



Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020

I, Paul McBride, delegate of the Minister for Health, make the following determination.

Dated 10 June 2020

Paul McBride
First Assistant Secretary
Medical Benefits Division
Health Financing Group
Department of Health

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Part 1 Preliminary

1. Name

This instrument is the *Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020*.

2. Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	1 July 2020	

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3. Authority

This instrument is made under subsection 3C(1) of the *Health Insurance Act 1973*.

4. Revocation

The *Health Insurance (Midwife and Nurse Practitioner) Determination 2015* is revoked.

5. Definitions

- (1) In this instrument:

Act means the *Health Insurance Act 1973*.

relevant provisions means all provisions, relating to professional services or medical services, of:

- (a) the Act and regulations made under the Act; and
- (b) the *National Health Act 1953* and regulations made under that Act.

Note The following terms are defined in subsection 3(1) of the Act:

- general medical services table
- participating midwife
- participating nurse practitioner
- pathology services table

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- (2) Unless the contrary intention appears, a reference in this instrument to a provision of the Act or the *National Health Act 1953* or regulations made under the Act or under the *National Health Act 1953* as applied, adopted or incorporated in relation to specifying a matter is a reference to those provisions as in force from time to time and any other reference to provisions of an Act or regulations is a reference to those provisions as in force from time to time.

6. Additional definitions for telehealth items

- (1) In an item in Part 2 of Schedule 1 or Part 3 of Schedule 2:

care recipient means a person approved as a care recipient under Part 2.3 of the *Aged Care Act 1997*.

telehealth eligible area means an area classified as a telehealth eligible area by the Minister.

Note A diagram showing telehealth eligible areas can be viewed by searching ‘telehealth eligible areas’ at www.mbsonline.gov.au.

participating in a video consultation means participating in a consultation via video conference with a specialist or consultant physician practising in their specialty where:

- (a) there is an item that relates to the specialist or consultant physician’s service; and
- (b) the specialist or consultant physician’s service is rendered in Australia.

residential care service has the same meaning as in the *Aged Care Act 1997*.

Note The following terms are defined in subsection 3(1) of the Act:

- consultant physician
- specialist

Part 2 Midwifery services

7. Interpretation

(1) In this Part:

collaborative arrangement, for a participating midwife's patient, means a collaborative arrangement mentioned in section 5 of the *Health Insurance Regulations 2018*.

delivery includes episiotomy and repair of tears.

(2) For this Part, a participating midwife is a member of a practice that provides a patient's antenatal care if the midwife:

- (a) participates (whether as a partner, employee or otherwise) in the provision of professional services as part of the practice; or
- (b) provides relief services to the practice; or
- (c) provides professional services as part of the practice as a locum.

8. Treatment of midwifery services

For subsection 3C(1) of the Act, a midwifery service provided in accordance with this instrument is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the general medical services table that:
 - (i) related to the service; and
 - (ii) mentioned, for the service, a fee in relation to each State, being the fee mentioned in the item in Schedule 1 for the service.

9. Collaborative arrangements

For a patient, an item in Schedule 1 applies only if the service mentioned in that item is provided to the patient in accordance with a collaborative arrangement applying to that patient.

10. General requirements

(1) An item in Schedule 1 applies to a service only if:

- (a) the service is provided in the course of a personal attendance on a single patient on a single occasion by a single participating midwife; and
- (b) the midwife:
 - (i) is not employed by the proprietor of a hospital that is not a private hospital; or
 - (ii) both:
 - (A) is employed by the proprietor of a hospital that is not a private hospital; and
 - (B) provides the service otherwise than in the course of employment by that proprietor.

(2) Subsection (1) applies whether or not another person provides essential assistance to the participating midwife in accordance with accepted clinical practice.

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- (3) An item in Schedule 1 does not apply to a service provided for a patient if the patient is not in attendance.

Examples — patient not in attendance

- 1 Completing patient records.
- 2 Issuing repeat prescriptions.
- 3 Telephone attendances.

