



Aged Care (Transitional Provisions) (Subsidy and Other Measures) Determination 2014

I, Mitch Fifield, Assistant Minister for Social Services, make the following determination.

Dated 27 June 2014

Mitch Fifield
Assistant Minister for Social Services

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Chapter 1—Preliminary

1 Name of determination

This determination is the *Aged Care (Transitional Provisions) (Subsidy and Other Measures) Determination 2014*.

2 Commencement

This determination commences on 1 July 2014.

3 Authority

This determination is made under the *Aged Care (Transitional Provisions) Act 1997*.

4 Determination applies to continuing care recipients

This determination applies only in relation to continuing care recipients.

5 Definitions

In this determination:

low-means care recipient has the same meaning as in the Transitional Provisions Principles.

new resident has the meaning given by section 4 of the Transitional Provisions Principles.

Transitional Provisions Act means the *Aged Care (Transitional Provisions) Act 1997*.

Transitional Provisions Principles means the *Aged Care (Transitional Provisions) Principles 2014*.

Note 1: A number of expressions used in this determination are defined in the Transitional Provisions Act, including the following:

- (a) assisted resident;
- (b) concessional resident;
- (c) continuing care recipient;
- (d) post-2008 reform resident;
- (e) pre-2008 reform resident;
- (f) supported resident.

Note 2: ***Continuing care recipient*** is defined in clause 1 of Schedule 1 to the *Aged Care Act 1997* to mean:

- (a) a continuing flexible care recipient; or
- (b) a continuing home care recipient; or
- (c) a continuing residential care recipient.

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Chapter 2—Residential care subsidy

Part 1—Basic subsidy amount

6 Purpose of this Part

For subsection 44-3(2) of the Transitional Provisions Act, this Part 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 through a residential care service.

7 Definitions

In this Part:

ACFI amount, for a care recipient, has the meaning given by subsection 8(3).

ACFI classification means a classification, or a renewal of a classification, of a care recipient under 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*.

RCS classification means a classification, or renewal of a classification, of a care recipient under the *Aged Care Act 1997* and the *Classification Principles 1997* as in force immediately before 20 March 2008.

8 Basic subsidy amount for day on or after date of effect of ACFI classification—general

- (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 *Aged Care Act 1997*.

- (2) The basic subsidy amount for the day for the care recipient is the ACFI amount for the care recipient.
- (3) The **ACFI amount**, for a 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	35.65
3	Medium ADL category	77.61
4	High ADL category	107.52

ACFI amounts		
Item	Domain category	Domain amount (\$)
5	Nil behaviour category	0.00
6	Low behaviour category	8.14
7	Medium behaviour category	16.88
8	High behaviour category	35.20
9	Nil CHC category	0.00
10	Low CHC category	16.04
11	Medium CHC category	45.68
12	High CHC category	65.96

9 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 *Aged Care Act 1997*, 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 *Aged Care Act 1997* (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 *Aged Care Act 1997*.
- (2) The basic subsidy amount for the day for the care recipient is:
 - (a) if the ACFI amount for the care recipient under section 8, 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 *Aged Care Act 1997*, 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

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paragraph 26-1(a) or (b) of the *Aged Care Act 1997* (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 *Aged Care Act 1997*.

10 Basic subsidy amount for day on or after date of effect of ACFI classification—care recipients whose RCS classification ceased to have effect on or after 20 March 2008

- (1) This section applies to a care recipient on a day if:
 - (a) the care recipient had an RCS classification before the day; and
 - (b) the care recipient's most recent RCS classification ceased to have effect on or after 20 March 2008; and
 - (c) 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 *Aged Care Act 1997*.

- (2) The basic subsidy amount for the day for the care recipient is:
 - (a) if the ACFI amount for the care recipient is at least \$15 more than the RCS amount for the care recipient—the ACFI amount for the care recipient; or
 - (b) in any other case—the RCS amount for the care recipient.
- (3) The **RCS amount**, for a care recipient, is the amount specified in the item of the following table that relates to the care recipient's most recent expired RCS classification.

RCS amounts		
Item	RCS classification	RCS amount (\$)
1	Classification level 1	158.70
2	Classification level 2	143.90
3	Classification level 3	123.97
4	Classification level 4	87.63
5	Classification level 5	53.39
6	Classification level 6	44.21
7	Classification level 7	33.96
8	Classification level 8	00.00

11 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:

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- (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 8, 9 or 10 (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.

12 Basic subsidy amount for care recipients on pre-entry leave

The basic subsidy amount for a day for a care recipient who is on pre-entry leave is 30% of the amount for the day for the care recipient under section 8, 9 or 10 (whichever is applicable).

Note: *Pre-entry leave* is defined in section 44-5E of the Transitional Provisions Act.

Part 2—Amounts of primary supplements

Division 1—Accommodation supplement

13 Purpose of this Division

For subsection 44-5A(3) of the Transitional Provisions Act, this Division sets out the amount of the accommodation supplement for a day for an eligible supported resident.

Note 1: If the value of a person's assets exceeds the maximum asset threshold determined under paragraph 44-5B(1)(c) of the Transitional Provisions Act, the person will not be eligible for an accommodation supplement because the person will not be a supported resident (unless there is a determination in force under section 57-14 or 57A-9 of the Transitional Provisions Act in relation to the person and the person is a post-2008 reform resident) (see subsection 44-5B(2) of the Transitional Provisions Act).

Note 2: See also Subdivision A of Division 3 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

14 Definitions

In this Division:

applicable maximum amount, for a day for an eligible supported resident, means the maximum amount of accommodation supplement that applies for the day for the supported resident under section 15.

eligible supported resident means a supported resident who is eligible for an accommodation supplement on a day under section 44-5A of the Transitional Provisions Act.

minimum permissible asset value, for a supported resident, means the minimum permissible asset value for the resident under subsection 57-12(3) of the Transitional Provisions Act.

newly built residential care service has the same meaning as in Division 1 of Part 4 of Chapter 2 of the *Aged Care (Subsidy, Fees and Payments) Determination 2014*.

