsection (2) that the residential care service has specialised homeless status, the Secretary must give the approved provider written notice of the following:
  (a) the decision;
  (b) the reasons for the decision;
  (c) that the provider may apply for reconsideration of the decision under section 64Z.

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Division 3—Revocation of specialised ATSI or homeless status

64V Automatic revocation of specialised ATSI or homeless status

Automatic revocation of specialised ATSI status

(1) If:

(a) a determination is made under subsection 64U(2) that a residential care service has specialised homeless status; and

(b) the service would, apart from this subsection, have specialised ATSI status on the first day of the period specified in the notice relating to the determination that was given under subsection 64U(4);

the specialised ATSI status of the service is revoked immediately before that day.

Automatic revocation of specialised homeless status

(2) If:

(a) a determination is made under subsection 64Q(2) that a residential care service has specialised ATSI status; and

(b) the service would, apart from this subsection, have specialised homeless status on the first day of the period specified in the notice relating to the determination that was given under subsection 64Q(4);

the specialised homeless status of the service is revoked immediately before that day.

64W Revocation of specialised ATSI or homeless status on request by the approved provider

(1) If a residential care service operated by an approved provider has specialised ATSI status, or specialised homeless status, on a day, the provider may, in writing, request the Secretary to revoke that status of the service.

(2) If a request for the revocation of the specialised ATSI status or specialised homeless status of the service is made under subsection (1), the Secretary must revoke that status and give the approved provider written notice of the following:

(a) the revocation;

(b) that the revocation takes effect on the first day of the first payment period that begins after the date of the notice.

64X Revocation of specialised ATSI status by the Secretary

(1) If:

(a) a residential care service operated by an approved provider has specialised ATSI status on a day; and

(b) the Secretary is satisfied that:

(i) the ATSI care percentage for the service for 3 consecutive payment periods is less than 50%; or

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(ii) if a determination was made under subsection 64Q(2) in relation to the service—the service did not provide specialist ATSI programs on any day after the end of the period of 3 months after the application for that determination was made;

the Secretary may revoke that status of the service.

ATSI care percentage

(2) The ***ATSI care percentage*** for a residential care service for a payment period is worked out using the following formula:

$$\frac{\text{Care for ATSI residents}}{\text{Care for all residents}} \times 100$$

where:

care for all residents means the total number of days in the payment period on which the residential care service provided residential care as non-respite care to each care recipient who is approved under Part 2.3 of the Act as a recipient of that kind of care.

care for ATSI residents means the total number of days in the payment period on which the residential care service provided residential care as non-respite care to each care recipient:

(a) who the Secretary is satisfied is an Aboriginal or Torres Strait Islander person; and
(b) who is approved under Part 2.3 of the Act as a recipient of that kind of care.

Notice of revocation of specialised ATSI status

(3) If the Secretary decides to revoke the specialised ATSI status of a residential care service under subsection (1), the Secretary must give the approved provider written notice of the following:

(a) the decision;
(b) the reasons for the decision;
(c) that the revocation takes effect on the first day of the first payment period that begins after the date of the notice;
(d) the effect of subsections 64P(6) and (7);
(e) that the provider may apply for reconsideration of the decision under section 64Z.

64Y Revocation of specialised homeless status by the Secretary

(1) If:

(a) a residential care service operated by an approved provider has specialised homeless status on a day; and
(b) the Secretary is satisfied that:

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(i) the homeless care percentage for the service for 3 consecutive payment periods is less than 50%; or

(ii) if a determination was made under subsection 64U(2) in relation to the service—the service did not provide specialist homeless programs on any day after the end of the period of 3 months after the application for that determination was made;

the Secretary may revoke that status of the service.

Homeless care percentage

(2) The ***homeless care percentage*** for a residential care service for a payment period is worked out using the following formula:

$$\frac{\text{Care for homeless residents}}{\text{Care for all residents}} \times 100$$

where:

care for all residents means the total number of days in the payment period on which the residential care service provided residential care as non-respite care to each care recipient who is approved under Part 2.3 of the Act as a recipient of that kind of care.

care for homeless residents means the total number of days in the payment period on which the residential care service provided residential care as non-respite care to each care recipient:

(a) who the Secretary is satisfied demonstrates complex behavioural needs and social disadvantage associated with the recipient's background as a homeless person; and

(b) who is approved under Part 2.3 of the Act as a recipient of that kind of care.

Notice of revocation of specialised homeless status

(3) If the Secretary decides to revoke the specialised homeless status of a residential care service under subsection (1), the Secretary must give the approved provider written notice of the following:

(a) the decision;

(b) the reasons for the decision;

(c) that the revocation takes effect on the first day of the first payment period that begins after the date of the notice;

(d) the effect of subsections 64T(6) and (7);

(e) that the provider may apply for reconsideration of the decision under section 64Z.

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Division 4—Reconsideration of decisions

64Z Reconsideration of certain decisions on request

Request for reconsideration

(1) An approved provider that operates a residential care service may request the Secretary to reconsider a decision (the ***reviewable decision***) of the following kind:
  (a) a decision not to make a determination under subsection 64Q(2) in relation to the service;
  (b) a decision not to make a determination under subsection 64U(2) in relation to the service;
  (c) a decision to revoke the specialised ATSI status of the service under subsection 64X(1);
  (d) a decision to revoke the specialised homeless status of the service under subsection 64Y(1).

(2) The request must:
  (a) be made in writing; and
  (b) set out the reasons for the request; and
  (c) be given to the Secretary within 28 days after the approved provider is notified of the reviewable decision.

Reconsideration by the Secretary

(3) If an approved provider makes a request under subsection (1) for the reconsideration of a reviewable decision, the Secretary must:
  (a) personally reconsider the decision; or
  (b) cause the decision to be reconsidered by a delegate of the Secretary who:
    (i) was not involved in making the decision; and
    (ii) occupies a position that is at least the same level as that occupied by the person who made the decision.

(4) After reconsidering the reviewable decision, the Secretary or delegate (as the case may be) must:
  (a) affirm the decision; or
  (b) vary the decision; or
  (c) set the decision aside and substitute a new decision.

(5) The Secretary or delegate (as the case may be) must give written notice of the following to the approved provider:
  (a) the decision made under subsection (4);
  (b) the date that decision takes effect;
  (c) the reasons for that decision.

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(6) The Secretary or delegate (as the case may be) is taken to have affirmed the reviewable decision if a notice under subsection (5) is not given to the approved provider within 28 days after the provider's request was received by the Secretary.

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Part 3—Basic subsidy amount

Division 1—Purpose of this Part

64ZA Purpose of this Part

This Part is made for the purposes of subsection 44-3(2) of the Act.

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Division 2—Basic subsidy amount for care recipient provided with residential care as non-respite care

64ZB Basic subsidy amount—classification of care recipient is in effect

(1) If a classification of a care recipient for non-respite care is in effect on a day (the ***relevant day***), the basic subsidy amount for the recipient for the relevant day is the amount equal to the sum of:

(a) the non-respite classification amount for the recipient for that day; and

(b) the service amount for the recipient for that day.

Note: For when a classification of a care recipient is in effect, see Part 11A of Chapter 3 of the *Classification Principles 2014*.

(2) If:

(a) the care recipient is on extended hospital leave on the relevant day; and

(b) the relevant day is on or after the 29th day of the recipient's leave;

then, despite subsection (1), the basic subsidy amount for the recipient for that day is the service amount for the recipient for that day.

64ZC Basic subsidy amount—care recipient not classified

(1) If, on a day (the ***relevant day***), a care recipient has not yet been classified for non-respite care under Part 2.4A of the Act, then, subject to this section, the basic subsidy amount for the recipient for the relevant day is the amount equal to the sum of:

(a) the amount equal to the non-respite classification amount that would be worked out for the recipient for that day if it were assumed that:

(i) a classification of the recipient for non-respite care were in effect on that day; and

(ii) the classification level for the classification of the recipient were Class 8; and

(b) the service amount for the recipient for that day.

Note: See section 40 of the *Classification Principles 2014* for the classification levels for classifications for non-respite care.

Entry for palliative care

(2) If:

(a) on the relevant day, the care recipient is provided with residential care as non-respite care in the form of palliative care through the residential care service in question; and

(b) the approved provider of the service notified, in accordance with section 63-1B of the Act, the Secretary of the recipient's entry into that service for the provision of such care; and

(c) the recipient is not on extended hospital leave on the relevant day;

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then the basic subsidy amount for the recipient for the relevant day is the amount equal to the sum of:

(d) the amount equal to the non-respite classification amount that would be worked out for the recipient for that day if it were assumed that:
  (i) a classification of the recipient for non-respite care were in effect on that day; and
  (ii) the classification level for the classification of the recipient were Class 1; and

(e) the service amount for the recipient for that day.

Note: See section 40 of the *Classification Principles 2014* for the classification levels for classifications for non-respite care.

Extended hospital leave

(3) If:

(a) the care recipient is on extended hospital leave on the relevant day; and

(b) the relevant day is on or after the 29th day of the recipient's leave;

then the basic subsidy amount for the recipient for that day is the service amount for the recipient for that day.

Care recipient classified after the relevant day

(4) If:

(a) the care recipient is classified for non-respite care under Part 2.4A of the Act after the relevant day; and

(b) the classification has effect on the relevant day;

this section is to be taken not to have applied in relation to the recipient in respect of that day.

Note: A classification may take effect on a day that is before the day a care recipient is classified (see Part 11A of Chapter 3 of the *Classification Principles 2014*).

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Division 3—Basic subsidy amount for care recipient provided with residential care as respite care

64ZD Basic subsidy amount—classification of care recipient is in effect

(1) This section applies in relation to a care recipient for a day (the ***relevant day***) if a classification of the recipient for respite care is in effect on the relevant day.

Note: For when a classification of a care recipient is in effect, see Part 11A of Chapter 3 of the *Classification Principles 2014*.

(2) If:

(a) the care recipient has previously been provided with residential care as respite care on a number of days during the financial year in which the relevant day occurs; and

(b) that number of days is less than the number applicable under paragraph 23(1)(c) of the *Subsidy Principles 2014*;

then the basic subsidy amount for the recipient for the relevant day is the amount equal to the sum of the respite classification amount, and the service amount, for the recipient for that day.

(3) If:

(a) the care recipient has previously been provided with residential care as respite care on a number of days during the financial year in which the relevant day occurs; and

(b) that number of days is equal to, or greater than, the number applicable under paragraph 23(1)(c) of the *Subsidy Principles 2014*;

then the basic subsidy amount for the recipient for the relevant day is nil.

64ZE Basic subsidy amount—care recipient not classified

(1) If, on a day (the ***relevant day***), a care recipient has not yet been classified for respite care under Part 2.4A of the Act, then, subject to this section, the basic subsidy amount for the recipient for the relevant day is the amount equal to the sum of:

(a) the amount equal to the respite classification amount that would be worked out for the recipient for that day if it were assumed that:

(i) a classification of the recipient for respite care were in effect on that day; and

(ii) the classification level for the classification of the recipient were Respite Class 2; and

(b) the service amount for the recipient for that day.

Note: See section 39 of the *Classification Principles 2014* for the classification levels for classifications for respite care.

(2) If:

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(a) the care recipient is classified for respite care under Part 2.4A of the Act after the relevant day; and

(b) the classification has effect on the relevant day;

this section is to be taken not to have applied in relation to the recipient in respect of that day.

Note: A classification may take effect on a day that is before the day a care recipient is classified (see Part 11A of Chapter 3 of the *Classification Principles 2014*).

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Part 4—Adjusted basic subsidy amount

64ZF Purpose of this Part

This Part is made for the purposes of subsection 44-21(6A) of the Act.

64ZG Adjusted basic subsidy amount—care recipient provided with residential care as non-respite care

The adjusted basic subsidy amount for a care recipient for a day on which the recipient is provided with residential care as non-respite care through a residential care service is the amount equal to the sum of the following amounts:

(a) the non-respite classification amount for the recipient for the day;

(b) the amount equal to the service amount that would be worked out for the recipient for the day under subsection 64M(1) if it were assumed that the service meets, on the day, the requirements set out in column 1 of item 8 of the table in that subsection.

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Part 5—Amounts of primary supplements

Division 1—Purpose of this Part

64ZH Purpose of this Part

This Part is made for the purposes of subsection 44-5(3) of the Act.

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Division 2—Respite supplement

64ZI Amount of respite supplement

The amount of the respite supplement for a day for a care recipient is the applicable amount for the day for the recipient.