- (4) In items 82100 to 82115 and 82130 to 82140 in Part 1 of Schedule 1:

professional attendance includes the provision, for a patient, of any of the following services:

- (a) evaluating the patient's condition or conditions including, if applicable, evaluation using a health screening service mentioned in subsection 19(5) of the Act;
 - (b) formulating a plan for the management and, if applicable, for the treatment of the patient's condition or conditions;
 - (c) giving advice to the patient about the patient's condition or conditions and, if applicable, about treatment;
 - (d) if authorised by the patient — giving advice to another person, or other persons, about the patient's condition or conditions and, if applicable, about treatment;
 - (e) providing appropriate preventive health care;
 - (f) recording the clinical details of the service or services provided to the patient.
- (5) However, a **professional attendance** does not include the supply of a vaccine to a patient if:
- (a) the vaccine is supplied to the patient in connection with a professional attendance mentioned in any of items 82100 to 82115 and 82130 to 82140 in Part 1 of Schedule 1; and
 - (b) the cost of the vaccine is not subsidised by the Commonwealth or a State.

11. Other requirement for telehealth midwifery services

- (1) An item in Part 2 of Schedule 1 only applies to a service where no other service described in an item in subsection (2) is provided to the patient on the same occasion.
- (2) The items are:
 - (a) another item in Part 2 of Schedule 1 of this instrument;
 - (b) an item in Part 3 of Schedule 2 of this instrument;
 - (c) item 2100, 2122, 2125, 2126, 2137, 2138, 2143, 2147, 2179, 2195, 2199, 2220, 10983 or 10984 of the general medical services table.
- (3) Items 82150, 82151 and 82152 do not apply to a service if the patient, specialist or consultant physician travels to a place to satisfy the requirement in sub-subparagraph (c)(i)(B) of the item.

12. Labour and delivery

- (1) Items 82120 and 82125 in Part 1 of Schedule 1 apply only to a service provided by a participating midwife during a period of exclusive care of a patient in labour.

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- (2) Items 82120 and 82125 in Part 1 of Schedule 1 do not apply if, before labour, the patient's care is transferred to an obstetrician or medical practitioner who provides obstetric services, for the obstetrician or practitioner to manage the labour and delivery.
 - (3) Item 82120 in Part 1 of Schedule 1 applies to a service provided by a participating midwife (the *first midwife*) who manages a patient's confinement, but does not undertake the delivery, only if:
 - (a) the patient's care was transferred from the first midwife to another participating midwife because labour had exceeded 12 hours; or
 - (b) there was a clinical need to transfer the patient's care to an obstetrician or medical practitioner who provides obstetric services; or
 - (c) the patient's care was transferred from the first midwife to another participating midwife in exceptional circumstances.
 - (4) Item 82125 in Part 1 of Schedule 1 applies to services provided by a participating midwife (the *second midwife*) who manages a patient's confinement, but does not undertake the delivery, only if:
 - (a) the patient's care was transferred from the second midwife to another participating midwife because labour had exceeded 24 hours; or
 - (b) there was a clinical need to transfer the patient's care to an obstetrician or medical practitioner who provides obstetric services.

Part 3 Nurse practitioner services

13. Treatment of nurse practitioner services - general

Subject to section 14, for subsection 3C(1) of the Act, a nurse practitioner service provided in accordance with this instrument is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the general medical services table that:
 - (i) related to the service; and
 - (ii) mentioned, for the service, a fee in relation to each State, being the fee mentioned in the item in Schedule 2 relating to the service.

14. Treatment of nurse practitioner services - pathology

For subsection 3C(1) of the Act, a nurse practitioner service described in Part 1 of Schedule 2 provided in accordance with this instrument is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the pathology services table that:
 - (i) related to the service; and
 - (ii) mentioned, for the service, a fee in relation to each State, being the fee mentioned in the item in Part 1 of Schedule 2 relating to the service.

Note 1 A participating nurse practitioner performing a service described in items 73828 to 73837 must be the patient's treating practitioner in order for Medicare benefit to be payable — see subsection 16A(7A) of the Act.