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

significantly refurbished residential care service means a residential care service in relation to which a determination under subsection 52(1) or 53(1) of the *Subsidy Principles 2014* is in effect.

15 Maximum amount of accommodation supplement

- (1) The maximum amount of accommodation supplement for a day for an eligible supported resident is \$52.49 if, on the day, the relevant residential care service in relation to the supported resident is:

- (a) a newly built residential care service; or
 - (b) a significantly refurbished residential care service.
- (2) The maximum amount of accommodation supplement for a day for an eligible supported resident is \$34.20 if, on the day, the relevant residential care service in relation to the supported resident:
- (a) is not covered by paragraph (1)(a) or (b); and
 - (b) meets the building requirements specified in Schedule 1 to the Transitional Provisions Principles.
- (3) The maximum amount of accommodation supplement for a day for an eligible supported resident is \$28.75 if the relevant residential care service in relation to the supported resident is not covered by paragraph (1)(a) or (b), or subsection (2), on the day

16 Amount of accommodation supplement—accommodation bond or accommodation bond not charged etc.

- (1) This section applies in relation to an eligible supported resident and a day if, on the day:
- (a) a determination is in force under paragraph 57-14(1)(a) or 57A-9(1)(a) of the Transitional Provisions Act in relation to the supported resident; or
 - (b) the value of the supported resident's assets is less than the minimum permissible asset value for the supported resident.
- (2) The amount of the accommodation supplement for a day for the eligible supported resident is:
- (a) the applicable maximum amount for the day for the supported resident if on the day, either of the following (the *specified circumstances*) applies:
 - (i) more than 40% of the care recipients to whom the relevant residential care service provides residential care (other than respite care), who are both post-2008 reform residents and new residents, are supported residents;
 - (ii) more than 40% of the new residents to whom the service provides residential care (other than respite care) are assisted residents, concessional residents, low-means care recipients or supported residents; or
 - (b) if neither of the specified circumstances apply—75% of the applicable maximum amount for the day for the supported resident.

17 Amount of accommodation supplement—reduced accommodation bond or accommodation bond charged etc.

- (1) This section applies in relation to an eligible supported resident and a day if section 16 does not apply.
- (2) The notional amount of the accommodation supplement for the day for the eligible supported resident is worked out in accordance with the following formula:

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$$AMA - \frac{A - T}{2080}$$

where:

A is:

- (a) if a determination is in force under paragraph 57-14(1)(b) of the Transitional Provisions Act in relation to the supported resident—the sum of:
 - (i) the maximum amount of accommodation bond specified in the determination; and
 - (ii) the minimum permissible asset value for the supported resident; or
- (b) if a determination is in force under paragraph 57A-9(1)(b) of the Transitional Provisions Act in relation to the supported resident—the sum of:
 - (i) the maximum amount of accommodation charge specified in the determination multiplied by 2080; and
 - (ii) the minimum permissible asset value for the supported resident; or
- (c) in any other case—the value of the supported resident's assets at the time when he or she entered the relevant residential care service or at another time specified in the Transitional Provisions Principles for paragraph 44-5B(1)(c) of the Transitional Provisions Act.

AMA is the applicable maximum amount for the day for the supported resident.

T (short for threshold) is the minimum permissible asset value for the supported resident.

- (3) The amount of the accommodation supplement for a day for the eligible supported resident is:
 - (a) the notional amount of accommodation supplement for the day for the supported resident, worked out under subsection (2), if on the day, either of the following (the *specified circumstances*) applies:
 - (i) more than 40% of the care recipients to whom the relevant residential care service provides residential care (other than respite care), who are both post-2008 reform residents and new residents, are supported residents;
 - (ii) more than 40% of the new residents to whom the service provides residential care (other than respite care) are assisted residents, concessional residents, low-means care recipients or supported residents; or
 - (b) if neither of the specified circumstances apply—75% of the notional amount of accommodation supplement for the day for the supported resident, worked out under subsection (2).

18 Amount of accommodation supplement for supported residents on pre-entry leave

Despite section 16 or 17, the amount of the accommodation supplement for a day for a supported resident who is on pre-entry leave is nil.

Note: *Pre-entry leave* is defined in section 44-5E of the Transitional Provisions Act.

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Division 2—Concessional resident supplement

19 Purpose of this Division

For subsection 44-6(4) of the Transitional Provisions Act, this Division sets out the amount of the concessional resident supplement for a day for an eligible concessional resident or an eligible assisted resident.

Note: See also Subdivision B of Division 3 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

20 Definitions

In this Division:

eligible assisted resident means an assisted resident who is eligible for a concessional resident supplement on a day under section 44-6 of the Transitional Provisions Act.

eligible concessional resident means a concessional resident who is eligible for a concessional resident supplement on a day under section 44-6 of the Transitional Provisions Act.

newly built residential care service has the same meaning as in Division 1 of Part 4 of Chapter 2 of the *Aged Care (Subsidy, Fees and Payments) Determination 2014*.

relevant residential care service, for an eligible concessional resident or an eligible assisted resident, means the residential care service that provides residential care (other than respite care) to the concessional resident or assisted resident on a day.

significantly refurbished residential care service means a residential care service in relation to which a determination under subsection 52(1) or 53(1) of the *Subsidy Principles 2014* is in effect.

21 Amount of concessional resident supplement—eligible concessional residents

Care provided in newly built or significantly refurbished residential care service

- (1) If the relevant residential care service in relation to an eligible concessional resident is a newly built residential care service, or a significantly refurbished residential care service, the amount of the concessional resident supplement for a day for the concessional resident is:
 - (a) \$52.49; or
 - (b) if, on the day, not more than 40% of the new residents to whom the relevant residential care service provides residential care (other than respite care) are assisted residents, concessional residents, low-means care recipients or supported residents—the amount referred to in paragraph (a) reduced by 25%.

Care not provided in newly built or significantly refurbished residential care service

- (2) If the relevant residential care service in relation to an eligible concessional resident is neither a newly built residential care service, nor a significantly refurbished residential care service, the amount of the concessional resident supplement for a day for the concessional resident is:
 - (a) \$20.91; or
 - (b) if, on the day, not more than 40% of the new residents to whom the relevant residential care service provides residential care (other than respite care) are assisted residents, concessional residents, low-means care recipients or supported residents—\$13.67.

