



Aged Care (Subsidy, Fees and Payments) 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 (Subsidy, Fees and Payments) Determination 2014*.

2 Commencement

This determination commences on 1 July 2014.

3 Authority

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

4 Definitions

In this determination:

Act means the *Aged Care Act 1997*.

Chapter 2—Residential care subsidy

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 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 | 35.65 |
| 3 | Medium ADL category | 77.61 |
| 4 | High ADL category | 107.52 |
| 5 | Nil behaviour category | 0.00 |
| 6 | Low behaviour category | 8.14 |
| 7 | Medium behaviour category | 16.88 |
| 8 | High behaviour category | 35.20 |

| ACFI amounts | | |
|---------------------|------------------------|---------------------------|
| Item | Domain category | Domain amount (\$) |
| 9 | Nil CHC category | 0.00 |
| 10 | Low CHC category | 16.04 |
| 11 | Medium CHC category | 45.68 |
| 12 | High CHC category | 65.96 |

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.

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

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Part 1 Basic subsidy amount

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- (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.

10 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 7 or 8 (whichever is applicable).

Note: *Pre-entry leave* is defined in subsection 42-3(3) of the Act.

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)—\$44.21; 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)—\$123.97; or
 - (c) if the care recipient's classification level is low level residential respite care—\$44.21; or
 - (d) if the care recipient's classification level is high level residential respite care—\$123.97.

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

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.

certified residential care service means a residential care service that is certified under Part 2.6 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

- (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 21 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.

18 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
 - (b) section 21 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 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:

| |
|-------------------------|
| <i>Method statement</i> |
|-------------------------|

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- 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.

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.

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:

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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 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.

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 \$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 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—\$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 4—Dementia and severe behaviours supplement

26 Purpose of this Division

- (1) For subsection 44-5(3) of the 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 D of Division 3 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

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 D of Division 3 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*).

27 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.

28 Expiry of this Division

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

Division 5—Payroll tax supplement

Subdivision A—Preliminary

29 Purpose of this Division

- (1) For subsection 44-5(3) of the 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 E of Division 3 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*.

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 E of Division 3 of Part 3 of Chapter 2 of the *Subsidy Principles 2014*).

Expiry of this Division

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

30 Definitions

In this Division:

direct provider means an approved provider of a residential care service that is taken, under subsection 31(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 Act 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 31(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.

31 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 section 36 of the *Subsidy Principles 2014*, 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 section 36 of the *Subsidy Principles 2014*, 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

32 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.

33 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 34.
- Step 2. Subtract the approved provider's prescribed tax free threshold amount (worked out using section 35) 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 36.
- 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.

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

- (1) For step 1 of the method statement in section 33, the total amount of Commonwealth subsidy payments made to an approved provider of a residential

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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 Act; 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 *Aged Care (Transitional Provisions) Act 1997*.

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

- (1) For step 2 of the method statement in section 33, 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.

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

For step 3 of the method statement in section 33, 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

37 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.

38 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 39.
- Step 2. Multiply the amount worked out under step 1 by the approved provider's prescribed rate of payroll tax worked out using section 40.
- 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 41.

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

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

- (1) For step 1 of the method statement in section 38, 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 Act; and

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- (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 *Aged Care (Transitional Provisions) Act 1997*.

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

- (1) For step 2 of the method statement in section 38, 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 36(1)(b) of the *Subsidy Principles 2014*.

41 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.

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 \$12.50.

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 \$25 000.00.

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 \$60 000.00.

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 \$154 179.20; and
- (b) the second asset threshold is \$372 537.60.

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 \$154 179.20.

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.

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.