15. Collaborative arrangements and scope of practice

- (1) For a patient, an item in Schedule 2 applies only if the service mentioned in that item is:
- (a) provided to the patient in accordance with a collaborative arrangement applying to that patient; and
 - (b) within the scope of practice of the participating nurse practitioner who provides the service.
- (2) In this section:
- collaborative arrangement*, for a participating nurse practitioner's patient, means a collaborative arrangement mentioned in section 7 of the *Health Insurance Regulations 2018*.

16. General requirements

- (1) An item in Schedule 2, except an item in Part 1 of Schedule 2, applies to a service only if:
- (a) the service is provided in the course of a personal attendance on a single patient on a single occasion by a single participating nurse practitioner; and
 - (b) the nurse practitioner:
 - (i) is not employed by the proprietor of a hospital that is not a private hospital; or
 - (ii) both:
 - (A) is employed by the proprietor of a hospital that is not a private hospital; and
 - (B) provides the service otherwise than in the course of employment by that proprietor.
- (2) Subsection (1) applies whether or not another person provides essential assistance to the participating nurse practitioner in accordance with accepted clinical practice.
- (3) An item in Schedule 2, except an item in Part 1 of Schedule 2, does not apply to a service provided for a patient if the patient is not in attendance.

Examples — patient not in attendance

- 1 Completing patient records.
- 2 Issuing repeat prescriptions.
- 3 Telephone attendances.

- (4) In Part 2 of Schedule 2:
- professional attendance* includes the provision, for a patient, of any of the following services:
- (a) evaluating the patient's condition or conditions including, if applicable, evaluation using a health screening service mentioned in subsection 19 (5) of the Act;
 - (b) formulating a plan for the management and, if applicable, for the treatment of the patient's condition or conditions;
 - (c) giving advice to the patient about the patient's condition or conditions and, if applicable, about treatment;
 - (d) if authorised by the patient — giving advice to another person, or other persons, about the patient's condition or conditions and, if applicable, about treatment;

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- (e) providing appropriate preventive health care;
 - (f) recording the clinical details of the service or services provided to the patient.
- (5) However, a **professional attendance** does not include the supply of a vaccine to a patient if:
- (a) the vaccine is supplied to the patient in connection with a professional attendance mentioned in Part 2 of Schedule 2; and
 - (b) the cost of the vaccine is not subsidised by the Commonwealth or a State.

17. Requirements for pathology items

An item in Part 1 of Schedule 2 applies to a service only if the participating nurse practitioner who renders the service:

- (a) is not employed by the proprietor of a hospital that is not a private hospital; or
- (b) both:
 - (i) is employed by the proprietor of a hospital that is not a private hospital; and
 - (ii) provides the service otherwise than in the course of employment by that proprietor.

18. Other requirements for telehealth nurse practitioner services

- (1) An item in Part 3 of Schedule 2 only applies to a service where no other service described in an item in subsection (2) is provided to the patient on the same occasion.
- (2) The items are:
 - (a) another item in Part 3 of Schedule 2 of this instrument;
 - (b) an item in Part 2 of Schedule 1 of this instrument;
 - (c) item 2100, 2122, 2125, 2126, 2137, 2138, 2143, 2147, 2179, 2195, 2199, 2220, 10983 or 10984 of the general medical services table.
- (3) Items 82220, 82221 and 82222 do not apply to a service if the patient, specialist or consultant physician travels to a place to satisfy the requirement in sub-subparagraph (c)(i)(B) of the item.