Note: The respite supplement is set out in Subdivision A of Division 3 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*. Eligibility for the supplement is dealt with in that Subdivision.

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Division 3—Oxygen supplement

64ZJ Amount of oxygen supplement

The amount of the oxygen supplement for a day for a care recipient is $14.11.

Note: The oxygen supplement is set out in Subdivision B of Division 3 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*. Eligibility for the supplement is dealt with in that Subdivision.

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Division 4—Enteral feeding supplement

64ZK Amount of enteral feeding supplement

The amount of the enteral feeding supplement for a day for a care recipient is:

(a) for bolus feeding—$22.36; and

(b) for non-bolus feeding—$25.11.

Note: The enteral feeding supplement is set out in Subdivision C of Division 3 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*. Eligibility for the supplement is dealt with in that Subdivision.

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Part 6—Reductions in subsidy

64ZL Care subsidy reduction—annual cap

For the purposes of subsection 44-21(7) of the Act, the annual cap is $34,311.23.

64ZM Care subsidy reduction—lifetime cap

For the purposes of subsection 44-21(8) of the Act, the lifetime cap is $82,347.13.

64ZN Care subsidy reduction—first asset threshold and second asset threshold

For the purposes of subsection 44-22(3) of the Act:

(a) the first asset threshold is $206,663.20; and

(b) the second asset threshold is $496,989.60.

64ZO Care subsidy reduction—maximum home value

For the purposes of the definition of ***maximum home value*** in subsection 44-26B(1) of the Act, the amount is $206,663.20.

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Part 7—Amounts of other supplements

Division 1—Accommodation supplement

64ZP Amount of accommodation supplement

(1) This section is made for the purposes of subsection 44-28(4) of the Act.

Note: Subdivision A of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014* also deals with the accommodation supplement.

(2) Subject to subsections (4), (5) and (6), the amount of the accommodation supplement for a day for a care recipient provided with residential care as non-respite care through a residential care service is:

(a) if the residential care percentage for the service for the payment period in which the day occurs is 40% or more—the applicable amount for the day for the recipient; or

(b) otherwise—the amount worked out by reducing the applicable amount for the day for the recipient by 25%.

Residential care percentage

(3) The ***residential care percentage*** for a residential care service for a payment period is worked out using the following formula:

$$\frac{\text{Care for relevant residents}}{\text{Care for all residents}} \times 100$$

where:

care for all residents means the total number of days, in the payment period, on which the residential care service provided residential care as non-respite care to each care recipient:

(a) who is approved under Part 2.3 of the Act as a recipient of that kind of care; and

(b) who is not an excluded resident.

care for relevant residents means the total number of days, in the payment period, on which the residential care service provided residential care as non-respite care to each care recipient:

(a) who is approved under Part 2.3 of the Act as a recipient of that kind of care; and

(b) who is a relevant resident; and

(c) who is not an excluded resident.

excluded resident: a care recipient is an ***excluded resident*** if both of the following apply in relation to the recipient:

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(a) the recipient is provided with residential care as non-respite care on an extra service basis (within the meaning of subsection 36-1(1) of the Act) on a day;
(b) a determination is not in force under section 52K-1 of the Act in relation to the recipient on the day.

relevant resident means each of the following:
(a) a care recipient who is eligible for a concessional resident supplement for a day under section 44-6 of the *Aged Care (Transitional Provisions) Act 1997*;
(b) a supported resident (within the meaning of that Act);
(c) a low-means care recipient (within the meaning of the *Subsidy Principles 2014*).

Reduced amount—means tested amount for the care recipient

(4) If the means tested amount for the care recipient on the day is equal to, or more than, the amount of the accommodation supplement that would, apart from this subsection, apply under subsection (2) for the day for the recipient, then the amount of the accommodation supplement for the day for the recipient is nil.

(5) If the means tested amount (the ***first amount***) for the care recipient on the day is greater than zero but less than the amount of the accommodation supplement (the ***second amount***) that would, apart from this subsection, apply under subsection (2) for the day for the recipient, then the amount of the accommodation supplement for the day for the recipient is the amount equal to the difference between:
(a) the first amount; and
(b) the second amount.

Reduced amount—financial hardship

(6) If a determination is in force under section 52K-1 of the Act in relation to the care recipient on the day, then the amount of the accommodation supplement for the day for the recipient is the amount equal to the difference between:
(a) the amount of the accommodation supplement that would, apart from this subsection, apply under subsection (2) of this section for the day for the recipient; and
(b) the amount specified in the determination.

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Division 2—Hardship supplement

64ZQ Amount of hardship supplement

For the purposes of subsection 44-30(5) of the Act, the amount of the hardship supplement for a day for a care recipient in relation to whom a determination is in force under section 44-31 of the Act is the amount equal to the difference between:

(a) the maximum daily amount of resident fees (within the meaning of section 52C-3 of the Act) payable by the recipient; and

(b) the amount specified in the determination.

Note: Subdivision B of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014* also deals with the hardship supplement.

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Division 3—Veterans' supplement

64ZR Amount of veterans' supplement

For the purposes of subsection 44-27(3) of the Act, the amount of the veterans' supplement for a day for a care recipient is $7.99.

Note: The veterans' supplement is set out in Subdivision D of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*. Eligibility for the supplement is dealt with in that Subdivision.

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Division 4—Initial entry adjustment supplement

64ZS Amount of initial entry adjustment supplement

For the purposes of subsection 44-27(3) of the Act, the amount of the initial entry adjustment supplement for a care recipient in respect of a payment period is the amount worked out by multiplying the national efficient price by 5.28.

Note: The initial entry adjustment supplement is set out in Subdivision I of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*. Eligibility for the supplement is dealt with in that Subdivision.

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Division 5—Hotelling supplement

64ZT Amount of hotelling supplement

For the purposes of subsection 44-27(3) of the Act, the amount of the hotelling supplement for a day for a care recipient is $13.46.

Note: The hotelling supplement is set out in Subdivision J of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*. Eligibility for the supplement is dealt with in that Subdivision.

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Division 6—Registered nurse supplement

64ZU Amount of registered nurse supplement

(1) This section is made for the purposes of subsection 44-27(3) of the Act.

Note: The registered nurse supplement is set out in Subdivision K of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*. Eligibility for the supplement is dealt with in that Subdivision.

(2) The amount of the registered nurse supplement for a day during a payment period for a care recipient is:

$$\frac{\text{Service supplement amount}}{\text{Total service care days}}$$

where:

service supplement amount is the service supplement amount for the payment period, determined under subsections (3) and (4), for the residential care service through which residential care is provided to the care recipient.

total service care days is the total number of days of eligible residential care provided in respect of care recipients during the payment period through that residential care service.

Service supplement amount

(3) Subject to subsection (4), the service supplement amount for a payment period for a residential care service is the sum of the facility amounts, determined under subsections (5) to (6C), for each qualifying facility for the period at which days of eligible residential care are provided in respect of care recipients during the period through that service.

(4) If, during a payment period, days of eligible residential care are provided in respect of care recipients at a qualifying facility for the period through more than one residential care service, the facility amount for the facility is to be apportioned between the services, in proportion to the number of days of eligible care provided at the facility through each service.

Facility amount—group A facilities in MM category 1

(5) The facility amount for a payment period, for a group A facility for the period with a street address in the MM category known as MM 1, is the amount set out in the following table for the average daily care count for the facility for the period.

Facility amount—group A facilities in MM category 1

Item	Average daily care count	Facility amount ($)
1	Less than or equal to 20	27,802

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Facility amount—group A facilities in MM category 1		
Item	**Average daily care count**	**Facility amount ($)**
2	More than 20 but less than or equal to 25	24,790
3	More than 25 but less than or equal to 30	13,531
4	More than 30 but less than or equal to 35	10,982
5	More than 35 but less than or equal to 40	8,434
6	More than 40 but less than or equal to 45	5,885
7	More than 45 but less than or equal to 50	3,337

Facility amount—group A facilities in MM categories 2 and 3

(5A) The facility amount for a payment period, for a group A facility for the period with a street address in the MM category known as MM 2 or MM 3, is the amount set out in the following table for the average daily care count for the facility for the period.

Facility amount—group A facilities in MM categories 2 and 3		
Item	**Average daily care count**	**Facility amount ($)**
1	Less than or equal to 20	30,536
2	More than 20 but less than or equal to 25	27,228
3	More than 25 but less than or equal to 30	14,860
4	More than 30 but less than or equal to 35	12,062
5	More than 35 but less than or equal to 40	9,263
6	More than 40 but less than or equal to 45	6,464
7	More than 45 but less than or equal to 50	3,664

Facility amount—group A facilities in MM categories 4 and 5

(5B) The facility amount for a payment period, for a group A facility for the period with a street address in the MM category known as MM 4 or MM 5, is the amount set out in the following table for the average daily care count for the facility for the period.

Facility amount—group A facilities in MM categories 4 and 5		
Item	**Average daily care count**	**Facility amount ($)**
1	Less than or equal to 5	72,840
2	More than 5 but less than or equal to 10	61,804
3	More than 10 but less than or equal to 15	50,767
4	More than 15 but less than or equal to 20	39,731
5	More than 20 but less than or equal to 25	27,912
6	More than 25 but less than or equal to 30	15,234
7	More than 30 but less than or equal to 35	12,364
8	More than 35 but less than or equal to 40	9,495

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Facility amount—group A facilities in MM categories 4 and 5		
Item	**Average daily care count**	**Facility amount ($)**
9	More than 40 but less than or equal to 45	6,626
10	More than 45 but less than or equal to 50	3,756

Facility amount—group A facilities in MM categories 6 and 7

(5C) The facility amount for a payment period, for a group A facility for the period with a street address in the MM category known as MM 6 or MM 7, is the amount set out in the following table for the average daily care count for the facility for the period.

Facility amount—group A facilities in MM categories 6 and 7		
Item	**Average daily care count**	**Facility amount ($)**
1	Less than or equal to 5	86,378
2	More than 5 but less than or equal to 10	73,290
3	More than 10 but less than or equal to 15	60,203
4	More than 15 but less than or equal to 20	47,115
5	More than 20 but less than or equal to 25	33,099
6	More than 25 but less than or equal to 30	18,065
7	More than 30 but less than or equal to 35	14,663
8	More than 35 but less than or equal to 40	11,261
9	More than 40 but less than or equal to 45	7,857
10	More than 45 but less than or equal to 50	4,455

Facility amount—group B facilities in MM category 1

(6) The facility amount for a payment period, for a group B facility for the period with a street address in the MM category known as MM 1, is the amount set out in the following table for the average daily care count for the facility for the period.

Facility amount—group B facilities in MM category 1		
Item	**Average daily care count**	**Facility amount ($)**
1	Less than or equal to 20	13,902
2	More than 20 but less than or equal to 25	12,395
3	More than 25 but less than or equal to 30	6,766

Facility amount—group B facilities in MM categories 2 and 3

(6A) The facility amount for a payment period, for a group B facility for the period with a street address in the MM category known as MM 2 or MM 3, is the amount set out in the following table for the average daily care count for the facility for the period.

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Facility amount—group B facilities in MM categories 2 and 3		
Item	**Average daily care count**	**Facility amount ($)**
1	Less than or equal to 20	15,268
2	More than 20 but less than or equal to 25	13,614
3	More than 25 but less than or equal to 30	7,431

Facility amount—group B facilities in MM categories 4 and 5

(6B) The facility amount for a payment period, for a group B facility for the period with a street address in the MM category known as MM 4 or MM 5, is the amount set out in the following table for the average daily care count for the facility for the period.

Facility amount—group B facilities in MM categories 4 and 5		
Item	**Average daily care count**	**Facility amount ($)**
1	Less than or equal to 5	36,421
2	More than 5 but less than or equal to 10	30,902
3	More than 10 but less than or equal to 15	25,384
4	More than 15 but less than or equal to 20	19,866
5	More than 20 but less than or equal to 25	13,956
6	More than 25 but less than or equal to 30	7,618

Facility amount—group B facilities in MM categories 6 and 7

(6C) The facility amount for a payment period, for a group B facility for the period with a street address in the MM category known as MM 6 or MM 7, is the amount set out in the following table for the average daily care count for the facility for the period.

Facility amount—group B facilities in MM categories 6 and 7		
Item	**Average daily care count**	**Facility amount ($)**
1	Less than or equal to 5	43,190
2	More than 5 but less than or equal to 10	36,646
3	More than 10 but less than or equal to 15	30,102
4	More than 15 but less than or equal to 20	23,558
5	More than 20 but less than or equal to 25	16,550
6	More than 25 but less than or equal to 30	9,033

Average daily care count

(7) For the purposes of subsections (5) to (6C), the average daily care count for a qualifying facility for a payment period is the total number of days of eligible

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residential care provided in respect of care recipients at the facility during the period, divided by the number of days in the period.