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:

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- (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 \$52.49 if, on the day, the relevant residential care service in relation to the care recipient is:
 - (a) a newly built residential care service; or
 - (b) a significantly refurbished service in relation to which a determination under subsection 52(1) or 53(1) of the *Subsidy Principles 2014* is in effect.
- (2) The amount of accommodation supplement for a day for an eligible care recipient is \$34.20 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 \$28.75 if the relevant residential care service in relation to the care recipient is not covered by paragraph (1)(a) or (b), or subsection (2), on the day.
- (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 not more than 40% of the care recipients who are being provided with residential care through the relevant residential care service 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.
- (4) If an eligible care recipient is on pre-entry leave on a day, the amount of accommodation supplement for the day for the care recipient is nil.

Note: **Pre-entry leave** is defined in subsection 42-3(3) of the Act.

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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.
- (2) However, if the care recipient is on pre-entry leave on a day, the amount of the hardship supplement for the day for the care recipient is nil.

Note: ***Pre-entry leave*** is defined in subsection 42-3(3) of the Act.

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*.

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 | | | |
|--------------------------------|--------------------------------|--|-------------|
| Item | Degree of isolation of service | Number of places allocated in respect of service | Amount (\$) |
| 1 | Isolated Remote Area | less than 16 | 29.95 |
| 2 | Isolated Remote Area | more than 15 but less than 30 | 18.42 |
| 3 | Isolated Remote Area | 30 or more | 1.85 |
| 4 | Remote Centre | less than 16 | 14.29 |
| 5 | Remote Centre | more than 15 but less than 30 | 10.16 |

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| Amount of viability supplement | | | |
|---------------------------------------|---|---|--------------------|
| Item | Degree of isolation of service | Number of places allocated in respect of service | Amount (\$) |
| 6 | Remote Centre | 30 or more | 1.85 |
| 7 | Rural Outside Large Centre | less than 16 | 6.02 |
| 8 | Rural Outside Large Centre | more than 15 but less than 30 | 1.85 |
| 9 | Rural Outside Large Centre | 30 or more | 1.85 |
| 10 | An area not referred to in items 1 to 9 | not applicable | 1.85 |

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 | | |
|---------------------------------------|--------------|--------------------|
| Item | Score | Amount (\$) |
| 1 | 40 | 1.85 |
| 2 | 50 | 2.08 |
| 3 | 60 | 6.02 |
| 4 | 70 | 10.16 |
| 5 | 80 | 14.29 |
| 6 | 90 | 18.42 |
| 7 | 100 | 29.95 |

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 scoring system set out in subsection 66(2) of the *Subsidy Principles 2014*.

| Amount of viability supplement | | |
|---------------------------------------|--------------|--------------------|
| Item | Score | Amount (\$) |
| 1 | 50 | 4.49 |
| 2 | 55 | 6.73 |
| 3 | 60 | 10.08 |

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| Amount of viability supplement | | |
|---------------------------------------|--------------|--------------------|
| Item | Score | Amount (\$) |
| 4 | 65 | 12.31 |
| 5 | 70 | 17.98 |
| 6 | 75 | 22.40 |
| 7 | 80 | 27.99 |
| 8 | 85 | 33.63 |
| 9 | 90 | 39.22 |
| 10 | 95 | 43.69 |
| 11 | 100 | 49.30 |

60 Amount of viability supplement—safety net for former 1997 scheme service or 2001 scheme service

- (1) This section applies in relation to a residential care service that is a 2005 scheme service because of subsection 66(6) or (7) of the *Subsidy Principles 2014* if, on a day, the score attained by the service using the 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 day, the amount of the viability supplement for the day is \$1.85.

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 \$6.69.

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 \$15.29.

Section 65

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 section 68, the basic subsidy amount for 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 |

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 the suspension period for the care recipient 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 section 72 of the *Subsidy Principles 2014*).

- (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:

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- (a) for up to 28 consecutive days in the suspension period—the amount specified in the table in section 67 for the level of home care that the care recipient is taken to have been provided with on the day; 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 home care that the care recipient is taken to have been provided with on the day.
- (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 home care that the care recipient is taken to have been provided with on the day; 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 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 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 home care that the care recipient is taken to have been provided with on the day; 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 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.