Schedule 1 Midwifery services and fees

Part 1 Midwifery services and fees

Group M13 – Midwifery services

Subgroup 1 – MBS items for participating midwives

Item	Service	Fee (\$)
82100	Initial antenatal professional attendance by a participating midwife, lasting at least 40 minutes, including all of the following: (a) taking a detailed patient history; (b) performing a comprehensive examination; (c) performing a risk assessment; (d) based on the risk assessment — arranging referral or transfer of the patient’s care to an obstetrician; (e) requesting pathology and diagnostic imaging services, when necessary; (f) discussing with the patient the collaborative arrangements for her maternity care and recording the arrangements in the midwife’s written records in accordance with section 6 of the <i>Health Insurance Regulations 2018</i> Payable only once for any pregnancy	55.05
82105	Short antenatal professional attendance by a participating midwife, lasting up to 40 minutes	33.30
82110	Long antenatal professional attendance by a participating midwife, lasting at least 40 minutes	55.05
82115	Professional attendance by a participating midwife, lasting at least 90 minutes, for assessment and preparation of a maternity care plan for a patient whose pregnancy has progressed beyond 20 weeks, if: (a) the patient is not an admitted patient of a hospital; and (b) the participating midwife undertakes a comprehensive assessment of the patient; and (c) the participating midwife develops a written maternity care plan that contains: (i) outcomes of the assessment; and (ii) details of agreed expectations for care during pregnancy, labour and delivery; and (iii) details of any health problems or care needs; and (iv) details of collaborative arrangements that apply to the patient; and	328.95

Group M13 – Midwifery services

Subgroup 1 – MBS items for participating midwives

Item	Service	Fee (\$)
	<ul style="list-style-type: none">(v) details of any medication taken by the patient during the pregnancy, and any additional medication that may be required by the patient; and(vi) details of any referrals or requests for pathology services or diagnostic imaging services for the patient during the pregnancy, and any additional referrals or requests that may be required for the patient; and <p>(d) the maternity care plan is explained and agreed with the patient; and</p> <p>(e) the fee does not include any amount for the management of labour and delivery</p> <p>(Includes any antenatal attendance provided on the same occasion)</p> <p>Payable only once for any pregnancy</p>	
82120	Management of confinement for up to 12 hours by a participating midwife, including delivery (if undertaken), if: <ul style="list-style-type: none">(a) the patient is an admitted patient of a hospital; and(b) the attendance is by a participating midwife who:<ul style="list-style-type: none">(i) provided the patient’s antenatal care; or(ii) is a member of a practice that provided the patient’s antenatal care <p>(Includes all attendances related to the confinement by the participating midwife)</p> <p>Payable once only for any pregnancy, unless paragraph 8(3)(c) of this instrument applies.</p>	776.85
82125	Management of confinement, including delivery (if undertaken), when care is transferred from 1 participating midwife to another participating midwife (the second participating midwife), if: <ul style="list-style-type: none">(a) the patient is an admitted patient of a hospital; and(b) the patient’s confinement is for longer than 12 hours; and(c) the second participating midwife:<ul style="list-style-type: none">(i) has provided the patient’s antenatal care; or(ii) is a member of a practice that provided the patient’s antenatal care <p>(Includes all attendances related to the confinement by the second participating midwife)</p> <p>Payable only once for any pregnancy.</p>	776.85
82130	Short postnatal professional attendance by a participating midwife, lasting up to 40 minutes, within 6 weeks after delivery	55.05
82135	Long postnatal professional attendance by a participating midwife, lasting at least 40 minutes, within 6 weeks after delivery	80.95

Group M13 – Midwifery services

Subgroup 1 – MBS items for participating midwives

Item	Service	Fee (\$)
82140	Postnatal professional attendance by a participating midwife on a patient, not less than 6 weeks but not more than 7 weeks after delivery of a baby, including: <ul style="list-style-type: none">(a) a comprehensive examination of the patient and baby to ensure normal postnatal recovery; and(b) referral of the patient to a general practitioner for the ongoing care of the patient and baby Payable only once for any pregnancy	55.05

Part 2 Telehealth midwifery services and fees

Group M13 – Midwifery services

Subgroup 2 – Telehealth attendances

Item	Service	Fee (\$)
82150	A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating midwife that requires the provision of clinical support to a patient who: <ul style="list-style-type: none">a) is participating in a video consultation with a specialist practising in his or her speciality of obstetrics or a specialist or consultant physician practising in his or her speciality of paediatrics; andb) is not an admitted patient; andc) is located:<ul style="list-style-type: none">(i) both:<ul style="list-style-type: none">(A) within a telehealth eligible area; and(B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or(ii) in Australia if the patient is a patient of:<ul style="list-style-type: none">(A) an Aboriginal Medical Service; or(B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies.	29.20