22 Amount of concessional resident supplement—eligible assisted residents

Care provided in newly built or significantly refurbished residential care service

- (1) If the relevant residential care service in relation to an eligible assisted resident is a newly built residential care service, or a significantly refurbished residential care service, the amount of the concessional resident supplement for a day for the assisted resident is:
 - (a) \$52.49; or
 - (b) if, on the day, not more than 40% of the new residents to whom the relevant residential care service provides residential care (other than respite care) are assisted residents, concessional residents, low-means care recipients or supported residents—the amount referred to in paragraph (a) reduced by 25%.

Care not provided in newly built or significantly refurbished residential care service

- (2) If the relevant residential care service in relation to an eligible assisted resident is neither a newly built residential care service, nor a significantly refurbished residential care service, the amount of the concessional resident supplement for a day for the assisted resident is \$8.61.

23 Amount of concessional resident supplement for care recipients on pre-entry leave

Despite section 21 or 22, the amount of the concessional resident supplement for a day on which an eligible concessional resident or an eligible assisted resident is on pre-entry leave is nil.

Note: **Pre-entry leave** is defined in section 44-5E of the Transitional Provisions Act.

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Division 3—Charge exempt resident supplement

24 Purpose of this Division

For paragraph 44-8A(3)(b) of the Transitional Provisions Act, this Division sets out the amount of the charge exempt resident supplement for a day for an eligible charge exempt resident.

Note: See also Subdivision C of Division 3 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

25 Definitions

In this Division:

eligible charge exempt resident means a charge exempt resident who is eligible for a charge exempt resident supplement on a day under section 44-8A of the Transitional Provisions Act.

26 Amount of charge exempt resident supplement

- (1) The amount of the charge exempt resident supplement for a day for an eligible charge exempt resident who is a pre-2008 reform resident is the amount that is the difference between:
 - (a) \$52.49; and
 - (b) the amount of the concessional resident supplement for the day for the care recipient under Division 2 of this Part.
- (2) The amount of the charge exempt resident supplement for a day for any other eligible charge exempt resident is the amount that is the difference between:
 - (a) \$52.49; and
 - (b) the amount of the accommodation supplement for the day for the care recipient under Division 1 of this Part.

27 Amount of charge exempt resident supplement for care recipients on pre-entry leave

Despite section 26, the amount of the charge exempt resident supplement for a day on which an eligible charge exempt resident is on pre-entry leave is nil.

Note: **Pre-entry leave** is defined in section 44-5E of the Transitional Provisions Act.

Division 4—Respite supplement

28 Purpose of this Division

For subsection 44-12(3) of the Transitional Provisions 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.

Note: See also Subdivision D of Division 3 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

29 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 *Aged Care Act 1997*.

certified residential care service means a residential care service that is certified under Part 2.6 of the *Aged Care Act 1997*.

conditions, in relation to a residential care service, means conditions under section 14-5 or 14-6 of the *Aged Care Act 1997* attached to an allocation of places to the approved provider of the service.

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

- (1) This section applies in relation to a care recipient and a day if, on the day:
 - (a) the classification level for the care recipient is low level residential respite care; and
 - (b) section 34 does not apply in relation to the care recipient and the day.

Residential care provided through certified residential care service

- (2) If the care recipient is being provided with residential care through a certified residential care service, the amount of the respite supplement for the day for the care recipient is \$35.95.

Residential care provided through service that is not certified residential care service

- (3) If the care recipient is being provided with residential care through a residential care service that is not a certified residential care service, the amount of the respite supplement for the day for the care recipient is \$28.02.

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

- (1) This section applies in relation to a care recipient and a day if:
 - (a) the classification level for the care recipient on the day is high level residential respite care; and

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(b) section 34 does not apply in relation to the care recipient and the day.

Residential care provided through certified residential care service

- (2) If the care recipient is being provided with residential care through a certified residential care service, the amount of the respite supplement for the day for the care recipient is the sum of:
- (a) \$50.40; 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—\$35.36.

Residential care provided through service that is not certified residential care service

- (3) If the care recipient is being provided with residential care through a residential care service that is not a certified residential care service, the amount of the respite supplement for the day for the care recipient is the sum of:
- (a) \$42.46; 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—\$35.36.
- (4) For paragraph (2)(b) or (3)(b) (as the case requires):
- (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 method statement in section 32, 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 33, 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.

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

- (1) For section 31, 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 25 of the Transitional Provisions Principles.

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.

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.

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

(1) For section 31, 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

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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.

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.

34 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 25 of the Transitional Provisions Principles.

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 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 5—Oxygen supplement

35 Purpose of this Division

For subsection 44-13(6) of the Transitional Provisions Act, this Division sets out the amount of the oxygen supplement for a day for a care recipient.

Note: See also Subdivision E of Division 3 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

36 Amount of oxygen supplement

- (1) Subject to subsection (2), the amount of the oxygen supplement for a day for a care recipient is \$10.84.
- (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, \$13.55), the amount of the oxygen supplement for the day for the care recipient is the amount equivalent to that actual cost.

Division 6—Enteral feeding supplement

37 Purpose of this Division

For subsection 44-14(6) of the Transitional Provisions Act, this Division sets out the amount of the enteral feeding supplement for a day for a care recipient.

Note: See also Subdivision F of Division 3 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

38 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—\$17.17; and
 - (b) for non-bolus feeding—\$19.29.
- (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, \$21.46 for bolus feeding and \$24.11 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.

Division 7—Payroll tax supplement

Subdivision A—Preliminary

39 Purpose of this Division

- (1) For subsection 44-16(3) of the Transitional Provisions Act, this Division sets out the way to work out the amount of the payroll tax supplement for a day for an eligible care recipient.
- (2) For this Division, the payroll tax supplement is the payroll tax supplement set out in Subdivision A of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

Note: A care recipient can only be eligible for a payroll tax supplement for a day in a payment period ending on or before 31 December 2014 (see Subdivision A of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles).