(8) If, during a payment period, days of eligible residential care are provided in respect of care recipients through the same residential care service at more than one residential facility then, for the purposes of subsection (7), the total number of days of eligible residential care provided at each facility is taken to be proportional to the number of operational places allocated in respect of the service, on the last day of the payment period, in respect of the location of each facility.

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Division 7—Outbreak management support supplement

64ZV Amount of outbreak management support supplement

For the purposes of subsection 44-27(3) of the Act, the amount of the outbreak management support supplement for a day for a care recipient is $1.65.

Note: The outbreak management support supplement is set out in Subdivision L of Division 5 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*. Eligibility for the supplement is dealt with in that Subdivision.

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Chapter 3—Home care subsidy

Part 1—Basic subsidy amount

65 Purpose of this Part

For subsection 48-2(2) of the Act, this Part sets out the basic subsidy amounts for a day for a care recipient who is being provided with home care through a home care service.

66 Definitions

In this Part:

suspension period, in relation to the provision of home care, means the period for which the provision of home care is suspended under section 46-2 of the Act.

transition care has the meaning given by section 106 of the *Subsidy Principles 2014*.

67 Basic subsidy amount—general

Subject to sections 67A and 68, the basic subsidy amount for a day for a care recipient is the amount specified in the following table for the level of care that is, on the day, the care recipient's level of care as a prioritised home care recipient determined under subsection 23B-1(1) of the Act.

Basic subsidy amount		
Item	**Level of home care**	**Amount ($)**
1	Level 1	29.31
2	Level 2	51.54
3	Level 3	112.18
4	Level 4	170.07

67A Basic subsidy amount—more than one approved provider eligible for subsidy in respect of a day and a care recipient

If more than one approved provider is eligible for home care subsidy for a day for a particular care recipient, the basic subsidy amount for the day and the care recipient for each approved provider, other than the approved provider that first entered into a home care agreement with the care recipient, is nil.

68 Basic subsidy amount—during suspension period

(1) If the provision of home care to a care recipient is suspended on a temporary basis under section 46-2 of the Act, the basic subsidy amount for a day during

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the suspension period for the care recipient is the amount worked out in accordance with subsection (2), (4) or (5).

(2) If the provision of home care is suspended because the care recipient is receiving transition care, or is attending hospital for the purpose of receiving hospital treatment, the basic subsidy amount for a day during the suspension period is:

(a) for up to 28 consecutive days in the suspension period—the amount specified in the table in section 67 for the level of care that is, on the day, the care recipient's level of care as a prioritised home care recipient determined under subsection 23B-1(1) of the Act; or

(b) for a subsequent consecutive day in the suspension period—the amount that is 25% of the amount specified in the table in section 67 for the level of care that is, on the day, the care recipient's level of care as a prioritised home care recipient determined under subsection 23B-1(1) of the Act.

(3) If a suspension period starts in one financial year and ends in the next financial year, then, for the purpose of calculating the number of consecutive days in subsection (2), the number of days restarts on 1 July of that next financial year.

(4) If the provision of home care is suspended because the care recipient is receiving respite care for which subsidy is payable to an approved provider, the basic subsidy amount for a day during the suspension period is:

(a) for up to 28 days in a financial year when the provision of home care is suspended because the care recipient is receiving the respite care—the amount specified in the table in section 67 for the level of care that is, on the day, the care recipient's level of care as a prioritised home care recipient determined under subsection 23B-1(1) of the Act; or

(b) for a subsequent day in the financial year when the provision of home care is suspended because the care recipient is receiving the respite care—the amount that is 25% of the amount specified in the table in section 67 for the level of care that is, on the day, the care recipient's level of care as a prioritised home care recipient determined under subsection 23B-1(1) of the Act.

Note: The 28 days referred to in paragraph (a) do not need to be consecutive days.

(5) If the provision of home care is suspended for a reason other than a reason referred to in subsection (2) or (4), the basic subsidy amount for a day during the suspension period is:

(a) for up to 28 days in a financial year when the provision of home care to the care recipient is suspended for a reason other than a reason referred to in subsection (2) or (4)—the amount specified in the table in section 67 for the level of care that is, on the day, the care recipient's level of care as a prioritised home care recipient determined under subsection 23B-1(1) of the Act; or

(b) for a subsequent day in the financial year when the provision of home care to the care recipient is suspended for a reason other than a reason referred to in subsection (2) or (4)—the amount that is 25% of the amount specified in the table in section 67 for the level of care that is, on the day, the care

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recipient's level of care as a prioritised home care recipient determined under subsection 23B-1(1) of the Act.

Note: The 28 days referred to in paragraph (a) do not need to be consecutive days.

(6) If, during a financial year, the determination made under subsection 23B-1(1) of the Act in relation to the care recipient is varied (under subsection 23B-2(1) of the Act) to increase the care recipient's level of care as a prioritised home care recipient to a new level, only days on which the provision of home care to the care recipient was suspended whilst the care recipient's level of care as a prioritised home care recipient was the new level are to be counted for the purpose of calculating a number of days under subsection (2), (4) or (5) of this section for the new level.

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Part 2—Amounts of primary supplements

Division 1—Oxygen supplement

69 Purpose of this Division

(1) For subsection 48-3(3) of the Act, this Division sets out the amount of the oxygen supplement for a day for a care recipient.

(2) For this Division, the oxygen supplement is the oxygen supplement set out in Subdivision A of Division 2 of Part 2 of Chapter 3 of the *Subsidy Principles 2014*.

70 Amount of oxygen supplement

(1) Subject to subsections (2) and (3), the amount of the oxygen supplement for a day for a care recipient is $14.25.

(2) If the actual cost to the approved provider of providing oxygen to the care recipient on the day is equal to or more than 125% of the amount referred to in subsection (1) (that is, $17.81), the amount of the oxygen supplement for the day for the care recipient is the amount equivalent to that actual cost.

(3) If the provision of home care to a care recipient is suspended under section 46-2 of the Act on a day referred to in paragraphs 68(2)(b), 68(4)(b) or 68(5)(b) of this Determination, the amount of the oxygen supplement for the day for the care recipient is nil.

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Division 2—Enteral feeding supplement

71 Purpose of this Division

(1) For subsection 48-3(3) of the Act, this Division sets out the amount of the enteral feeding supplement for a day for a care recipient.

(2) For this Division, the enteral feeding supplement is the enteral feeding supplement set out in Subdivision B of Division 2 of Part 2 of Chapter 3 of the *Subsidy Principles 2014*.

72 Amount of enteral feeding supplement

(1) Subject to subsections (2) and (3), the amount of the enteral feeding supplement for a day for a care recipient is:
   (a) for bolus feeding—$22.59; and
   (b) for non-bolus feeding—$25.37.

(2) If the actual cost to the approved provider of providing enteral feeding to the care recipient on the day is equal to or more than 125% of the applicable amount referred to in subsection (1) (that is, $28.24 for bolus feeding and $31.71 for non-bolus feeding), the amount of the enteral feeding supplement for the day for the care recipient is the amount equivalent to that actual cost.

(3) If the provision of home care to a care recipient is suspended under section 46-2 of the Act on a day referred to in paragraphs 68(2)(b), 68(4)(b) or 68(5)(b) of this Determination, the amount of the enteral feeding supplement for the day for the care recipient is nil.

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Division 3—Dementia and cognition supplement

73 Purpose of this Division

(1) For subsection 48-3(3) of the Act, this Division sets out the amount of the dementia and cognition supplement for a day for a care recipient.

(2) For this Division, the dementia and cognition supplement is the dementia and cognition supplement set out in Subdivision C of Division 2 of Part 2 of Chapter 3 of the *Subsidy Principles 2014*.

74 Amount of dementia and cognition supplement

(1) Subject to subsection (2), the amount of the dementia and cognition supplement for a day for a care recipient is the amount that is 11.5% of the basic subsidy amount for the day for the care recipient.

(2) If the provision of home care to a care recipient is suspended under section 46-2 of the Act on a day referred to in paragraphs 68(2)(b), 68(4)(b) or 68(5)(b) of this Determination, the amount of the dementia and cognition supplement for the day for the care recipient is nil.

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Division 4—Veterans' supplement

75 Purpose of this Division

(1) For subsection 48-3(3) of the Act, this Division sets out the amount of the veterans' supplement for a day for a care recipient.

(2) For this Division, the veterans' supplement is the veterans' supplement set out in Subdivision D of Division 2 of Part 2 of Chapter 3 of the *Subsidy Principles 2014*.

76 Amount of veterans' supplement

(1) Subject to subsection (2), the amount of the veterans' supplement for a day for a care recipient is the amount that is 11.5% of the basic subsidy amount for the day for the care recipient.

(2) If the provision of home care to a care recipient is suspended under section 46-2 of the Act on a day referred to in paragraphs 68(2)(b), 68(4)(b) or 68(5)(b) of this Determination, the amount of the veterans' supplement for the day for the care recipient is nil.

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Part 3—Reductions in subsidy

77 Purpose of this Part

This Part sets out the following:

(a) for subsection 48-7(2) of the Act—the first cap and the second cap;
(b) for subsection 48-7(6) of the Act—the income threshold for a care recipient;
(c) for subsection 48-7(7) of the Act—the annual cap for a start-date year for certain classes of care recipients;
(d) for subsection 48-7(8)—the lifetime cap for a care recipient.

78 Care subsidy reduction—first cap and second cap

First cap

(1) For paragraph (c) of step 4 of the care subsidy reduction calculator in subsection 48-7(2) of the Act, the first cap is $18.85.

Second cap

(2) For paragraph (c) of step 5 of the care subsidy reduction calculator in subsection 48-7(2) of the Act, the second cap is $37.70.

79 Care subsidy reduction—income threshold

For subsection 48-7(6) of the Act, the income threshold for a care recipient is as follows:

(a) if the care recipient is a member of a couple—$49,873.20;
(b) if the care recipient is a member of an illness separated couple (within the meaning of the *Social Security Act 1991*)—$64,584.00;
(c) if the care recipient is not a member of a couple—$65,260.00.

80 Care subsidy reduction—annual cap

(1) For subsection 48-7(7) of the Act, this section provides for the annual cap applying at a time (the ***relevant time***) in a start-date year for a care recipient who is being provided with home care through a home care service.

Note: ***Start-date year*** is defined in clause 1 of Schedule 1 to the Act.

(2) If, at the relevant time, the care recipient's income does not exceed the income threshold for the care recipient under section 79, the annual cap applying at that time for the care recipient is $6,862.18.

(3) If, at the relevant time, the care recipient's income exceeds the income threshold for the care recipient under section 79, the annual cap applying at that time for the care recipient is $13,724.45.

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(4) Despite subsection (3), the annual cap applying at the relevant time in the start-date year for the care recipient is $6,862.18 if:

(a) at the relevant time, the care recipient's income exceeds the income threshold for the care recipient under section 79; and

(b) before the relevant time, the care recipient's income did not exceed the income threshold for the care recipient under section 79; and

(c) combined care subsidy reductions totalling $6,862.18 had been made for the care recipient before the relevant time in the start-date year.

81 Care subsidy reduction—lifetime cap

For subsection 48-7(8) of the Act, the lifetime cap for a care recipient is $82,347.13.

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Part 4—Amounts of other supplements

Division 1—Hardship supplement

82 Purpose of this Division

For subsection 48-10(4) of the Act, this Division sets out the amount of the hardship supplement for a day for a care recipient in relation to whom a determination is in force under section 48-11 of the Act.

Note: See also Subdivision A of Division 4 of Part 2 of Chapter 3 of the *Subsidy Principles 2014*.

83 Amount of hardship supplement

(1) Subject to subsection (2), the amount of the hardship supplement for a day for a care recipient in relation to whom a determination (a ***financial hardship determination***) is in force under section 48-11 of the Act is the amount that is the difference between:

(a) the maximum daily amount of home care fees for the care recipient worked out under section 52D-2 of the Act; and

(b) the amount specified in the financial hardship determination.

(2) If the basic subsidy amount for a day and a care recipient for an approved provider is nil because of the operation of section 67A, the amount of the hardship supplement for the day and the care recipient for the approved provider is nil.

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Division 2—Viability supplement

84 Purpose of this Division

(1) For subsection 48-9(3) of the Act, this Division sets out the amount of the viability supplement for a day for a care recipient.