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 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 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 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 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

The amount of the dementia and cognition supplement for a day for a care recipient is the amount that is 10% of the basic subsidy amount for the day for the care recipient.

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

The amount of the veterans' supplement for a day for a care recipient is the amount that is 10% of the basic subsidy amount for the day for the care recipient.

Section 77

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 \$13.74.

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 \$27.47.

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—\$36 727.60;
- (b) if the care recipient is a member of an illness separated couple (within the meaning of the *Social Security Act 1991*)—\$47 517.60;
- (c) if the care recipient is not a member of a couple—\$47 985.60.

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 \$5 000.00.
- (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 \$10 000.00.

Section 81

- (4) Despite subsection (3), the annual cap applying at the relevant time in the start-date year for the care recipient is \$5 000.00 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 \$5 000.00 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 \$60 000.00.

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

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.

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*.

85 Amount of viability supplement

The amount of the viability supplement for a day for a care recipient is the amount specified in the following table that corresponds to the ARIA value (as defined in section 4 of the *Subsidy Principles 2014*) for the location where the care recipient resided on that 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 |

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.

adjusted subsidy reduction multi-purpose service means a multi-purpose service specified in the table in section 100.

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>).

Category A service has the meaning given by section 88.

Category B service has the meaning given by section 89.

Category C service has the meaning given by section 90.

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

high care place means a place allocated in respect of a multi-purpose service that is designated by the Secretary as being a high care place.

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

home care place means a place allocated in respect of a multi-purpose 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.

low care place means a place allocated in respect of a multi-purpose service that is designated by the Secretary as being a low care place.

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.

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

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).
- (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.

- (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).
- (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 |
| 2 | Places: | |
| | (a) less than 20; | 30 |
| | (b) more than 19 but less than 30; | 20 |

Chapter 4 Flexible care subsidy

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

Division 2 Categories of multi-purpose service

Section 90

| Category B services—scoring | | |
|------------------------------------|---|---------------|
| Item | Criterion | Points |
| | (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 meets the requirements of subsection (2), (3) or (4).
- (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: <ul style="list-style-type: none">(a) very remote location;(b) remote location;(c) moderately accessible location;(d) accessible location;(e) highly accessible location. | 65 55 40 30 0 |
| 2 | Places: <ul style="list-style-type: none">(a) less than 20;(b) more than 19 but less than 25;(c) more than 24 but less than 30; | 30 25 20 |

Section 90

| Category C services—scoring | | |
|------------------------------------|---|---------------|
| Item | Criterion | Points |
| | (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.

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:

$$HCA + LCA + HMA + RSEA + DEA + VEA + DVEA + HMAA$$

where:

DEA is the amount worked out by multiplying:

- (a) the dementia and severe behaviours supplement equivalent amount specified in subsection 95(1); and
- (b) the number of high care places and low care places allocated in respect of the service.

DVEA is the amount worked out by multiplying:

- (a) the dementia and cognition supplement and veterans' supplement equivalent amount specified in subsection 95(3); and
- (b) the number of home care places allocated in respect of the service.

HCA is the amount worked out by multiplying:

- (a) the amount that applies under section 92 for the day for a high care place allocated in respect of the service; and
- (b) the number of high care places allocated in respect of the service.

HMA is the amount worked out by multiplying:

- (a) \$36.65; and
- (b) the number of home care places allocated in respect of the service.

HMAA is the amount worked out by multiplying:

- (a) the amount that applies under section 96 for a day for a home care place allocated in respect of the service; and
- (b) the number of home care places allocated in respect of the service.

LCA is the amount worked out by multiplying:

- (a) the amount that applies under section 93 for the day for a low care place; and
- (b) the number of low care places allocated in respect of the service.

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) the veterans' supplement equivalent amount specified in subsection 95(2); and
- (b) the number of high care places and low care places allocated in respect of the service.

92 Applicable amount for high care place

- (1) For a multi-purpose service that is not an adjusted subsidy reduction multi-purpose service, the amount for a day for a high care place allocated in respect of the service is the amount worked out in accordance with the following formula:

$$B + C + V$$

where:

B is \$121.49.