Expiry of this Division

- (3) This Division expires on 1 April 2015 as if it had been repealed by another legislative instrument.

40 Definitions

In this Division:

direct provider means an approved provider of a residential care service that is taken, under subsection 41(2), to have a direct payroll tax liability in relation to the residential care provided to eligible care recipients through the service during a relevant payment period.

eligible care recipient means a care recipient:

- (a) in respect of whom an approval is in effect under Part 2.3 of the *Aged Care Act 1997* as a recipient of residential care; and
- (b) who is not classified at the lowest applicable classification level.

indirect provider means an approved provider of a residential care service that is taken, under subsection 41(3), to have an indirect payroll tax liability in relation to the residential care provided to eligible care recipients through the service during a relevant payment period.

41 How to work out the amount of the payroll tax supplement—general

- (1) The way in which the amount of the payroll tax supplement for a day for an eligible care recipient is worked out will vary according to whether the approved provider of the relevant residential care service is taken to have a direct, or an indirect, payroll tax liability in relation to the residential care provided to eligible care recipients during the relevant payment period.
- (2) An approved provider of a residential care service is taken to have a direct payroll tax liability in relation to the residential care provided to eligible care

recipients during the relevant payment period if, under the eligibility criteria referred to in Subdivision A of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles, the approved provider has satisfied the Secretary that the provider is a registered entity that has incurred a payroll tax liability.

- (3) An approved provider of a residential care service is taken to have an indirect payroll tax liability in relation to the residential care provided to eligible care recipients during the relevant payment period if, under the eligibility criteria referred to in Subdivision A of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles, the approved provider has satisfied the Secretary that the provider is a non-registered entity that has incurred a payroll tax liability.

Subdivision B—Amount of payroll tax supplement—direct providers

42 Purpose of this Subdivision

This Subdivision sets out how to work out the amount of the payroll tax supplement for a day in a payment period for an eligible care recipient if the approved provider of the residential care service through which the care recipient is being provided with residential care is a direct provider.

43 How to work out the amount of the payroll tax supplement

The amount of the payroll tax supplement for a day in a payment period for an eligible care recipient is worked out as follows:

Method statement

- Step 1. Work out the total amount of Commonwealth subsidy payments for the relevant residential care service using section 44.
- Step 2. Subtract the approved provider's prescribed tax free threshold amount (worked out using section 45) from the amount worked out under step 1.
- Step 3. Multiply the amount worked out under step 2 by the approved provider's prescribed rate of payroll tax worked out using section 46.
- Step 4. Work out the number of days (*resident days*) on which eligible care recipients were provided with residential care during the payment period through a residential care service in relation to which the approved provider has accreditation.
- Step 5. Divide the amount worked out under step 3 by the number of resident days worked out under step 4.

The result is the amount of the payroll tax supplement for the day for the eligible care recipient.

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44 How to work out the total amount of Commonwealth subsidies paid

- (1) For step 1 of the method statement in section 43, the total amount of Commonwealth subsidy payments made to an approved provider of a residential care service in respect of a payment period is the amount worked out by adding together all payments made by the Commonwealth to the approved provider in respect of residential care provided to care recipients by the approved provider through that service.
- (2) For subsection (1), payments made by the Commonwealth include:
 - (a) all subsidies and supplements (other than the amount of any payroll tax supplement to which this Division applies) worked out in accordance with steps 1 and 2 of the residential care subsidy calculator in subsection 44-2(2) of the *Aged Care Act 1997*; and
 - (b) all subsidies and supplements (other than the amount of any payroll tax supplement to which this Division applies) worked out in accordance with steps 1 and 2 (and, if applicable, step 3 in relation to extra service reductions) of the residential care subsidy calculator in subsection 44-2(2) of the Transitional Provisions Act.

45 How to work out the approved provider's prescribed tax free threshold amount

- (1) For step 2 of the method statement in section 43, the approved provider's prescribed tax free threshold amount is the amount worked out in accordance with:
 - (a) subsection (2); and
 - (b) subsection (3) or subsection (4) (as the case requires).
- (2) Work out the approved provider's prescribed tax free threshold in accordance with the laws of the State or Territory that apply for the purposes of calculating the amount of payroll tax paid or payable by the approved provider in that State or Territory.
- (3) Unless subsection (4) applies, divide the approved provider's prescribed tax free threshold determined under subsection (2) by the number of payment periods included during the year, or part of the year, to which the prescribed tax free threshold applies.
- (4) If the approved provider is treated by the revenue office (however described) of the relevant State or Territory as a member of a business group of accredited residential care services for the purposes of assessing the payroll tax liability of the approved provider, divide the approved provider's prescribed tax free threshold worked out under subsection (2) by the product of:
 - (a) the number of members in that business group; and
 - (b) the number of payment periods included in the year, or part of the year, to which the prescribed tax free threshold applies.

46 How to work out the approved provider's prescribed rate of payroll tax

For step 3 of the method statement in section 43, the approved provider's prescribed rate of payroll tax is the rate worked out in accordance with the laws of the State or Territory that apply for the purposes of calculating the amount of payroll tax paid or payable by the approved provider in that State or Territory.

Subdivision C—Amount of payroll tax supplement—indirect providers

47 Purpose of this Subdivision

This Subdivision sets out how to work out the amount of the payroll tax supplement for a day in a payment period for an eligible care recipient if the approved provider of the service through which the care recipient is being provided with residential care is an indirect provider.

48 How to work out the amount of the payroll tax supplement

The amount of the payroll tax supplement for a day in a payment period for an eligible care recipient is worked out as follows:

Method statement

- Step 1. Work out the total amount of Commonwealth subsidy payments for the relevant residential care service using section 49.
- Step 2. Multiply the amount worked out under step 1 by the approved provider's prescribed rate of payroll tax worked out using section 50.
- Step 3. Work out the number of days (***resident days***) on which eligible care recipients were provided with residential care during the payment period through a residential care service in relation to which the approved provider has accreditation.
- Step 4. Divide the amount worked out under step 2 by the number of resident days worked out under step 3.
- Step 5. Multiply the amount worked out under step 4 by the applicable portion for the approved provider set out in the table in section 51.