(2) For this Division, the viability supplement is the viability supplement set out in Subdivision B of Division 4 of Part 2 of Chapter 3 of the *Subsidy Principles 2014*.

84A Definitions

In this Division:

ARIA value has the same meaning as in the *Subsidy Principles 2014*.

ARIA value viability supplement amount, for a day for a care recipient, means the amount (if any) that corresponds to the ARIA value for the location where the care recipient resided on that day, as set out in the following table.

ARIA value viability supplement amount

Item	ARIA value	Amount ($)
1	Less than 3.51	0.00
2	At least 3.52 but less than 4.66	6.74
3	At least 4.67 but less than 5.80	8.07
4	At least 5.81 but less than 7.44	11.29
5	At least 7.45 but less than 9.08	13.54
6	At least 9.09 but less than 10.54	18.96
7	At least 10.55	22.78

MMM classification viability supplement amount, for a day for a care recipient, means the amount (if any) that corresponds to the Modified Monash Model classification for the suburb or locality where the care recipient resided on that day, as set out in the following table.

MMM classification viability supplement amount

Item	Modified Monash Model classification	Amount ($)
1	MMM 1	0.00
2	MMM 2	0.00
3	MMM 3	0.00
4	MMM 4	1.29
5	MMM 5	2.87

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MMM classification viability supplement amount		
Item	**Modified Monash Model classification**	**Amount ($)**
6	MMM 6	18.96
7	MMM 7	22.78

Note: In 2025, the Modified Monash Model classification for a suburb or locality was available at the Health Department's website http://www.health.gov.au.

85 Amount of viability supplement

Amount—care recipient to whom subsection 99(1) of the Subsidy Principles 2014 applies

(1) The amount of the viability supplement for a day for a care recipient to whom subsection 99(1) of the *Subsidy Principles 2014* applies is the MMM classification viability supplement amount for a day for the care recipient.

Amount—care recipient to whom subsection 99(2) of the Subsidy Principles 2014 applies

(2) The amount of the viability supplement for a day for a care recipient to whom subsection 99(2) of the *Subsidy Principles 2014* applies is the greater of:
  (a) the ARIA value viability supplement amount for a day for the care recipient; and
  (b) the MMM classification viability supplement amount for a day for the care recipient.

Amount—care recipient to whom subsection 99(3) of the Subsidy Principles 2014 applies

(3) The amount of the viability supplement for a day for a care recipient to whom subsection 99(3) of the *Subsidy Principles 2014* applies is the ARIA value viability supplement amount for a day for the care recipient.

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Chapter 4—Flexible care subsidy

Part 1—Amount of flexible care subsidy—care provided through multi-purpose service

Division 1—Preliminary

86 Purpose of this Part

For section 52-1 of the Act, this Part sets out methods for working out the amount of flexible care subsidy payable for a day in respect of flexible care that is provided through a multi-purpose service.

87 Definitions

In this Part:

accessible location means a location that has an ARIA value of more than 1.84, but not more than 3.51.

ARIA value, in relation to a location, means the value given to that location in accordance with the methodology set out in the document titled *Measuring Remoteness: Accessibility/Remoteness Index of Australia (ARIA)*, Occasional Papers: New Series Number 14, published by the Health Department in October 2001, as the document existed on 1 July 2013.

Note: The document is accessible through the Health Department's website (http://www.health.gov.au).

ARIA value additional amount, for a day for a home care place for a multi-purpose service, means the amount (if any) that corresponds to the ARIA value for the location of the service, as set out in the following table.

ARIA value additional amount

Item	ARIA value	Amount ($)
1	0 to 3.51 inclusive	0.00
2	3.52 to 4.66 inclusive	6.16
3	4.67 to 5.80 inclusive	7.38
4	5.81 to 7.44 inclusive	10.32
5	7.45 to 9.08 inclusive	12.38
6	9.09 to 10.54 inclusive	17.34
7	10.55 to 12 inclusive	20.83

Category A service has the meaning given by section 88.

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Category B service has the meaning given by section 89.

Category C service has the meaning given by section 90.

Category D service has the meaning given by section 90A.

effective home care place, for a multi-purpose service on a day, means a home care place for the service that is an effective place for the service on the day.

effective place: a place allocated to an approved provider in respect of a multi-purpose service is an ***effective place*** for the service on a day if:

(a) on the day, the place is not provisionally allocated; and

(b) the day does not occur in a period (if any) in respect of which the approved provider and the Secretary have agreed, in writing, that the approved provider is unable to provide flexible care in respect of the place.

effective residential care place, for a multi-purpose service on a day, means a residential care place for the service that is an effective place for the service on the day.

Health Department means the Department responsible for the administration of the *National Health Act 1953*.

highly accessible location means a location that has an ARIA value of not more than 1.84.

home care place, for a multi-purpose service, means a place allocated in respect of the service for the provision of care equivalent to home care.

Isolated Remote Area means a Statistical Local Area classified as "Other Remote" in the RRMA Classification.

MMM classification additional amount, for day for a home care place for a multi-purpose service, means the amount (if any) that corresponds to the Modified Monash Model classification for the street address of the service, as set out in the following table.

MMM classification additional amount

Item	Modified Monash Model classification	Amount ($)
1	MMM 1	0.00
2	MMM 2	0.00
3	MMM 3	0.00
4	MMM 4	1.19
5	MMM 5	2.62
6	MMM 6	17.34
7	MMM 7	20.83

Note: In 2023, the Modified Monash Model classification for a street address was available at the Health Department's website http://www.health.gov.au.

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moderately accessible location means a location that has an ARIA value of more than 3.51, but not more than 5.8.

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

Remote Centre means a Statistical Local Area classified as "Remote Centre" in the RRMA Classification.

remote location means a location that has an ARIA value of more than 5.8, but not more than 9.08.

residential care place, for a multi-purpose service, means a place allocated in respect of the service for the provision of residential care.

RRMA Classification means the *Rural, Remote and Metropolitan Area Classification*, 1991 Census Edition, published by the Australian Government Publishing Service, as in force in November 1994.

Rural Outside Large Centre means a Statistical Local Area classified as "Other Rural" or "Small Rural Centre" in the RRMA Classification.

very remote location means a location that has an ARIA value of more than 9.08, but not more than 12.

viability supplement equivalent amount, for a multi-purpose service and a day, means:

(a) for a Category A service—the amount specified in the table in section 97 that relates to the service for the day; or

(b) for a Category B service—the amount specified in section 98 that relates to the service for the day; or

(c) for a Category C service—the amount specified in section 99 that relates to the service for the day; or

(ca) for a Category D service—the amount specified in section 99A that relates to the service for the day; or

(d) for any other multi-purpose service—nil.

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Division 2—Categories of multi-purpose service

88 Category A services

(1) A multi-purpose service is a ***Category A service*** on a day if the service:
  (a) meets the requirements of subsection (2); and
  (b) does not meet the requirements of subsection 90(3) or 90A(3).

(2) A multi-purpose service meets the requirements of this subsection if:
  (a) the service was in operation on 31 December 2004, and, on that date, the point score of the service would have been at least 60 points, under the scoring system set out in the table in this subsection; and
  (b) on 1 January 2005, the point score of the service was either:
    (i) less than 50 points, under the scoring system set out in the table in subsection 90(2); or
    (ii) if the viability supplement equivalent amount for a day for the service as a Category A service is more than the viability supplement equivalent amount for the day for the service if the service were taken to be a Category C service—at least 50 points, under the scoring system set out in the table in subsection 90(2).

Category A services—scoring

Item	Criterion	Points
1	Location:	
	(a) remote zone;	40
	(b) other rural area;	30
	(c) small rural centre;	20
	(d) large rural centre.	10
2	Beds:	
	(a) less than 30;	20
	(b) less than 16.	30
3	Service not co-located with another service and unable to co-locate.	20
4	Supported, concessional or assisted residents:	
	(a) over 70%;	20
	(b) 50% to 70%.	10
5	Caters largely for care recipients who are people with special needs (other than people with special needs only because they live in a rural or remote area or are financially or socially disadvantaged).	10

(3) For paragraph (2)(a), for an item of the table in subsection (2) that has paragraphs, points may be scored under only one paragraph in the item.

(4) For item 1 of the table in subsection (2), a location of a particular kind is a statistical local area of that kind defined in the RRMA Classification.

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(5) For item 3 of the table in subsection (2), a multi-purpose service is taken to be unable to co-locate with another aged care service if:

(a) the service is not on the same site as, or an adjoining site to, another residential care service or a multi-purpose service; or

(b) the service is on the same site as, or an adjoining site to, another residential care service or multi-purpose service, but the total number of places allocated for the provision of residential care and non-acute beds on the same or adjoining site is less than 45; or

(c) the service is more than 25 kilometres from the nearest residential care service; or

(d) for a multi-purpose service in a remote zone—the service is not more than 25 kilometres from the nearest residential care service, and the total number of places in both services is less than 30; or

(e) for a multi-purpose service that is not in a remote zone—the service is not more than 25 kilometres from the nearest residential care service, and the total number of places in both services is less than 16.

89 Category B services

(1) A multi-purpose service is a ***Category B service*** on a day if the service:

(a) meets the requirements of subsection (2) or (3); and

(b) does not meet the requirements of subsection 90(4) or 90A(4).

(2) A multi-purpose service meets the requirements of this subsection if:

(a) the service was in operation on 31 December 2004, and, on that date, the point score of the service would have been at least 40 points, under the scoring system set out in the table in this subsection; and

(b) on 1 January 2005, the point score of the service was either:

(i) less than 50 points, under the scoring system set out in the table in subsection 90(2); or

(ii) if the viability supplement equivalent amount for a day for the service as a Category B service is more than the viability supplement equivalent amount for the day for the service if the service were taken to be a Category C service—at least 50 points, under the scoring system set out in the table in subsection 90(2).

Category B services—scoring

Item	Criterion	Points
1	Location:	
	(a) very remote location;	60
	(b) remote location;	50
	(c) moderately accessible location;	40
	(d) accessible location;	30
	(e) highly accessible location.	0

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Category B services—scoring		
Item	**Criterion**	**Points**
2	Places:	
	(a) less than 20;	30
	(b) more than 19 but less than 30;	20
	(c) more than 29 but less than 45.	10
3	More than 50% of care recipients are people with special needs (other than people who are people with special needs only because they live in rural or remote areas or they are financially or socially disadvantaged).	10

(3) A multi-purpose service meets the requirements of this subsection if:

(a) the service commenced operating on or after 1 January 2005 and before 1 July 2005; and

(b) on the day that the service commenced operating, the point score of the service was at least 40 points, under the scoring system set out in the table in subsection (2); and

(c) also, on the day that the service commenced operating, the point score of the service was either:

(i) less than 50 points, under the scoring system set out in the table in subsection 90(2); or

(ii) if the viability supplement equivalent amount for a day for the service as a Category B service is more than the viability supplement equivalent amount for the day for the service if the service were taken to be a Category C service—at least 50 points, under the scoring system set out in the table in subsection 90(2).

90 Category C services

(1) A multi-purpose service is a ***Category C service*** on a day if the service:

(a) meets the requirements of subsection (2), (3) or (4); and

(b) does not meet the requirements of subsection 90A(5).

(2) A multi-purpose service meets the requirements of this subsection if, on or after 1 January 2005, the service:

(a) is not a Category A service or a Category B service; and

(b) scores at least 50 points, under the scoring system set out in the table in this subsection.

Category C services—scoring		
Item	**Criterion**	**Points**
1	Location:	
	(a) very remote location;	65
	(b) remote location;	55
	(c) moderately accessible location;	40
	(d) accessible location;	30

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Category C services—scoring		
Item	**Criterion**	**Points**
	(e) highly accessible location.	0
2	Places:	
	(a) less than 20;	30
	(b) more than 19 but less than 25;	25
	(c) more than 24 but less than 30;	20
	(d) more than 29 but less than 35;	15
	(e) more than 34 but less than 40;	10
	(f) more than 39 but less than 45.	5
3	More than 50% of care recipients are people with special needs (other than people who are people with special needs only because they live in rural or remote areas or they are financially or socially disadvantaged).	5

(3) A multi-purpose service meets the requirements of this subsection if the service meets the requirements of subsection 88(2) (that is, for a Category A service) and, on at least 1 day on or after 1 January 2005:

(a) the service scores at least 50 points, under the scoring system set out in the table in subsection (2) of this section; and

(b) the viability supplement equivalent amount for a day for the service as a Category C service is equal to or more than the viability supplement equivalent amount for the day for the service if the service were taken to be a Category A service.