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

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

- (2) For an adjusted subsidy reduction multi-purpose service, the amount for a day for a high care place allocated in respect of the service is the amount worked out in accordance with the following formula:

$$\left(B + C + V \right) - \left(R \times \frac{F}{H} \right)$$

where:

B is \$121.49.

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

F is the number of places specified in the item of the table in section 100 that relates to the service.

H is the number of high care places allocated in respect of the service for the day.

R is \$12.25.

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

93 Applicable amount for low care place

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

$$B + C + V$$

where:

B is \$31.92.

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

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

Chapter 4 Flexible care subsidy

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

Division 3 Amount of flexible care subsidy

Section 94

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 total number of high care places and low care places allocated in respect of the service.

| Respite supplement equivalent amount | | |
|---|---|--------------------|
| Item | Total number of high care places and low care places | Amount (\$) |
| 1 | Less than 11 | 48.45 |
| 2 | More than 10 but less than 21 | 77.53 |
| 3 | More than 20 but less than 31 | 87.21 |
| 4 | More than 30 but less than 41 | 96.91 |
| 5 | More than 40 | 106.60 |

95 Dementia and veterans' supplement equivalent amounts

Dementia and severe behaviours supplement equivalent amount

- (1) The dementia and severe behaviours supplement equivalent amount for a multi-purpose service for a day is:
 - (a) for a day before 1 August 2014—\$0.18 for each high care place and each low care place allocated to the service; and
 - (b) for any other day—nil.

Veterans' supplement equivalent amount

- (2) The veterans' supplement equivalent amount for a multi-purpose service for a day is \$0.08 for each high care place and each low care place allocated to the service.

Dementia and cognition supplement and veterans' supplement equivalent amount

- (3) The dementia and cognition supplement and veterans' supplement equivalent amount for a multi-purpose service for a day is \$1.14 for each home care place allocated to the service.

96 Additional amount of home care subsidy

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

| Additional amount of home care subsidy | | |
|---|---|--------------------|
| Item | ARIA value for location of multi-purpose service | Amount (\$) |
| 1 | 0 to 3.51 inclusive | 0.00 |
| 2 | 3.52 to 4.66 inclusive | 5.15 |
| 3 | 4.67 to 5.80 inclusive | 6.19 |

| Additional amount of home care subsidy | | |
|---|---|--------------------|
| Item | ARIA value for location of multi-purpose service | Amount (\$) |
| 4 | 5.81 to 7.44 inclusive | 8.66 |
| 5 | 7.45 to 9.08 inclusive | 10.39 |
| 6 | 9.09 to 10.54 inclusive | 14.54 |
| 7 | 10.55 to 12.00 inclusive | 17.45 |

Chapter 4 Flexible care subsidy

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

Division 4 Viability supplement equivalent amounts

Section 97

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 | 29.95 |
| 2 | Isolated Remote Area | more than 15 but less than 30 | 18.42 |
| 3 | Isolated Remote Area | more than 29 | 1.85 |
| 4 | Remote Centre | less than 16 | 14.29 |
| 5 | Remote Centre | more than 15 but less than 30 | 10.16 |
| 6 | Remote Centre | more than 29 | 1.85 |
| 7 | Rural Outside Large Centre | less than 16 | 6.02 |
| 8 | Rural Outside Large Centre | more than 15 but less than 30 | 1.85 |
| 9 | Rural Outside Large Centre | more than 29 | 1.85 |
| 10 | An area not covered by items 1 to 9 | not applicable | 1.85 |

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 | 1.85 |
| 2 | 50 | 2.08 |
| 3 | 60 | 6.02 |
| 4 | 70 | 10.16 |
| 5 | 80 | 14.29 |
| 6 | 90 | 18.42 |
| 7 | 100 | 29.95 |