The result is the amount of the payroll tax supplement for the day for the eligible care recipient.

49 How to work out the total amount of Commonwealth subsidies paid

- (1) For step 1 of the method statement in section 48, the total amount of Commonwealth subsidy payments made to an approved provider of a residential care service in respect of a payment period is the amount worked out by adding together all payments made by the Commonwealth to the approved provider in

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respect of residential care provided to care recipients by the approved provider through that service.

- (2) For subsection (1), payments made by the Commonwealth include:
- (a) all subsidies and supplements (other than the amount of any payroll tax supplement to which this Division applies) worked out in accordance with steps 1 and 2 of the residential care subsidy calculator in subsection 44-2(2) of the *Aged Care Act 1997*; and
 - (b) all subsidies and supplements (other than the amount of any payroll tax supplement to which this Division applies) worked out in accordance with steps 1 and 2 (and, if applicable, step 3 in relation to extra service reductions) of the residential care subsidy calculator in subsection 44-2(2) of the Transitional Provisions Act.

50 How to work out the approved provider's prescribed rate of payroll tax

- (1) For step 2 of the method statement in section 48, the approved provider's prescribed rate of payroll tax is the rate worked out in accordance with the laws of the State or Territory that apply for the purposes of calculating the amount of indirect payroll tax paid or payable by the approved provider in that State or Territory.
- (2) In this section:

indirect payroll tax means the payroll tax component referred to in paragraph 31(1)(b) of the Transitional Provisions Principles.

51 What is the applicable portion for an approved provider?

- (1) The applicable portion for an approved provider is the number specified in column 2 of the item of the following table that relates to the band specified in column 1 of the item that applies to the approved provider.

Applicable portion		
Item	Column 1 Bands showing percentage of total payroll of approved provider paid or payable for indirect salary and wages	Column 2 Applicable portion
1	More than 0% to 5%	0.025
2	More than 5% to 15%	0.10
3	More than 15% to 25%	0.20
4	More than 25% to 35%	0.30
5	More than 35% to 45%	0.40
6	More than 45% to 55%	0.50
7	More than 55% to 65%	0.60
8	More than 65%	1.00

Definitions

(2) In this section:

indirect salary and wages, in relation to an approved provider in respect of a payment period, means the amount of salary and wages:

- (a) incurred by an organisation contracted by the approved provider to supply services for the purposes of a residential care service in relation to which the approved provider has accreditation; and
- (b) identified, in addition to the payroll tax payable on that amount, in an invoice issued by the organisation for payment by the approved provider.

total payroll, in relation to an approved provider in respect of a payment period, means the sum of:

- (a) the amount of salary and wages paid or payable by the approved provider for services supplied directly by the approved provider for the purposes of a residential care service in relation to which the approved provider has accreditation; and
- (b) the amount of indirect salary and wages paid or payable by the approved provider in connection with that residential care service.

Division 8—Transitional supplement

52 Purpose of this Division

- (1) For subsection 44-16(3) of the Transitional Provisions Act, this Division sets out the amount of the transitional supplement for a day for a care recipient.
- (2) For this Division, the transitional supplement is the transitional supplement set out in Subdivision B of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

53 Amount of transitional supplement

- (1) The amount of the transitional supplement for a day for a care recipient is \$20.91.
- (2) However, if the care recipient is on pre-entry leave on a day, the amount of transitional supplement for the day for the care recipient is nil.

Note: *Pre-entry leave* is defined in section 44-5E of the Transitional Provisions Act.

Division 9—Accommodation charge top-up supplement

54 Purpose of this Division

- (1) For subsection 44-16(3) of the Transitional Provisions Act, this Division sets out the amount of the accommodation charge top-up supplement for a day for a care recipient.
- (2) For this Division, the accommodation charge top-up supplement is the accommodation charge top-up supplement set out in Subdivision C of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

55 Amount of accommodation charge top-up supplement

- (1) The amount of the accommodation charge top-up supplement for a day for a care recipient is the amount that is the difference between:
 - (a) the maximum daily accommodation charge that would be payable by the care recipient if the care recipient were not receiving an income support payment on his or her date of entry, as calculated under section 57A-6 of the Transitional Provisions Act; and
 - (b) the maximum daily accommodation charge that is payable by a post-2008 reform resident who was receiving an income support payment on his or her date of entry, as specified under subsection 118(2) of the Transitional Provisions Principles.
- (2) However, the amount of accommodation charge top-up supplement for a day for the care recipient is nil if:
 - (a) the amount worked out under subsection (1) is a negative amount; or
 - (b) the care recipient is on pre-entry leave.

Note: *Pre-entry leave* is defined in section 44-5E of the Transitional Provisions Act.

Division 10—Transitional accommodation supplement

56 Purpose of this Division

- (1) For subsection 44-16(3) of the Transitional Provisions Act, this Division sets out the amount of the transitional accommodation supplement for a day for a care recipient.
- (2) For this Division, the transitional accommodation supplement is the transitional accommodation supplement set out in Subdivision D of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

57 Amount of transitional accommodation supplement

- (1) The amount of the transitional accommodation supplement for a day for a care recipient is the amount that is the difference between:
 - (a) the amount specified in the following table for the day when the care recipient entered residential care; and
 - (b) the amount of accommodation supplement payable for the day for the care recipient under Division 1 of this Part.

Amount of transitional accommodation supplement		
Item	Entry date	Amount (\$)
1	After 19 March 2008 and before 20 September 2010	7.84
2	After 19 September 2010 and before 20 March 2011	5.23
3	After 19 March 2011 and before 20 September 2011	2.61

- (2) However, the amount of transitional accommodation supplement for a day for the care recipient is nil if:
 - (a) the amount worked out under subsection (1) is a negative amount; or
 - (b) the care recipient is on pre-entry leave.

Note: *Pre-entry leave* is defined in section 44-5E of the Transitional Provisions Act.