(4) A multi-purpose service meets the requirements of this subsection if the service meets the requirements of subsection 89(2) or (3) (that is, for a Category B service) and, on at least 1 day on or after 1 January 2005:

(a) the service scores at least 50 points, under the scoring system set out in the table in subsection (2) of this section; and

(b) the viability supplement equivalent amount for a day for the service as a Category C service is equal to or more than the viability supplement equivalent amount for the day for the service if the service were taken to be a Category B service.

90A Category D services

(1) A multi-purpose service is a ***Category D service*** on a day if the service meets the requirements of subsection (2), (3), (4) or (5).

(2) A multi-purpose service meets the requirements of this subsection if, on or after 1 January 2017, the service:

(a) is not a Category A service, a Category B service or a Category C service; and

(b) scores at least 50 points under the scoring system set out in the table in this subsection.

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Category D services—scoring		
Item	**Criterion**	**Points**
1	Modified Monash Model classification for a street address:	
	(a) MMM 1;	0
	(b) MMM 2;	0
	(c) MMM 3;	0
	(d) MMM 4;	30
	(e) MMM 5;	40
	(f) MMM 6;	55
	(g) MMM 7.	65
2	Places:	
	(a) less than 20;	30
	(b) more than 19 but less than 25;	25
	(c) more than 24 but less than 30;	20
	(d) more than 29 but less than 35;	15
	(e) more than 34 but less than 40;	10
	(f) more than 39 but less than 45.	5
3	More than 50% of care recipients are people with special needs (other than people who are people with special needs only because they live in rural or remote areas or they are financially or socially disadvantaged).	5

Note: In 2017, the Modified Monash Model classification for a street address was available at http://www.doctorconnect.gov.au.

(3) A multi-purpose service meets the requirements of this subsection if the service meets the requirements of subsection 88(2) (that is, for a Category A service) and, on at least one day on or after 1 January 2017:

(a) the service scores at least 50 points under the scoring system set out in the table in subsection (2) of this section; and

(b) the viability supplement equivalent amount for a day for the service as a Category D service is equal to or more than the viability supplement equivalent amount for the day for the service if the service were taken to be a Category A service.

(4) A multi-purpose service meets the requirements of this subsection if the service meets the requirements of subsection 89(2) or (3) (that is, for a Category B service) and, on at least one day on or after 1 January 2017:

(a) the service scores at least 50 points under the scoring system set out in the table in subsection (2) of this section; and

(b) the viability supplement equivalent amount for a day for the service as a Category D service is equal to or more than the viability supplement equivalent amount for the day for the service if the service were taken to be a Category B service.

(5) A multi-purpose service meets the requirements of this subsection if the service meets the requirements of subsection 90(2), (3) or (4) (that is, for a Category C service) and, on at least one day on or after 1 January 2017:

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(a) the service scores at least 50 points under the scoring system set out in the table in subsection (2) of this section; and

(b) the viability supplement equivalent amount for a day for the service as a Category D service is equal to or more than the viability supplement equivalent amount for the day for the service if the service were taken to be a Category C service.

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Division 3—Amount of flexible care subsidy

91 Amount of flexible care subsidy

The amount of flexible care subsidy payable for a day in respect of flexible care that is provided through a multi-purpose service is the amount worked out in accordance with the following formula:

ACWSA + DCMSA + DVEA + HMA + HMAA + OMSA + RCA + RSEA + VEA

where:

ACWSA is the amount worked out by multiplying:

(a) the amount that applies under section 96A for the day for a place for the service; and

(b) the number of effective places for the service on the day.

DCMSA is the amount worked out by multiplying:

(a) the direct care minutes supplement amount that applies under section 93 for the day for a residential care place for the service; and

(b) the number of effective residential care places for the service on the day.

DVEA is the amount worked out by multiplying:

(a) $1.36; and

(b) the number of effective home care places for the service on the day.

HMA is the amount worked out by multiplying:

(a) $47.12; and

(b) the number of effective home care places for the service on the day.

HMAA is the amount worked out by multiplying:

(a) the amount that applies under section 96 for the day for a home care place for the service; and

(b) the number of effective home care places for the service on the day.

OMSA is the amount worked out by multiplying:

(a) $1.65; and

(b) the number of effective places for the service on the day.

RCA is the amount worked out by multiplying:

(a) the amount that applies under section 92 for the day for a residential care place for the service; and

(b) the number of effective residential care places for the service on the day.

RSEA is the respite supplement equivalent amount for the service for the day under section 94.

VEA is the amount worked out by multiplying:

(a) $0.08; and

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(b) the number of effective residential care places for the service on the day.

Note 1: DVEA is short for dementia and cognition supplement and veterans' supplement equivalent amount.

Note 2: HMA is short for home care allowance.

Note 3: OMSA is short for outbreak management support supplement amount.

Note 4: VEA is short for veterans' supplement equivalent amount.

91C Amount of flexible care subsidy on and after 1 July 2021 (addition of 2021 basic daily fee supplement equivalent amount)

(1) Despite section 91, the amount of flexible care subsidy payable for a day in respect of flexible care that is provided through a multi-purpose service is, for a day on or after 1 July 2021 for which the approved provider of the service meets the requirements for eligibility for a 2021 basic daily fee supplement equivalent amount under section 91D, the sum of:
   (a) the amount worked out under section 91 for the day and the service; and
   (b) the amount worked out by multiplying:
      (i) the 2021 basic daily fee supplement equivalent amount; and
      (ii) the number of effective residential care places for the service on the day.

(2) In this section:

2021 basic daily fee supplement equivalent amount means $10.00.

91D Eligibility for 2021 basic daily fee supplement equivalent amount

Notice to Secretary

(1) An approved provider may give the Secretary a notice in accordance with subsection (2), but may give such a notice only once.

(2) The notice must:
   (a) be in writing, in a form approved by the Secretary; and
   (b) include an undertaking to give the Secretary reports in accordance with subsection (8) relating to the quarter in which the notice is given and each subsequent quarter; and
   (c) include any other statements or information required by the approved form.

Eligibility based on giving notice—initial quarter

(3) If the notice is given on or before the 21st day of a quarter, the approved provider meets the requirements for eligibility for a 2021 basic daily fee supplement equivalent amount on each day between the first day of the quarter and the 21st day of the following quarter.

(4) If the notice is given after the 21st day of a quarter and before the end of the quarter, the approved provider meets the requirements for eligibility for a 2021

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basic daily fee supplement equivalent amount on each day between the day the notice is given and the 21st day of the following quarter.

Eligibility based on giving reports—later quarters

(5) Subsections (6) and (7) apply to an approved provider that has given a notice in accordance with subsection (2) in a quarter.

(6) If, on or before the 21st day of a later quarter (the ***current quarter***), the approved provider gives the Secretary a report relating to the previous quarter in accordance with subsection (8), the approved provider meets the requirements for eligibility for a 2021 basic daily fee supplement equivalent amount on each day between the 22nd day of the current quarter and the 21st day of the following quarter.

(7) If, after the 21st day of a later quarter (the ***current quarter***) and on or before the 21st day of the immediately following quarter (the ***following quarter***), the approved provider gives the Secretary a report relating to the quarter immediately before the current quarter in accordance with subsection (8), the approved provider meets the requirements for eligibility for a 2021 basic daily fee supplement equivalent amount on each day between the day the report is given and the 21st day of the following quarter.

Reports

(8) For the purposes of paragraph (2)(b) and subsections (6) and (7), a report relating to a quarter must:
  (a) be in writing, in a form approved by the Secretary; and
  (b) include the information required by the approved form about the quality and quantity of daily living services, with a focus on food and nutrition, provided in the quarter by each multi-purpose service through which the approved provider provides flexible care.

*Meaning of **quarter***

(9) In this section:

quarter means a period of 3 months beginning on 1 January, 1 April, 1 July or 1 October in a year.

92 Applicable amount for residential care place

The amount for a day for a residential care place for a multi-purpose service is the amount worked out in accordance with the following formula:

B + C + V

where:

B is $148.43.

C is the concessional resident equivalent amount specified in section 101 that relates to the region in which the service is located.

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V is the viability supplement equivalent amount for the service for the day.

93 Direct care minutes supplement amount

(1) The direct care minutes supplement amount for a day for a residential care place for a multi-purpose service is:

(a) if the street address of the service is in a State or Territory covered by subsection (2), and has a Modified Monash Model classification of MMM 5, MMM 6 or MMM 7—the amount (if any) that corresponds to the Modified Monash Model classification for the street address, as set out in the following table; or

(b) if paragraph (a) does not apply—nil.

Direct care minutes supplement amount

Item	Modified Monash Model classification	Amount ($)
1	MMM 5	16.00
2	MMM 6	17.37
3	MMM 7	17.89

(2) This subsection covers a State or Territory that is participating in a trial that aims to ensure that set amounts of direct care are provided through multi-purpose services to care recipients.

(3) The Secretary must, by notice published on the Department's website, specify each State or Territory covered by subsection (2).

94 Respite supplement equivalent amount

The respite supplement equivalent amount for a multi-purpose service for a day is the amount specified in the following table for the number of effective residential care places for the service on the day.

Respite supplement equivalent amount

Item	Number of effective residential care places	Amount ($)
1	Less than 11	57.80
2	More than 10 but less than 21	92.48
3	More than 20 but less than 31	104.01
4	More than 30 but less than 41	115.55
5	More than 40	127.15

96 Additional amount of home care subsidy

(1) The additional amount for a day (the ***relevant day***) for a home care place for a multi-purpose service is:

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(a) for a home care place for a multi-purpose service to which subsection (2) does not apply—the MMM classification additional amount for a day for a home care place for the service; and

(b) for a home care place for a multi-purpose service to which subsection (2) applies—the ARIA value additional amount for a day for a home care place for the service.

(2) This subsection applies to a home care place for a multi-purpose service if:

(a) immediately before 1 January 2017, the service was a Category A service, a Category B service or a Category C service; and

(b) on the relevant day, the ARIA value additional amount for a day for a home care place for the service is greater than the MMM classification additional amount for a day for a home care place for the service.

96A Aged care wage supplement amount

The amount for a day for a place allocated in respect of a multi-purpose service is the amount specified in the following table for the person the place is allocated to.

Aged care wage supplement amount

Item	Person place allocated to	Amount ($)
1	Churches of Christ Care in Queensland	25.74
2	Huon Eldercare Limited	30.16
3	Norfolk Island Health and Residential Aged Care Services	14.62
4	Any other person	0.00

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Division 4—Viability supplement equivalent amounts

97 Viability supplement equivalent amounts for Category A services

The viability supplement equivalent amount for a Category A service for a day is the amount specified in the item in the following table that relates to the service on the day.

Viability supplement equivalent amounts—Category A services

Item	Degree of isolation of the service	Number of places allocated in respect of the service	Amount ($)
1	Isolated Remote Area	less than 16	62.09
2	Isolated Remote Area	more than 15 but less than 30	38.18
3	Isolated Remote Area	more than 29	3.87
4	Remote Centre	less than 16	29.65
5	Remote Centre	more than 15 but less than 30	21.06
6	Remote Centre	more than 29	3.87
7	Rural Outside Large Centre	less than 16	12.49
8	Rural Outside Large Centre	more than 15 but less than 30	3.87
9	Rural Outside Large Centre	more than 29	3.87
10	An area not covered by items 1 to 9	not applicable	3.87

Note: Terms used in this table are defined in section 87.

98 Viability supplement equivalent amounts for Category B services

The viability supplement equivalent amount for a Category B service for a day is the amount specified in the item in the following table for the score attained by the service on the day under the scoring system set out in the table in subsection 89(2).

Viability supplement equivalent amounts—Category B services

Item	Score	Amount ($)
1	40	3.87
2	50	4.32
3	60	12.49
4	70	21.06
5	80	29.65
6	90	38.18
7	100	62.09

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99 Viability supplement equivalent amounts for Category C services

The viability supplement equivalent amount for a Category C service for a day is the amount specified in the item in the following table for the score attained by the service on the day under the scoring system set out in the table in subsection 90(2).

Viability supplement equivalent amounts—Category C services

Item	Score	Amount ($)
1	50	9.32
2	55	13.97
3	60	20.90
4	65	25.54
5	70	37.26
6	75	46.42
7	80	57.99
8	85	69.71
9	90	81.27
10	95	90.55
11	100	102.17

99A Viability supplement equivalent amounts for Category D services

The viability supplement equivalent amount for a Category D service for a day is the amount specified in the item in the following table for the score attained by the service on the day under the scoring system set out in the table in subsection 90A(2).