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 | 4.49 |
| 2 | 55 | 6.73 |
| 3 | 60 | 10.08 |
| 4 | 65 | 12.31 |
| 5 | 70 | 17.98 |
| 6 | 75 | 22.40 |
| 7 | 80 | 27.99 |
| 8 | 85 | 33.63 |
| 9 | 90 | 39.22 |
| 10 | 95 | 43.69 |
| 11 | 100 | 49.30 |

Chapter 4 Flexible care subsidy

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

Division 5 Adjusted subsidy reduction multi-purpose services

Section 100

Division 5—Adjusted subsidy reduction multi-purpose services

100 Adjusted subsidy reduction multi-purpose services

This section sets out:

- (a) the multi-purpose services that are adjusted subsidy reduction multi-purpose services; and
- (b) the number of places for each service for the purpose of the formula in subsection 92(2).

| Adjusted subsidy reduction multi-purpose services | | |
|--|--|-------------------------|
| Item | Multi-purpose service | Number of places |
| 1 | Alpine Multipurpose Service | 50 |
| 2 | Apollo Bay Multipurpose Service | 4 |
| 3 | Augusta Multipurpose Service | 12 |
| 4 | Beverley Multipurpose Service | 4 |
| 5 | Corryong Multipurpose Service | 20 |
| 6 | Denmark Multipurpose Service | 4 |
| 7 | Eastern Wheatbelt Multipurpose Service | 20 |
| 8 | Grenfell Multipurpose Service | 20 |
| 9 | Kangaroo Island Multipurpose Service | 5 |
| 10 | Katanning Multipurpose Service | 18 |
| 11 | Lake Cargelligo Multipurpose Service | 8 |
| 12 | Leonora/Laverton Multipurpose Service | 3 |
| 13 | Mallee Track Multipurpose Service | 30 |
| 14 | Murchison Multipurpose Service | 3 |
| 15 | Nannup Multipurpose Service | 5 |
| 16 | Oberon Multipurpose Service | 8 |
| 17 | Orbost Multipurpose Service | 15 |
| 18 | Robinvale Multipurpose Service | 14 |
| 19 | Timboon Multipurpose Service | 8 |
| 20 | Trundle Multipurpose Service | 4 |
| 21 | York Multipurpose Service | 7 |

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 | 11.26 |
| 2 | Central West | 9.64 |
| 3 | Far North Coast | 10.25 |
| 4 | Hunter | 11.36 |
| 5 | Illawarra | 10.48 |
| 6 | Inner West | 11.74 |
| 7 | Mid North Coast | 10.75 |
| 8 | Nepean | 10.45 |
| 9 | New England | 6.92 |
| 10 | Northern Sydney | 6.75 |
| 11 | Orana Far West | 12.64 |
| 12 | Riverina Murray | 11.25 |
| 13 | South East Sydney | 10.94 |
| 14 | South West Sydney | 13.23 |
| 15 | Southern Highlands | 11.85 |
| 16 | Western Sydney | 10.56 |
| Victoria | | |
| 17 | Barwon South Western | 6.90 |
| 18 | Eastern Metro | 6.24 |
| 19 | Gippsland | 6.54 |
| 20 | Grampians | 11.52 |
| 21 | Hume | 6.68 |
| 22 | Loddon-Mallee | 10.65 |
| 23 | Northern Metro | 10.56 |
| 24 | Southern Metro | 6.88 |
| 25 | Western Metro | 6.83 |
| Queensland | | |
| 26 | Brisbane North | 10.29 |
| 27 | Brisbane South | 11.01 |
| 28 | Cabool | 11.06 |
| 29 | Central West | 9.64 |

Chapter 4 Flexible care subsidy**Part 1** Amount of flexible care subsidy—care provided through multi-purpose service**Division 6** Concessional resident equivalent amounts