Division 11—Basic daily fee supplement

58 Purpose of this Division

- (1) For subsection 44-16(3) of the Transitional Provisions Act, this Division sets out the amount of the basic daily fee supplement for a day for an eligible care recipient.
- (2) For this Division, the basic daily fee supplement is the basic daily fee supplement set out in Subdivision E of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

59 Definitions

In this Division:

eligible care recipient means a care recipient who is eligible for a basic daily fee supplement on a day under Subdivision E of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

60 Amount of basic daily fee supplement

The amount of the basic daily fee supplement for a day for an eligible care recipient is the amount worked out by rounding down to the nearest cent an amount equal to 1% of the basic age pension amount (worked out on a per day basis).

Note: *Basic age pension amount* is defined in clause 1 of Schedule 1 to the Transitional Provisions Act.

Division 12—Dementia and severe behaviours supplement

61 Purpose of this Division

- (1) For subsection 44-16(3) of the Transitional Provisions Act, this Division sets out the amount of the dementia and severe behaviours supplement for a day for a care recipient.
- (2) For this Division, the dementia and severe behaviours supplement is the dementia and severe behaviours supplement set out in Subdivision F of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

Note: A care recipient can only be eligible for a dementia and severe behaviours supplement for a day in a payment period ending on or before 31 July 2014 (see Subdivision F of Division 4 of Part 3 of Chapter 2 of the Transitional Provisions Principles).

62 Amount of dementia and severe behaviours supplement

The amount of the dementia and severe behaviours supplement for a day for a care recipient is \$16.46.

63 Expiry of this Division

This Division expires on 1 November 2014 as if it had been repealed by another legislative instrument.

Part 3—Reductions in subsidy

64 Purpose of this Part

For subsection 44-19(2) of the Transitional Provisions Act, this Part sets out the amount of the adjusted subsidy reduction for a day for a care recipient.

65 Amount of adjusted subsidy reduction

The amount of the adjusted subsidy reduction for a day for a care recipient is \$12.50.

Part 4—Amounts of other supplements

Division 1—Pensioner supplement

66 Purpose of this Division

For subsection 44-28(7) of the Transitional Provisions Act, this Division sets out the amount of the pensioner supplement for a day for a care recipient.

67 Amount of pensioner supplement

The amount of the pensioner supplement for a day for a care recipient is \$7.84.

Division 2—Viability supplement

68 Purpose of this Division

For subsection 44-29(8) of the Transitional Provisions Act, this Division sets out the amount of the viability supplement for a day for a care recipient.

Note: See also Subdivision A of Division 8 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

69 Amount of viability supplement

The amount of the viability supplement for a day for a care recipient is the amount of the viability supplement that would apply for the day for the care recipient under Division 3 of Part 4 of Chapter 2 of the *Aged Care (Subsidy, Fees and Payments) Determination 2014* if:

- (a) the care recipient were not a continuing care recipient; and
- (b) the viability supplement applied to the care recipient under the *Aged Care Act 1997*.

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Division 3—Hardship supplement

70 Purpose of this Division

For subsection 44-30(5) of the Transitional Provisions Act, this Division sets out the amount of the hardship supplement for a day for a care recipient.

Note: See also Subdivision B of Division 8 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

71 Amount of hardship supplement—certain pre-2008 reform residents

- (1) The amount of the hardship supplement for a day for a care recipient who is a member of the class specified in paragraph 56(1)(a) of the Transitional Provisions Principles is the lesser of:
 - (a) the sum of:
 - (i) the amount of basic income support compensation, worked out under subsection (2); and
 - (ii) \$0.40, being the amount of pharmaceutical allowance compensation; and
 - (iii) \$1.40, being the amount of pharmaceutical concessions compensation; and
 - (b) the amount that is the difference between:
 - (i) the amount of standard resident contribution for a care recipient under section 58-3C of the Transitional Provisions Act; and
 - (ii) the amount of standard resident contribution for a care recipient under section 58-4 of the Transitional Provisions Act.
- (2) For subparagraph (1)(a)(i), the amount of basic income support compensation is the amount worked out in accordance with the following formula, rounded to the nearest 5 cents:

$$\frac{X - Y}{28}$$

where:

X is \$1 774.42.

Y is the amount of the care recipient's total assessable fortnightly income determined under section 44-24 of the Transitional Provisions Act.

72 Amount of hardship supplement—certain charge exempt residents

- (1) The amount of the hardship supplement for a day for a care recipient who is a member of the class specified in paragraph 56(1)(b) of the Transitional Provisions Principles is the sum of:
 - (a) the amount of basic income support compensation referred to in subsection (2); and
 - (b) \$0.40, being the amount of pharmaceutical allowance compensation; and

(c) \$1.40, being the amount of pharmaceutical concessions compensation.

- (2) For paragraph (1)(a), the basic income support compensation for a care recipient is the amount of residential care allowance the care recipient was receiving on the day before 1 October 1997, as advised by Centrelink, indexed in line with the pensioner supplement.

Note 1: **Charge exempt resident** has the meaning given by section 44-8B of the Transitional Provisions Act.

Note 2: **Pensioner supplement** means the supplement referred to in section 44-28 of the Transitional Provisions Act.

73 Amount of hardship supplement—care recipients who occupied a place in a hostel on 30 September 1997

The amount of the hardship supplement for a day for a care recipient who is a member of the class specified in paragraph 56(1)(c) of the Transitional Provisions Principles is \$0.80.

74 Amount of hardship supplement—care recipients in relation to whom a financial hardship determination is in force

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 Transitional Provisions 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 58-2 of the Transitional Provisions Act; and
- (b) the lesser amount specified in the financial hardship determination.

75 Amount of hardship supplement—care recipients on pre-entry leave

Despite any other section in this Division, the amount of the hardship supplement for a day for a care recipient who is on pre-entry leave is nil.

Note: **Pre-entry leave** is defined in section 44-5E of the Transitional Provisions Act.

Division 4—Veterans' supplement

76 Purpose of this Division

- (1) For section 61 of the Transitional Provisions Principles, 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 C of Division 8 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

77 Amount of veterans' supplement

The amount of the veterans' supplement for a day for a care recipient is \$6.69.

Division 5—Homeless supplement

78 Purpose of this Division

- (1) For section 64 of the Transitional Provisions Principles, 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 D of Division 8 of Part 3 of Chapter 2 of the Transitional Provisions Principles.