Viability supplement equivalent amounts—Category D services

Item	Score	Amount ($)
1	50	9.32
2	55	13.97
3	60	20.90
4	65	25.54
5	70	37.26
6	75	46.42
7	80	57.99
8	85	69.71
9	90	81.27
10	95	90.55
11	100	102.17

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Division 6—Concessional resident equivalent amounts

101 Concessional resident equivalent amounts

The concessional resident equivalent amount for a multi-purpose service is the amount specified in the item of the following table for the region in which the service is located.

Concessional resident equivalent amounts

Item	Region in which multi-purpose service is located	Amount ($)
	New South Wales	
1	Central Coast	13.42
2	Central West	11.52
3	Far North Coast	12.23
4	Hunter	13.55
5	Illawarra	12.52
6	Inner West	13.99
7	Mid North Coast	12.82
8	Nepean	12.48
9	New England	8.26
10	Northern Sydney	8.06
11	Orana Far West	15.07
12	Riverina Murray	13.41
13	South East Sydney	13.04
14	Southern Highlands	14.12
15	South West Sydney	15.78
16	Western Sydney	12.60
	Victoria	
17	Barwon South Western	8.22
18	Eastern Metro	7.43
19	Gippsland	7.80
20	Grampians	13.76
21	Hume	7.98
22	Loddon-Mallee	12.70
23	Northern Metro	12.60
24	Southern Metro	8.20
25	Western Metro	8.14
	Queensland	
26	Brisbane North	12.27
27	Brisbane South	13.13

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Concessional resident equivalent amounts		
Item	**Region in which multi-purpose service is located**	**Amount ($)**
28	Cabool	13.19
29	Central West	11.52
30	Darling Downs	14.16
31	Far North	12.29
32	Fitzroy	7.20
33	Logan River Valley	14.35
34	Mackay	12.30
35	Northern	11.96
36	North West	18.00
37	South Coast	13.55
38	South West	12.30
39	Sunshine Coast	8.30
40	West Moreton	13.78
41	Wide Bay	12.57
	South Australia	
42	Eyre Peninsula	16.33
43	Hills, Mallee and Southern	14.30
44	Metropolitan East	13.19
45	Metropolitan North	13.38
46	Metropolitan South	13.48
47	Metropolitan West	14.75
48	Mid North	13.43
49	Riverland	14.91
50	South East	13.24
51	Whyalla, Flinders and Far North	13.61
52	Yorke Lower North and Barossa	14.00
	Western Australia	
53	Goldfields	7.20
54	Great Southern	8.17
55	Kimberley	17.61
56	Metropolitan East	13.19
57	Metropolitan North	13.38
58	Metropolitan South East	13.48
59	Metropolitan South West	14.75
60	Mid West	16.06
61	Pilbara	17.30
62	South West	12.30
63	Wheatbelt	12.64

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Concessional resident equivalent amounts		
Item	**Region in which multi-purpose service is located**	**Amount ($)**
	Tasmania	
64	Northern	11.96
65	North Western	13.00
66	Southern	13.59
	Northern Territory	
67	Alice Springs	19.75
68	Barkly	22.63
69	Darwin	17.00
70	East Arnhem	22.63
71	Katherine	12.29
	Australian Capital Territory	
72	Australian Capital Territory	13.90

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Part 2—Amount of flexible care subsidy—care provided through innovative care service

102 Purpose of this Part

For section 52-1 of the Act, this Part sets out the method for working out the amount of flexible care subsidy for a day for a care recipient who is being provided with flexible care through an innovative care service.

103 Definitions

In this Part:

dementia and cognition supplement means the dementia and cognition supplement set out in Subdivision C of Division 2 of Part 2 of Chapter 3 of the *Subsidy Principles 2014*.

eligible care recipient means a care recipient who would be eligible for the dementia and cognition supplement or the veterans' supplement if the care recipient were receiving home care.

innovative care service has the meaning given by section 105 of the *Subsidy Principles 2014*.

veterans' supplement means the veterans' supplement set out in Subdivision D of Division 2 of Part 2 of Chapter 3 of the *Subsidy Principles 2014*.

104 Amount of flexible care subsidy

(1) For a care recipient who is being provided with care through an innovative care service by an approved provider specified in column 1 of an item in the following table, the amount of flexible care subsidy for a day is:
  (a) the amount specified in column 2 of the item; or
  (b) if the care recipient is an eligible care recipient—the sum of:
    (i) the amount specified in column 2 of the item; and
    (ii) $17.88.

Amount of flexible care subsidy

Item	Column 1 Approved provider	Column 2 Amount ($)
1	Multiple Sclerosis Society of Victoria	77.56
2	Helping Hand Aged Care Inc.	70.36
3	Senses Foundation Inc.	88.08
4	Li-Ve Tasmania	79.64
5	New Horizons Enterprises Limited	81.89

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Section 104

Amount of flexible care subsidy		
Item	**Column 1** **Approved provider**	**Column 2** **Amount ($)**
6	Uniting Church in Australia Property Trust (NSW) Springwood Retirement Village	75.64

(2) For a care recipient who is being provided with care through an innovative care service by an approved provider specified in column 1 of an item in the following table, the amount of flexible care subsidy for a day is:

(a) the amount specified in column 2 of the item; or

(b) if the care recipient is an eligible care recipient—the sum of:

(i) the amount specified in column 2 of the item; and

(ii) $5.42.

Amount of flexible care subsidy		
Item	**Column 1** **Approved provider**	**Column 2** **Amount ($)**
1	Riverland Mallee Coorong Local Health Network Incorporated	39.52

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Part 3—Amount of flexible care subsidy—care provided as transition care

105 Purpose of this Part

For section 52-1 of the Act, this Part sets out a method for working out the amount of flexible care subsidy for a day for a care recipient who is being provided with transition care (as defined by section 106 of the *Subsidy Principles 2014*) through a flexible care service.

106 Amount of flexible care subsidy

(1) The amount of flexible care subsidy for a day for a care recipient is the sum of:
  (a) the basic subsidy amount for the day for the care recipient; and
  (b) the dementia and veterans' supplement equivalent amount for the day for the care recipient; and
  (c) the OMSA for the day for the care recipient.

Basic subsidy amount

(2) For paragraph (1)(a), the basic subsidy amount for the day for the care recipient is $249.06.

Dementia and veterans' supplement equivalent amount

(3) For paragraph (1)(b), the dementia and veterans' supplement equivalent amount for the day for the care recipient is $5.02.

OMSA

(4) For paragraph (1)(c), the OMSA for the day for the care recipient is $1.65.

Note 1: OMSA is short for outbreak management support supplement amount.

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Part 4—Amount of flexible care subsidy—care provided as short-term restorative care

106A Purpose of this Part

For section 52-1 of the Act, this Part sets out a method for working out the amount of flexible care subsidy for a day for a care recipient who is being provided with short-term restorative care (as defined by section 106A of the *Subsidy Principles 2014*) through a flexible care service.

106B Amount of flexible care subsidy

(1) The amount of flexible care subsidy for a day for a care recipient is the sum of:
  (a) the basic subsidy amount for the day for the care recipient; and
  (b) the dementia and veterans' supplement equivalent amount for the day for the care recipient.

Basic subsidy amount

(2) For paragraph (1)(a), the basic subsidy amount for the day for the care recipient is $249.06.

Dementia and veterans' supplement equivalent amount

(3) For paragraph (1)(b), the dementia and veterans' supplement equivalent amount for the day for the care recipient is $5.02.

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Chapter 5—Fees and payments

Part 1A—Resident fees

106C Purpose of this Part

This Part is made for the purposes of section 52C-5 of the Act.

106D Maximum daily amount of resident fees for reserving a place

The maximum fee in respect of a day that a care recipient can be charged for reserving a place in a residential care service for the day is the amount equal to the sum of the following amounts:

(a) the maximum daily amount of resident fees (within the meaning of section 52C-3 of the Act) that would have been payable by the recipient if the recipient had been provided with residential care through the service on the day;

(b) the amount of residential care subsidy that would have been payable to the approved provider operating the service in respect of the recipient for the day if:

(i) the recipient had been provided with residential care through the service on the day; and

(ii) it were assumed that the service amount for the recipient for the day were the amount that would be worked out under subsection 64M(1) in respect of a residential care service that meets, on the day, the requirements set out in column 1 of item 8 of the table in that subsection.

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Part 1—Home care fees

107 Purpose of this Part

For paragraph 52D-3(a) of the Act, this Part sets out the basic daily care fee for certain care recipients who are being provided with home care through a home care service.

107A Basic daily care fee

The basic daily care fee is the following amount:

(a) if the care recipient's level of home care is level 1—$11.77;
(b) if the care recipient's level of home care is level 2—$12.45;
(c) if the care recipient's level of home care is level 3—$12.80;
(d) if the care recipient's level of home care is level 4—$13.14.

108 Basic daily care fee during suspension period

If:

(a) the provision of home care to a care recipient is suspended during a period (the ***suspension period***) under section 46-2 of the Act; and
(b) during the suspension period, the care recipient is receiving:
    (i) transition care (as defined by section 106 of the *Subsidy Principles 2014*); or
    (ii) residential care provided as respite care;

the basic daily care fee for a care recipient for a day during the suspension period is nil.

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Part 2—Accommodation payments

109 Purpose of this Part

For section 52G-3 of the Act, this Part specifies:

(a) the maximum refundable accommodation deposit amount that an approved provider may charge a person; and

(b) the method for working out the maximum daily accommodation payment amount that an approved provider may charge a person.

110 Maximum refundable accommodation deposit amount

The maximum refundable accommodation deposit amount that an approved provider may charge a person is $750,000.00.

Note: An approved provider may charge a person a refundable accommodation deposit amount of up to the amount specified in this section without obtaining approval from the Pricing Authority. However, if an approved provider wishes to charge an amount of accommodation payment that is higher than the refundable accommodation deposit amount specified in this section, the approved provider may apply to the Pricing Authority for approval to charge the higher amount (see section 52G-4 of the Act and Division 3 of Part 4 of the *Fees and Payments Principles 2014 (No. 2)*).

111 Maximum daily accommodation payment amount

(1) The maximum daily accommodation payment amount that an approved provider may charge a person is the amount worked out as follows:

Maximum daily accommodation payment amount calculator

Step 1. Work out the maximum permissible interest rate for the person using the calculator in subsection (2).

Step 2. Multiply the rate worked out at step 1 by $750,000.00 (being the maximum refundable accommodation deposit amount referred to in section 110).

Step 3. Divide the amount worked out at step 2 by 365.

The result is the ***maximum daily accommodation payment amount*** that the approved provider may charge the person.

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(2) The maximum permissible interest rate for the person is worked out as follows:

Maximum permissible interest rate calculator

Step 1. Work out the general interest charge rate for the person's price agreement day under section 8AAD of the *Taxation Administration Act 1953*.

Step 2. Multiply the rate worked out at step 1 by the number of days in the calendar year in which the person's price agreement day falls.

Step 3. Subtract 3 percentage points from the amount worked out at step 2.

The result is the ***maximum permissible interest rate*** for the person.

(3) For subsection (2), the person's price agreement day is the day on which the person and the approved provider of the service agree, under paragraph 52F-1(1)(b) of the Act, about the maximum amount that would be payable if the person paid an accommodation payment for the service.

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Part 3—Daily payments

112 Purpose of this Part

For subsection 52H-3(4) of the Act, this Part sets out the maximum rate of interest that may be charged on an outstanding amount of daily payment.

113 Maximum rate of interest that may be charged on outstanding amount of daily payment

(1) The maximum rate of interest that may be charged on an outstanding amount of daily payment is the maximum permissible interest rate for the day (the ***relevant day***) on which the daily payment became due and payable.

(2) The maximum permissible interest rate for the relevant day is worked out as follows:

Maximum permissible interest rate calculator

Step 1. Work out the general interest charge rate for the relevant day under section 8AAD of the *Taxation Administration Act 1953*.

Step 2. Multiply the rate worked out at step 1 by the number of days in the calendar year in which the relevant day falls.

Step 3. Subtract 3 percentage points from the amount worked out at step 2.

The result is the ***maximum permissible interest rate*** for the relevant day.

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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 how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and "(md not incorp)" is added to the amendment history.