82151	A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating midwife that requires the provision of clinical support to a patient who: <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist practising in his or her speciality of obstetrics or a specialist or consultant physician practising in his or her speciality of paediatrics; and b) is not an admitted patient; and c) is located: <ul style="list-style-type: none"> (i) both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or (ii) in Australia if the patient is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies. 	55.35
82152	A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating midwife that requires the provision of clinical support to a patient who: <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist practising in his or her speciality of obstetrics or a specialist or consultant physician practising in his or her speciality of paediatrics; and b) is not an admitted patient; and c) is located: <ul style="list-style-type: none"> (i) both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or (ii) in Australia if the patient is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies. 	81.40

Schedule 2 Nurse practitioner services and fees

Part 1 Nurse practitioner pathology services and fees

Group P9 – Simple basic pathology tests		
Item	Service	Fee (\$)
73828	Semen examination for presence of spermatozoa by a participating nurse practitioner	6.90
73829	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count by a participating nurse practitioner - 1 test	4.55
73830	2 tests described in item 73829 by a participating nurse practitioner	6.35
73831	3 or more tests described in item 73829 by a participating nurse practitioner	8.15
73832	Microscopy of urine, excluding dipstick testing, by a participating nurse practitioner	4.55
73833	Pregnancy test by 1 or more immunochemical methods by a participating nurse practitioner	10.15
73834	Microscopy for wet film other than urine, including any relevant stain by a participating nurse practitioner	6.90
73835	Microscopy of Gram-stained film, including (if performed) a service described in item 73832 or 73834 by a participating nurse practitioner	8.65
73836	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method by a participating nurse practitioner	2.35
73837	Microscopy for fungi in skin, hair or nails by a participating nurse practitioner – 1 or more sites	6.90

Part 2 Nurse practitioner services and fees

Group M14 – Nurse practitioners		
Subgroup 1 – Nurse practitioners		
Item	Service	Fee (\$)
82200	Professional attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management	9.90
82205	Professional attendance by a participating nurse practitioner lasting less than 20 minutes and including any of the following: (a) taking a history; (b) undertaking clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	21.60

82210	Professional attendance by a participating nurse practitioner lasting at least 20 minutes and including any of the following: (a) taking a detailed history; (b) undertaking clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	41.00
82215	Professional attendance by a participating nurse practitioner lasting at least 40 minutes and including any of the following: (a) taking an extensive history; (b) undertaking clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	60.40

Part 3 Telehealth nurse practitioner services and fees

Group M14 – Nurse practitioners

Subgroup 2 – Telehealth attendance

Item	Service	Fee (\$)
82220	A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: a) is participating in a video consultation with a specialist or consultant physician; and b) is not an admitted patient; and c) is located: (i) both: (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or (ii) in Australia if the patient is a patient of: (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies.	29.20

82221	<p>A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who:</p> <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist or consultant physician; and b) is not an admitted patient; and c) is located: <ul style="list-style-type: none"> (i) both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or (ii) in Australia if the patient is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies. 	55.35
82222	<p>A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who:</p> <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist or consultant physician; and b) is not an admitted patient; and c) is located: <ul style="list-style-type: none"> (i) both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or (ii) in Australia if the patient is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies. 	81.40
Subgroup 3 – Telehealth attendance at a residential aged care facility		
82223	<p>A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who:</p> <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist or consultant physician; and b) either: <ul style="list-style-type: none"> (i) is a care recipient receiving care in a residential care service; or (ii) is at consulting rooms situated within such a complex if the patient is a care recipient receiving care in a residential aged care service; and c) the professional attendance is not provided at a self-contained unit. 	29.20

82224	A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist or consultant physician; and b) either: <ul style="list-style-type: none"> (i) is a care recipient receiving care in a residential care service; or (ii) is at consulting rooms situated within such a complex if the patient is a care recipient receiving care in a residential aged care service; and c) the professional attendance is not provided at a self-contained unit. 	55.35
82225	A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist or consultant physician; and b) either: <ul style="list-style-type: none"> (i) is a care recipient receiving care in a residential care service; or (ii) is at consulting rooms situated within such a complex if the patient is a care recipient receiving care in a residential aged care service; and c) the professional attendance is not provided at a self-contained unit. 	81.40