Section 101

| Concessional resident equivalent amounts | | |
|---|---|--------------------|
| Item | Region in which multi-purpose service is located | Amount (\$) |
| 30 | Darling Downs | 11.88 |
| 31 | Far North | 10.31 |
| 32 | Fitzroy | 6.04 |
| 33 | Logan River Valley | 12.03 |
| 34 | Mackay | 10.32 |
| 35 | North West | 15.09 |
| 36 | Northern | 10.03 |
| 37 | South Coast | 11.36 |
| 38 | South West | 10.32 |
| 39 | Sunshine Coast | 6.96 |
| 40 | West Moreton | 11.54 |
| 41 | Wide Bay | 10.53 |
| South Australia | | |
| 42 | Eyre Peninsula | 13.69 |
| 43 | Hills, Mallee and Southern | 11.99 |
| 44 | Metropolitan East | 11.06 |
| 45 | Metropolitan North | 11.23 |
| 46 | Metropolitan South | 11.30 |
| 47 | Metropolitan West | 12.37 |
| 48 | Mid North | 11.27 |
| 49 | Riverland | 12.51 |
| 50 | South East | 11.11 |
| 51 | Whyalla, Flinders and Far North | 11.41 |
| 52 | Yorke Lower North and Barossa | 11.75 |
| Western Australia | | |
| 53 | Goldfields | 6.04 |
| 54 | Great Southern | 6.85 |
| 55 | Kimberley | 14.76 |
| 56 | Metropolitan East | 11.06 |
| 57 | Metropolitan North | 11.23 |
| 58 | Metropolitan South East | 11.30 |
| 59 | Metropolitan South West | 12.37 |
| 60 | Mid West | 13.47 |
| 61 | Pilbara | 14.51 |
| 62 | South West | 10.32 |
| 63 | Wheatbelt | 10.60 |
| Tasmania | | |
| 64 | North Western | 10.90 |
| 65 | Northern | 10.03 |

| Concessional resident equivalent amounts | | |
|---|---|--------------------|
| Item | Region in which multi-purpose service is located | Amount (\$) |
| 66 | Southern | 11.39 |
| Northern Territory | | |
| 67 | Alice Springs | 16.56 |
| 68 | Barkly | 18.96 |
| 69 | Darwin | 14.24 |
| 70 | East Arnhem | 18.96 |
| 71 | Katherine | 10.31 |
| Australian Capital Territory | | |
| 72 | Australian Capital Territory | 11.65 |

Section 102

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) \$12.50.

| Amount of flexible care subsidy | | |
|--|---|---------------------------------|
| Item | Column 1 Approved provider | Column 2 Amount (\$) |
| 1 | Multiple Sclerosis Society of Victoria | 68.75 |
| 2 | Helping Hand Aged Care Inc. | 62.37 |
| 3 | Senses Foundation Inc. | 78.08 |
| 4 | Oakdale Services Tasmania | 70.59 |
| 5 | The Uniting Church in Australia Property Trust (NSW)—Orange | 71.81 |
| 6 | New Horizons Enterprises Limited | 72.58 |
| 7 | Clarence Valley Council (formerly Maclean Shire Council) | 72.34 |

Section 104

| Amount of flexible care subsidy | | |
|--|--|---------------------------------|
| Item | Column 1 Approved provider | Column 2 Amount (\$) |
| 8 | Uniting Church in Australia Property Trust (NSW) Springwood Retirement Village | 67.05 |

- (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) \$3.74.

| Amount of flexible care subsidy | | |
|--|--|---------------------------------|
| Item | Column 1 Approved provider | Column 2 Amount (\$) |
| 1 | Renmark Paringa District Hospital Inc. | 35.03 |

Section 105

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.

Basic subsidy amount

- (2) For paragraph (1)(a), the basic subsidy amount for the day for the care recipient is \$190.86.

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 \$3.82.

Chapter 5—Fees and payments

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.

108 Basic daily care fee

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.

Section 109

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 \$550 000.00.

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 Aged Care Pricing Commissioner. 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 Aged Care Pricing Commissioner 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 \$550 000.00 (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.

- (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*.

Section 111

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.

Section 112

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.