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Endnote 2—Abbreviation key

ad = added or inserted

am = amended

amdt = amendment

c = clause(s)

C[x] = Compilation No. x

Ch = Chapter(s)

def = definition(s)

Dict = Dictionary

disallowed = disallowed by Parliament

Div = Division(s)

ed = editorial change

exp = expires/expired or ceases/ceased to have effect

F = Federal Register of Legislation

gaz = gazette

LA = *Legislation Act 2003*

LIA = *Legislative Instruments Act 2003*

(md) = misdescribed amendment can be given effect

(md not incorp) = misdescribed amendment cannot be given effect

mod = modified/modification

No. = Number(s)

o = order(s)

Ord = Ordinance

orig = original

par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)

pres = present

prev = previous

(prev…) = previously

Pt = Part(s)

r = regulation(s)/rule(s)

reloc = relocated

renum = renumbered

rep = repealed

rs = repealed and substituted

s = section(s)/subsection(s)

Sch = Schedule(s)

Sdiv = Subdivision(s)

SLI = Select Legislative Instrument

SR = Statutory Rules

Sub-Ch = Sub-Chapter(s)

SubPt = Subpart(s)

underlining = whole or part not commenced or to be commenced

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Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Aged Care (Subsidy, Fees and Payments) Determination 2014	28 June 2014 (F2014L00875)	1 July 2014 (s 2)	
Aged Care (Subsidy, Fees and Payments) Amendment (September 2014 Indexation) Determination 2014	18 Sept 2014 (F2014L01241)	20 Sept 2014 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (March 2015 Indexation) Determination 2015	18 Mar 2015 (F2015L00316)	20 Mar 2015 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (Indexation, Pre-Entry Leave and Other Measures) Determination 2015	30 June 2015 (F2015L00996)	Sch 1 and 2: 1 July 2015 (s 2(1) items 1, 2) Sch 3: 17 Sept 2015 (s 2(1) item 3)	—
Aged Care (Subsidy, Fees and Payments) Amendment (Removal of Certification and Other Measures) Determination 2015	30 June 2015 (F2015L00997)	1 July 2015 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (September 2015 Indexation) Determination 2015	18 Sept 2015 (F2015L01454)	20 Sept 2015 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (March 2016 Indexation and Other Measures) Determination 2016	18 Mar 2016 (F2016L00349)	20 Mar 2016 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (Short-term Restorative Care) Determination 2016	6 May 2016 (F2016L00674)	6 May 2016 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (July Indexation) Determination 2016	30 June 2016 (F2016L01105)	1 July 2016 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (September 2016 Indexation) Determination 2016	19 Sept 2016 (F2016L01451)	20 Sept 2016 (s 2)	—

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Name	Registration	Commencement	Application, saving and transitional provisions
Aged Care (Subsidy, Fees and Payments) Amendment ((Increasing Consumer Choice) Determination 2016	23 Sept 2016 (F2016L01495)	Sch 1 (items 1–10): 27 Feb 2017 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (Viability Supplement) Determination 2016	16 Dec 2016 (F2016L01984)	1 Jan 2017 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (March 2017 Indexation) Determination 2017	17 Mar 2017 (F2017L00244)	20 Mar 2017 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (Innovative Care) Determination 2017	25 May 2017 (F2017L00599)	26 May 2017 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (July Indexation) Determination 2017	21 June 2017 (F2017L00714)	1 July 2017 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment Determination 2017	23 June 2017 (F2017L00743)	1 July 2017 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (September 2017 Indexation) Determination 2017	13 Sept 2017 (F2017L01180)	20 Sept 2017 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (March 2018 Indexation) Determination 2018	16 Mar 2018 (F2018L00278)	20 Mar 2018 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (July Indexation) Determination 2018	27 June 2018 (F2018L00892)	1 July 2018 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (September 2018 Indexation) Determination 2018	17 Sept 2018 (F2018L01297)	20 Sept 2018 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (March Indexation and Other Measures) Determination 2019	14 Mar 2019 (F2019L00302)	20 Mar 2019 (s 2)	—
Aged Care Legislation Amendment (Reducing Home Care Fees) Instrument 2019	20 June 2019 (F2019L00844)	Sch 1 (items 1, 2): 1 July 2019 (s 2(1) item 1)	—

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Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Aged Care (Subsidy, Fees and Payments) Amendment (July Indexation) Determination 2019	27 June 2019 (F2019L00895)	1 July 2019 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (September Indexation) Determination 2019	19 Sept 2019 (F2019L01218)	20 Sept 2019 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (March Indexation) Determination 2020	19 Mar 2020 (F2020L00275)	20 Mar 2020 (s 2)	—
Aged Care (Subsidy, Fees and Payments) Amendment (Workforce Continuity Funding) Determination 2020	30 Mar 2020 (F2020L00352)	1 Mar 2020 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Subsidies—COVID-19 Support) Instrument 2020	26 May 2020 (F2020L00615)	Sch 1 (items 1, 2): 27 May 2020 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (Adjusted Subsidy Reduction Multi-purpose Services) Determination 2020	29 June 2020 (F2020L00830)	1 July 2020 (s 2 (1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (July Indexation) Determination 2020	30 June 2020 (F2020L00842)	1 July 2020 (s 2 (1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (Cessation of Temporary Funding Increases) Determination 2020	28 Aug 2020 (F2020L01077)	1 Sept 2020 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Subsidies—COVID-19 Support Supplement and Workforce Continuity Funding Measures No. 2) Instrument 2020	18 Sept 2020 (F2020L01183)	Sch 1 (items 1–4): 19 Sept 2020 (s 2(1) item 2) Sch 2 (items 1–15): 1 Sept 2020 (s 2(1) item 3)	—
Aged Care (Subsidy, Fees and Payments) Amendment (September Indexation) Determination 2020	19 Sept 2020 (F2020L01188)	20 Sept 2020 (s 2)	—
Aged Care Legislation Amendment (Basic Subsidy Amount—COVID-19 Support) Determination 2020	10 Feb 2021 (F2021L00111)	Sch 1 (item 1): 11 Feb 2021 (s 2(1) item 1)	—

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Name	Registration	Commencement	Application, saving and transitional provisions
Aged Care (Subsidy, Fees and Payments) Amendment (Cessation of Temporary Home Care Viability Supplement Funding Increases) Determination 2021	24 Feb 2021 (F2021L00146)	1 Mar 2021 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (March Indexation) Determination 2021	16 Mar 2021 (F2021L00237)	20 Mar 2021 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Subsidies—Residential Care Support Supplement) Instrument 2021	29 Mar 2021 (F2021L00355)	Sch 1 (items 1, 2): 30 Mar 2021 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (July Indexation) Determination 2021	29 June 2021 (F2021L00900)	1 July 2021 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Subsidies—Royal Commission Response) Instrument 2021	30 June 2021 (F2021L00913)	Sch 1 (items 1, 2): 1 July 2021 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (September Indexation) Determination 2021	8 Sept 2021 (F2021L01244)	20 Sept 2021 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (March Indexation) Determination 2022	15 Mar 2022 (F2022L00314)	20 Mar 2022 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (July Indexation) Determination 2022	29 June 2022 (F2022L00853)	1 July 2022 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Independent Health and Aged Care Pricing Authority) Instrument 2022	11 Aug 2022 (F2022L01059)	Sch 1 (item 1): 12 Aug 2022 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (September Indexation) Determination 2022	15 Sept 2022 (F2022L01206)	20 Sept 2022 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Residential Aged Care Funding) Instrument 2022	29 Sept 2022 (F2022L01276)	Sch 1 (items 1–5) and Sch 3 (item 8): 1 Oct 2022 (s 2(1) item 1)	—
Aged Care Legislative Amendment (March Indexation) Instrument 2023	17 Mar 2023 (F2023L00236)	Sch 1 (item 1): 20 Mar 2023 (s 2(1) item 1)	—

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Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Aged Care Legislation Amendment (July Indexation and Other Measures) Instrument 2023	26 June 2023 (F2023L00866)	Sch 1: 1 July 2023 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Subsidies) Instrument 2023	27 June 2023 (F2023L00872)	Sch 1 (items 4, 5) and Sch 2: 1 July 2023 (s 2(1) item 1)	—
Aged Care Legislation Amendment (September Indexation and Other Measures) Instrument 2023	18 Sept 2023 (F2023L01261)	Sch 1 (item 1): 20 Sept 2023 (s 2(1) item 1)	—
Aged Care Legislation Amendment (December Additional Subsidy Increases) Determination 2023	30 Nov 2023 (F2023L01587)	Sch 1 (items 1–3): 1 Dec 2023 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Outbreak Management Support Supplement) Instrument 2024	22 Jan 2024 (F2024L00092)	Sch 1 (item 1–4): 23 Jan 2024 (s 2(1) item 1)	—
Aged Care Legislation Amendment (March Indexation) Instrument 2024	18 Mar 2024 (F2024L00330)	Sch 1 (item 1): 20 Mar 2024 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Multi-Purpose Services Subsidy Increase) Instrument 2024	21 Mar 2024 (F2024L00358)	1 Apr 2024 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (Multi-Purpose Services Subsidy Increase No. 2) Determination 2024	20 June 2024 (F2024L00709)	1 July 2024 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Registered Nurse Supplement) Instrument 2024	24 June 2024 (F2024L00765)	Sch 1 (items 3–11): 1 July 2024 (s 2(1) item 1)	—
Aged Care Legislation Amendment (July Indexation) Instrument 2024	27 June 2024 (F2024L00791)	Sch 1: 1 July 2024 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Subsidy and Other Measures) Instrument 2024	13 Sept 2024 (F2024L01156)	Sch 2 (item 1): 20 Sept 2024 (s 2(1) item 3) Sch 3 (items 1–4) and Sch 4 (items 6–8): 1 Oct 2024 (s 2(1) item 4)	—
Aged Care Legislation Amendment (September Indexation) Instrument 2024	13 Sept 2024 (F2024L01157)	Sch 1 (item 1): 20 Sept 2024 (s 2(1) item 1)	—

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Name	Registration	Commencement	Application, saving and transitional provisions
Aged Care Legislation Amendment (Adjusted Basic Subsidy Amount) Determination 2024	30 Sept 2024 (F2024L01235)	Sch 1 (items 1, 2): 1 Oct 2024 (s 2(1) item 1)	—
Aged Care (Subsidy, Fees and Payments) Amendment (Maximum Accommodation Payment) Determination 2024	11 Nov 2024 (F2024L01429)	1 Jan 2024 (s 2(1) item 1)	—
Aged Care Legislation Amendment (January Subsidy Increase) Instrument 2025	13 Dec 2024 (F2024L01663)	Sch 1: 1 Jan 2025 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Outbreak Management Support Supplement) (No. 2) Instrument 2024	20 Dec 2024 (F2024L01718)	Sch 1 (items 1–4): 1 Jan 2025 (s 2(1) item 1)	—
Aged Care Legislation Amendment (March Home Care and Flexible Care Subsidy Increase) Instrument 2025	21 Feb 2025 (F2025L00177)	Sch 1: 1 Mar 2025 (s 2(1) item 1)	—
Aged Care Legislation Amendment (March Residential Care Subsidy Increase) Determination 2025	28 Feb 2025 (F2025L00246)	Sch 1 (items 1, 2): 1 Mar 2025 (s 2(1) item 2) Sch 2 (item 1): 20 Mar 2025 (s 2(1) item 3) Sch 3 (item 1): 1 July 2025 (s 2(1) item 4)	—
Aged Care Legislation Amendment (March Indexation) Instrument 2025	7 Mar 2025 (F2025L00323)	Sch 1 (item 1): 20 Mar 2025 (s 2(1) item 1)	—

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Endnote 4—Amendment history

Provision affected	How affected
Chapter 1	
s 2	rep LIA s 48D
Chapter 2	
Chapter 2 heading	am F2022L01276
Part 1A	
Part 1A	ad F2022L01276
s 4A	ad F2022L01276
Part 1	
Division 1	
s 4	am F2016L01495; F2016L01984; F2020L01183
s 6	am F2022L01276
s 7	am F2015L00996; F2016L01105; F2017L00714; F2017L00743; F2018L00892; F2018L01297; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2021L00900; F2022L00853
s 9	am F2021L00111
s 10	rs F2015L00996
	rep F2015L00996
Division 2	
s 12	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2021L00900; F2022L00853
Part 2	
Division 1	
s 16	am F2015L00997
s 17	am F2014L01241; F2015L00316
	rs F2015L00997
	am F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2021L00237; F2021L01244; F2022L00314; F2022L01206
s 18	am F2014L01241; F2015L00316; F2015L00997; F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2021L00237; F2021L01244; F2022L00314; F2022L01206
Division 2	
s 23	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00842; F2021L00900; F2022L00853
Division 3	
s 25	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00842; F2021L00900; F2022L00853
Division 4	rep 1 Nov 2014 (s 28)