79 Amount of homeless supplement

The amount of the homeless supplement for a day for a care recipient is \$15.29.

Chapter 3—Home care subsidy

Part 1—Preliminary

80 Purpose of this Part

For subsection 48-1(3) of the Transitional Provisions Act, this Part provides for the amount of home care subsidy for a day for a care recipient who is being provided with home care through a home care service.

81 Definitions

In this Part:

accepted mental health condition has the meaning given by section 4 of the *Subsidy Principles 2014*.

ARIA value has the meaning given by section 4 of the Transitional Provisions Principles.

enteral feeding supplement means the enteral feeding supplement referred to in section 44-14 of the Transitional Provisions Act.

Note: See also Division 6 of Part 2 of Chapter 2 of this determination.

extended aged care at home—dementia has the meaning given by section 15.8 of the *Flexible Care Subsidy Principles 1997* as in force immediately before 1 August 2013.

KICA-Cog has the meaning given by section 4 of the *Subsidy Principles 2014*.

oxygen supplement means the oxygen supplement referred to in section 44-13 of the Transitional Provisions Act.

Note: See also Division 5 of Part 2 of Chapter 2 of this determination.

Psychogeriatric Assessment Scales has the meaning given by section 4 of the *Subsidy Principles 2014*.

Rowland Universal Dementia Assessment Scale has the meaning given by section 4 of the *Subsidy Principles 2014*.

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 Transitional Provisions Act.

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

veteran has the meaning given by section 4 of the *Subsidy Principles 2014*.

Part 2—Amount of home care subsidy

Division 1—Amount of home care subsidy

82 Amount of home care subsidy

- (1) The amount of home care subsidy payable to an approved provider in respect of a day for a care recipient receiving home care is the sum of the following amounts:
 - (a) the basic subsidy amount in respect of the day worked out under Division 2;
 - (b) the amount of the viability supplement in respect of the day worked out under Division 3;
 - (c) the amount of the dementia and cognition supplement (if applicable) in respect of the day worked out under Division 4;
 - (d) the amount of the veterans' supplement (if applicable) in respect of the day worked out under Division 5;
 - (e) the amount of the top-up supplement (if applicable) in respect of the day worked out under Division 6;
 - (f) the amount of the oxygen supplement (if applicable) that would be payable in respect of the day if the care recipient were receiving residential care on that day;
 - (g) the amount of the enteral feeding supplement (if applicable) that would be payable in respect of the day if the care recipient were receiving residential care on that day.
- (2) However, if the provision of home care to a care recipient is suspended, under section 46-2 of the Transitional Provisions Act, on a day referred to in paragraph 84(2)(b), (4)(b) or (5)(b):
 - (a) the amount of home care subsidy payable to an approved provider for the care recipient in respect of the day is the sum of:
 - (i) the amount referred to in that paragraph; and
 - (ii) the amount of the viability supplement in respect of the day worked out under Division 3; and
 - (b) no amount of a supplement referred to in paragraphs (1)(c) to (g) is payable in respect of the day.

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Division 2—Basic subsidy amount

83 Basic subsidy amount—general

Subject to section 84, the basic subsidy amount payable in respect of a day for a care recipient is the amount specified in the following table that corresponds to the level of home care specified in the table that the care recipient received on that day.

Basic subsidy amount		
Item	Level of home care	Amount (\$)
1	Level 1	21.43
2	Level 2	38.99
3	Level 3	85.73
4	Level 4	130.32

84 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 Transitional Provisions Act, the basic subsidy amount payable for the care recipient in respect of a day during the suspension period is the amount worked out in accordance with subsection (2), (4) or (5).

Note: The home care agreement under which the home care is provided is taken to remain in force during the suspension period, and the care recipient is taken to have been provided with home care, as required by the agreement, on each day of the suspension period (see Part 1 of Chapter 3 of the Transitional Provisions Principles).
- (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 amount is the following:
 - (a) for up to 28 consecutive days in the suspension period—the amount specified in the table in section 83 for the level of home care that the care recipient is taken to have been provided with on the day;
 - (b) for a subsequent consecutive day in the suspension period—the amount that is 25% of the amount specified in the table in section 83 for the level of home care that the care recipient is taken to have been provided with on the day.
- (3) If a suspension period starts in a 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 amount is the following:
 - (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 83 for the level of home care that the care recipient is taken to have been provided with on the day;

- (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 83 for the level of home care that the care recipient is taken to have been provided with on the day.

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 those referred to in subsection (2) or (4), the amount is the following:
 - (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 those referred to in subsection (2) or (4)—the amount specified in the table in section 83 for the level of home care that the care recipient is taken to have been provided with on the day;
 - (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 those referred to in subsection (2) or (4)—the amount that is 25% of the amount specified in the table in section 83 for the level of home care that the care recipient is taken to have been provided with on the day.

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

- (6) If the care recipient transfers from one level of home care (the *previous level of home care*) to another level of home care (the *new level of home care*) during a financial year, then, for the purpose of calculating a number of days for subsection (2), (4) or (5) for the new level of home care, any days when the provision of the previous level of home care was suspended are to be disregarded.

Section 85

Division 3—Viability supplement

85 Amount of viability supplement amount

The amount of the viability supplement payable in respect of a day for a care recipient is the amount specified in the following table that corresponds to the ARIA value for the location where the care recipient resided on the day.