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Provision affected	How affected
s 26	rep 1 Nov 2014 (s 28)
s 27	rep 1 Nov 2014 (s 28)
s 28	rep 1 Nov 2014 (s 28)
Division 5	rep 1 Apr 2015 (s 29(3))
Subdivision A	rep 1 Apr 2015 (s 29(3))
s 29	rep 1 Apr 2015 (s 29(3))
s 30	rep 1 Apr 2015 (s 29(3))
s 31	rep 1 Apr 2015 (s 29(3))
Subdivision B	rep 1 Apr 2015 (s 29(3))
s 32	rep 1 Apr 2015 (s 29(3))
s 33	rep 1 Apr 2015 (s 29(3))
s 34	rep 1 Apr 2015 (s 29(3))
s 35	rep 1 Apr 2015 (s 29(3))
s 36	rep 1 Apr 2015 (s 29(3))
Subdivision C	rep 1 Apr 2015 (s 29(3))
s 37	rep 1 Apr 2015 (s 29(3))
s 38	rep 1 Apr 2015 (s 29(3))
s 39	rep 1 Apr 2015 (s 29(3))
s 40	rep 1 Apr 2015 (s 29(3))
s 41	rep 1 Apr 2015 (s 29(3))
Part 3	
s 43	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00842; F2021L00900; F2022L00853
s 44	am F2014L01241; F2015L00316; F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2021L00237; F2021L01244; F2022L00314; F2022L01206
s 45	am F2014L01241; F2015L00316; F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2021L00237; F2021L01244; F2022L00314; F2022L01206
s 46	am F2014L01241; F2015L00316; F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2021L00237; F2021L01244; F2022L00314; F2022L01206
s 47	am F2014L01241; F2015L00316; F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2021L00237; F2021L01244; F2022L00314; F2022L01206
Part 4	
Division 1	
s 49	am F2015L00997; F2022L01276

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Provision affected	How affected
s 51	am F2014L01241; F2015L00316; F2015L00997; F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2021L00237; F2021L01244; F2022L00314; F2022L01206
s 52	am F2015L00996
Division 2	
s 54	am F2015L00996
Division 3	
s 56	am F2016L01984
s 57	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853
s 58	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853
s 59	am F2015L00996; F2016L01105; F2016L01984; F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853
s 60	am F2015L00996; F2016L01105
	rs F2016L01984
	ed C10
	am F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853
s 60A	ad F2016L01984
	am F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853
s 60B	ad F2016L01984
	am F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853
Division 4	
s 62	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00842; F2021L00900; F2022L00853
Division 5	
s 64	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853
Division 6	
Division 6 heading	am F2020L01183
Division 6	ad F2020L00615
s 64A	ad F2020L00615
s 64B	ad F2020L00615
	rs F2020L01183

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Provision affected	How affected
Division 7	
Division 7	ad F2021L00355
s 64C	ad F2021L00355
s 64D	ad F2021L00355
Division 8	
Division 8	ad F2021L00913
s 64E	ad F2021L00913
s 64F	ad F2021L00913
Chapter 2A	
Chapter 2A	ad F2022L01276
Part 1	
s 64G	ad F2022L01276
s 64H	ad F2022L01276
	am F2023L00866; F2023L00872; F2023L01587; F2024L00765; F2024L01156; F2025L00246
	ed C51
s 64J	ad F2022L01276
	am F2023L00236; F2023L01261; F2024L00330; F2024L01157; F2025L00323
s 64K	ad F2022L01276
	am F2024L01156
s 64L	ad F2022L01276
	am F2024L01156
s 64M	ad F2022L01276
	am F2024L01156
Part 2	
Division 1	
s 64N	ad F2022L01276
s 64P	ad F2022L01276
s 64Q	ad F2022L01276
Division 2	
s 64R	ad F2022L01276
s 64S	ad F2022L01276
s 64T	ad F2022L01276
s 64U	ad F2022L01276
Division 3	
s 64V	ad F2022L01276
s 64W	ad F2022L01276
s 64X	ad F2022L01276
s 64Y	ad F2022L01276

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Provision affected	How affected
Division 4	
s 64Z	ad F2022L01276
Part 3	
Division 1	
s 64ZA	ad F2022L01276
Division 2	
s 64ZB	ad F2022L01276
s 64ZC	ad F2022L01276
Division 3	
s 64ZD	ad F2022L01276
s 64ZE	ad F2022L01276
Part 4	
s 64ZF	ad F2022L01276
s 64ZG	ad F2022L01276
Part 4	
s 64ZG	am F2024L01235
Part 5	
Division 1	
s 64ZH	ad F2022L01276
Division 2	
s 64ZI	ad F2022L01276
Division 3	
s 64ZJ	ad F2022L01276
	am F2023L00866; F2024L00791
Division 4	
s 64ZK	ad F2022L01276
	am F2023L00866; F2024L00791
Part 6	
s 64ZL	ad F2022L01276
	am F2023L00236; F2023L01261; F2024L00330; F2024L01157; F2025L00323
s 64ZM	ad F2022L01276
	am F2023L00236; F2023L01261; F2024L00330; F2024L01157; F2025L00323
s 64ZN	ad F2022L01276
	am F2023L00236; F2023L01261; F2024L00330; F2024L01157; F2025L00323
s 64ZO	ad F2022L01276
	am F2023L00236; F2023L01261; F2024L00330; F2024L01157; F2025L00323
Part 7	
Division 1	
s 64ZP	ad F2022L01276

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Provision affected	How affected
Division 2	
s 64ZQ	ad F2022L01276
Division 3	
s 64ZR	ad F2022L01276
	am F2023L00866; F2024L00791
Division 4	
s 64ZS	ad F2022L01276
Division 5	
Division 5	ad F2023L00872
s 64ZT	ad F2023L00872
	am F2023L01261; F2024L00330; F2024L01156; F2025L00246 (Sch 3 item 1)
	ed C52
Division 6	
Division 6	ad F2023L00872
s 64ZU	ad F2023L00872
	am F2023L01587; F2024L00765; F2024L01156; F2025L00246
Division 7	
Division 7	ad F2024L00092
s 64ZV	ad F2024L00092
	am F2024L01718
Chapter 3	
Part 1	
s 67	am F2015L00996; F2016L01105; F2016L01495; F2017L00714; F2018L00892; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2021L00900; F2022L00853; F2023L00866; F2024L00791; F2024L01663; F2025L00177
s 67A	ad F2016L01495
s 68	am F2016L01495
Part 2	
Division 1	
s 70	am F2015L00996; F2016L00349; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00842; F2021L00900; F2022L00853; F2023L00866; F2024L00791; F2024L01663; F2025L00177
Division 2	
s 72	am F2015L00996; F2016L00349; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00842; F2021L00900; F2022L00853; F2023L00866; F2024L00791; F2024L01663; F2025L00177
Division 3	
s 74	rs F2016L00349
	am F2019L00302
Division 4	
s 76	rs F2016L00349

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Provision affected	How affected
	am F2019L00302
Part 3	
s 78	am F2014L01241; F2015L00316; F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2021L00237; F2021L01244; F2022L00314; F2022L01206; F2023L00236; F2023L01261; F2024L00330; F2024L01157; F2025L00323
s 79	am F2014L01241; F2015L00316; F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2020L01188; F2021L00237; F2021L00900; F2021L01244; F2022L00314; F2022L00853; F2022L01206; F2023L00236; F2023L00866; F2023L01261; F2024L00330; F2024L00791; F2024L01157; F2025L00323
s 80	am F2014L01241; F2015L00316; F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2021L00237; F2021L01244; F2022L00314; F2022L01206; F2023L00236; F2023L01261; F2024L00330; F2024L01157; F2025L00323
s 81	am F2014L01241; F2015L00316; F2015L01454; F2016L00349; F2016L01451; F2017L00244; F2017L01180; F2018L00278; F2018L01297; F2019L00302; F2019L01218; F2020L00275; F2021L00237; F2021L01244; F2022L00314; F2022L01206; F2023L00236; F2023L01261; F2024L00330; F2024L01157; F2025L00323
Part 4	
Division 1	
s 83	am F2016L01495
Division 2	
s 84A	ad F2016L01984
	am F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00146; F2021L00900; F2022L00853; F2023L00866; F2024L00791; F2024L01663; F2025L00177
s 85	am F2015L00996; F2016L01105
	rs F2016L01984
Chapter 4	
Part 1	
Division 1	
s 87	am F2016L01984; F2017L00714; F2018L00892; F2019L00895; F2020L00352; F2020L00830; F2020L00842; F2020L01077; F2020L01183; F2021L00146; F2021L00900; F2022L00853; F2023L00866; F2024L00709
Division 2	
s 88	am F2016L01984
s 89	am F2016L01984
s 90	am F2016L01984
s 90A	ad F2016L01984

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Provision affected	How affected
Division 3	
s 91	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2021L00900; F2022L00853; F2023L00866; F2023L00872
	ed C41
	am F2024L00092
	rs F2024L00709
	am F2024L01718
	ed C50
s 91A	ad F2020L00615
	rs F2020L01183
	rep F2024L00709
s 91B	ad F2021L00355
	rep F2024L00709
s 91C	ad F2021L00913
	am F2024L00709
s 91D	ad F2021L00913
s 92	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00352
	rs F2020L00830
	am F2020L00842; F2020L01077
	ed C26
	am F2021L00900; F2022L00853; F2023L00866
	ed C41
	am F2024L00358
	rs F2024L00709
s 93	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2021L00900; F2022L00853; F2023L00866
	ed C41
	am F2024L00358
	rs F2024L00709
s 94	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2021L00900; F2022L00853; F2023L00866; F2024L00709
s 95	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00842; F2021L00900; F2022L00853; F2023L00866
	rep F2024L00709
s 96	am F2015L00996; F2016L01105
	rs F2016L01984
	am F2024L00709
s 96A	ad F2023L00872

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Provision affected	How affected
	am F2024L00709; F2024L01663; F2025L00177
s 96B	ad F2024L00092
	rep F2024L00709
Division 4	
s 97	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853; F2023L00866; F2024L00358; F2024L00709
s 98	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853; F2023L00866; F2024L00358; F2024L00709
s 99	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853; F2023L00866; F2024L00358; F2024L00709
s 99A	ad F2016L01984
	am F2017L00714; F2018L00892; F2019L00302; F2019L00895; F2020L00352; F2020L00842; F2020L01077; F2020L01183; F2021L00900; F2022L00853; F2023L00866; F2024L00358; F2024L00709
Division 5	rep F2020L00830
s 100	rep F2020L00830
Division 6	
s 101	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00842; F2021L00900; F2022L00853; F2023L00866; F2024L00709
Part 2	
s 104	am F2017L00599; F2019L00895; F2020L00842; F2021L00900; F2022L00853; F2023L00866; F2024L00791
Part 3	
s 106	am F2015L00996; F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00842; F2021L00900; F2022L00853; F2023L00866; F2024L00791; F2024L01663; F2024L01718; F2025L00177
Part 4	
Part 4	ad F2016L00674
s 106A	ad F2016L00674
s 106B	ad F2016L00674
	am F2016L01105; F2017L00714; F2018L00892; F2019L00895; F2020L00842; F2021L00900; F2022L00853; F2023L00866; F2024L00791; F2024L01663; F2025L00177
Chapter 5	
Part 1A	
Part 1A	ad F2022L01276
s 106C	ad F2022L01276
s 106D	ad F2022L01276
	am F2024L01235

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Provision affected	How affected
Part 1	
s 107A	ad F2019L00844
	am F2023L00236; F2023L01261; F2024L00330; F2024L01157; F2025L00323
s 108	am F2019L00844
Part 2	
s 110	am F2022L01059; F2024L01429
s 111	am F2024L01429

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Endnote 5—Editorial changes

In preparing this compilation for registration, the following kinds of editorial change(s) were made under the *Legislation Act 2003*.

Section 64ZT

Kind of editorial change

Removal of redundant text

Details of editorial change

Schedule 2 item 1 of the *Aged Care Legislation Amendment (March Residential Care Subsidy Increase) Determination 2025* instructs to omit "12.55" and substitute "$13.46" in section 64ZT.

This amendment results in two dollar signs before "13.46".

This compilation was editorially changed to omit the first occurring dollar sign before "13.46" in section 64ZT to remove the redundant text.

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