Amount of viability supplement		
Item	ARIA value	Amount (\$)
1	Less than 3.52	0.00
2	At least 3.52 but less than 4.67	5.15
3	At least 4.67 but less than 5.81	6.19
4	At least 5.81 but less than 7.45	8.66
5	At least 7.45 but less than 9.09	10.39
6	At least 9.09 but less than 10.55	14.54
7	At least 10.55	17.45

Division 4—Dementia and cognition supplement

86 Eligibility for dementia and cognition supplement

- (1) The dementia and cognition supplement applies to a care recipient (in this Division called an *eligible care recipient*) in respect of a day if:
 - (a) there was in force on the day a home care agreement under which the care recipient was to be provided with home care, whether or not the care was provided on the day; and
 - (b) subsection (2), (3), (4) or (5) applied to the care recipient on the day; and
 - (c) if subsection (2), (3) or (4) applied to the care recipient on the day—the approved provider had a record of the assessment referred to in that subsection that was conducted in relation to the care recipient; and
 - (d) an amount of veterans' supplement is not payable under Division 5 in respect of the day for the care recipient.
- (2) This subsection applies to a care recipient on a day if:
 - (a) the care recipient has been assessed in accordance with the Psychogeriatric Assessment Scales; and
 - (b) the assessment was conducted by a registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner; and
 - (c) the assessment resulted in a score of 10 or more.
- (3) This subsection applies to a care recipient on a day if:
 - (a) the care recipient is from a culturally or linguistically diverse background; and
 - (b) the care recipient has been assessed in accordance with the Rowland Universal Dementia Assessment Scale; and
 - (c) the assessment was conducted by a registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner; and
 - (d) the assessment resulted in a score of 22 or less.
- (4) This subsection applies to a care recipient on a day if:
 - (a) the care recipient is an Aboriginal person, or a Torres Strait Islander, who lives in a rural or remote area; and
 - (b) the care recipient has been assessed in accordance with the KICA-Cog; and
 - (c) the assessment was conducted by:
 - (i) a registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner; or
 - (ii) another health practitioner trained in assessing a person in accordance with the KICA-Cog; and
 - (d) the assessment resulted in a score of 33 or less.
- (5) This subsection applies to a care recipient on a day if, immediately before 1 August 2013, the care recipient was receiving care, or was approved to receive care, in respect of a place allocated for the provision of flexible care in the form called extended aged care at home—dementia.

Section 87

Note: *KICA-Cog, Psychogeriatric Assessment Scales* and *Rowland Universal Dementia Assessment Scale* have the meanings given by section 4 of the *Subsidy Principles 2014* (see section 81 of this Part).

87 Amount of dementia and cognition supplement

The amount of the dementia and cognition supplement payable in respect of a day for an eligible care recipient is the amount that is 10% of the basic subsidy amount that is payable in respect of the day for the care recipient under section 83.

Division 5—Veterans' supplement

88 Eligibility for veterans' supplement

The veterans' supplement applies to a care recipient (in this Division called an *eligible care recipient*) in respect of a day if:

- (a) on that day:
 - (i) there was in force a home care agreement under which the care recipient was to be provided with home care by an approved provider, whether or not the care was provided on the day; and
 - (ii) the care recipient was a veteran who had an accepted mental health condition; and
- (b) the care recipient has before, on or after the day, authorised either, or both, of the following to disclose to the approved provider that the care recipient is a veteran with an accepted mental health condition:
 - (i) the Secretary of the Department administered by the Minister administering the *Veterans' Entitlements Act 1986*;
 - (ii) the Secretary of the Department administered by the Minister administering the *Human Services (Centrelink) Act 1997*.

Note: *Accepted mental health condition* and *veteran* have the meanings given by section 4 of the *Subsidy Principles 2014* (see section 81 of this Part).

89 Amount of veterans' supplement

The amount of the veterans' supplement payable in respect of a day for an eligible care recipient is the amount that is 10% of the basic subsidy amount that is payable in respect of the day for the care recipient under section 83.

Section 90

Division 6—Top-up supplement

90 Eligibility for top-up supplement

The top-up supplement applies to a care recipient (in this Division called an *eligible care recipient*) in respect of a day (the *relevant day*) if:

- (a) on a day (the *eligibility start day*) within the period of 28 days ending immediately before 1 August 2013, the care recipient was being provided with care in respect of a place allocated for the provision of flexible care in the form of extended aged care at home—dementia; and
- (b) during the relevant day, there was in force a home care agreement under which the care recipient was to be provided with home care level 4 by an approved provider, whether or not the care was to be provided on the relevant day; and
- (c) there has not been 28 consecutive days within the period beginning on the eligibility start day and ending on the relevant day during which:
 - (i) care of a kind referred to in paragraph (a); or
 - (ii) home care in accordance with a home care agreement;was not provided to the care recipient.

Note: If the provision of home care to the eligible care recipient is suspended for a period under section 46-2 of the Transitional Provisions Act, the home care agreement under which the home care is provided is taken to remain in force during the suspension period, and the care recipient is taken to have been provided with home care, as required by the agreement, on each day of the suspension period (see Part 1 of Chapter 3 of the Transitional Provisions Principles).

91 Amount of top-up supplement amount

The amount of the top-up supplement payable in respect of a day for an eligible care recipient is \$2.58.

Chapter 4—Flexible care subsidy

92 Purpose of this Chapter

For section 52-1 of the Transitional Provisions Act, this Chapter provides for the amount of flexible care subsidy that is payable for a day in respect of flexible care that is provided through a flexible care service.

93 Amount of flexible care subsidy

Flexible care provided through multi-purpose service

- (1) 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 of flexible care subsidy that would apply for the day under Part 1 of Chapter 4 of the *Aged Care (Subsidy, Fees and Payments) Determination 2014* if:
 - (a) the flexible care were provided to care recipients who were not continuing care recipients; and
 - (b) the flexible care subsidy were payable under the *Aged Care Act 1997*.

Flexible care provided through innovative care service

- (2) The amount of flexible care subsidy payable for a day for a care recipient who is being provided with flexible care through an innovative care service is the amount of flexible care subsidy that would apply for the day under Part 2 of Chapter 4 of the *Aged Care (Subsidy, Fees and Payments) Determination 2014* if:
 - (a) the care recipient were not a continuing care recipient; and
 - (b) the flexible care subsidy were payable under the *Aged Care Act 1997*.

Flexible care provided as transition care

- (3) The amount of flexible care subsidy payable for a day for a care recipient who is being provided with transition care through a flexible care service is the amount of flexible care subsidy that would apply for the day under Part 3 of Chapter 4 of the *Aged Care (Subsidy, Fees and Payments) Determination 2014* if:
 - (a) the care recipient were not a continuing care recipient; and
 - (b) the flexible care subsidy were payable under the *Aged Care Act 1997*.