

Charging and Financial Assessment for Adult Care and Support at Home

From 1st April 2019



INVESTOR IN PEOPLE



The Government Standard

1. Introduction

Stockton on Tees Borough Council's Charging and Financial Assessment for Adult Care and Support Services policy has been designed to comply with the Care Act 2014. Its aim is to produce a consistent and fair framework for charging and financial assessment for all customers that receive care and support services, following an assessment of their individual needs and their financial circumstances.

For the purposes of this policy an adult is a person aged 18 and above.

2. Chargeable Services

The power to charge is given to local authorities under Section 14 of The Care Act.

Current services which are charged at an assessed rate:

- Personal Care
- Transport
- Self Managed Personal Budget
- Domestic Care
- Day Care
- Telecare
- The first 8 weeks of respite care in a care home, where care and support at Home is in place.

Section 14 of The Care Act also provides details of services which cannot be charged for by the local authority:

- Community equipment (aids and minor adaptations) An adaptation is minor if the cost of making the adaptation is £1,000 or less
- Intermediate Care, including reablement services, for 6 weeks
- After Care services /support provided under section 117 of the Mental Health Act 1983.
- Care and support provided to people with Creutzfeldt-Jacob disease
- Any service or part service which the NHS is under a duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care.
- Services which the local authority has a duty to provide through other legislation
- Assessment of needs and care planning, including the cost of the financial assessment, as these constitute 'meeting needs'.

The Council will refer to Care and Support Regulations (Statutory Instruments) and Care and Support Statutory Guidance and Annexes issued under The Care Act 2014, in all regards for specific guidance relating to charging and financial assessment and as such, these statutory regulations form the basis of this policy.

3. The policy objectives

The principles underpinning the policy are:

- That customers will only be required to pay what they can afford
- To provide clear and transparent information so customers know what they will be charged
- To apply the rules consistently to avoid variation in the way people are assessed and charged
- To promote wellbeing, social inclusion and support the vision of personalisation, independence, choice and control
- To support carers to look after their own health and wellbeing and to care effectively and safely
- To be person focused, reflecting the variety of care and caring journeys and the variety of options available to meet a customer's needs
- To apply charging rules equally so those with similar needs or services are treated the same in different care settings.
- To encourage and enable those who wish to stay in or take up employment, education or training or plan for future costs of meeting their needs to do so
- To be sustainable for the local authority in the long term

4. The financial assessment

All new clients who have been assessed by a care manager who are eligible for services and receive a costed package of care will have a financial assessment. An Assessment Visiting Officer based within Adult Social Care Financial Services will undertake the financial assessment.

The principle of the financial assessment is that clients have sufficient money to: -

- meet their housing costs
- meet their disability related expenditure
- retain the Minimum Income Guarantee, known as the MIG, as per the Care Act 2014, to cover your living costs. This is provided by the Department of Health and Social Care and updated annually. <https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2019-to-2020>

The financial assessment will consist of:

- An assessment of capital
- An assessment of income
- An assessment of disregards and allowances
- An assessment of disability related expenditure
- A comprehensive benefit check.

a) Assessment of Capital

Capital is monies that have been put aside in either: -

Bank Accounts – Current and Deposit accounts
Building Society accounts
Stocks and Shares
Premium Bonds
Trust Funds
Cash.
Property

This list is not exhaustive; it is intended as a guide as capital will be assessed in accordance with The Care Act 2014 Annex B: Treatment of Capital.

Capital of less than £14,250 will be disregarded in full.

Clients with capital of £23,250 or more will be charged the full cost of their package of care up to a maximum of £321.60 per week. This amount is 60% of the current residential rate for a Grade 1 care home and may change throughout year.

Clients with capital between the upper and lower capital limits will be treated as having a tariff income charge of £1 per week for every £250 or part thereof.

b) Assessment of Income

Income is an amount of money earned from working, investments or from allowances paid by Government in benefits.

Income will be assessed in accordance with The Care Act 2014 Annex C: Treatment of Income.

The following income will not be included in calculating assessable income:

- Minimum Income Guarantee
- Earnings
- Savings Credit
- DLA Mobility
- War Widows Supplementary Pension
- Working Tax Credit
- Disabled Tax Credit
- Return to work credit
- The difference between the middle and higher rate of DLA Care where the higher rate is in payment but there are no night time services provided
- Personal Independence Payment Mobility Component

Income which is received through Personal Injury Awards through investments or as interest on savings will be included in full.

Where a client declines to disclose information relating to capital or income then s/he will be required to pay the full cost of the services provided to them up to the maximum charge.

c) Assessment of Disregards and Allowances

The following items of expenditure will be disregarded where evidence is provided of actual costs incurred:

- Rent Payments not met by Housing Benefit
- Council Tax payments not met by Council Tax Benefit
- Mortgage payments, associated capital repayments and endowment premiums not met by Income Support, Employment and Support Allowance or Pension Credit
- Department for Work and Pensions standard non-dependent deductions where the client is living with the tenant/home owner who has housing costs of at least the amount of the non-dependent deduction
- Ground rent
- Allowable elements of service charges not covered by Income Support, Pension Credit and Employment Support Allowance
- CSA Payments

d) Disability Related Expenditure (DRE)

In addition to the disregards detailed above an allowance will also be made for extra costs, which are incurred as a result of a client's age, disability or ill health.

A list of the types of extra costs incurred is included for information at the end of the document. This list is not exhaustive and any claim for expenditure not listed will be considered as an "exceptional" item. This will be discussed with the Care Manager to ascertain if an identified need is in the care plan and this will be referred to a Senior Manager for consideration and authorisation.

Copies of care plans will be requested from social work files to confirm the assessment of need and to find out entitlement to allowances.

Where proof of the extra costs is required, clients will be given one calendar month to provide it. Where proof is provided within this timescale the amount of the allowance will be backdated to the date the evidence was requested.

Where proof is provided outside of a calendar month then any change to a clients contribution will be from the Monday following receipt of the proof being provided and agreed.

e) Assessed Contribution

The assessed contribution equals =

Assessed Income and Savings – Disregards, Allowances and DRE

Clients will be charged 100% of their indicative budget up to a maximum charge per week which is set at 60% of funded rate of Grade 1 Residential Care

All clients will receive written details of an initial assessment at the home visit undertaken by the Assessment Visiting Officer.

After completing the financial assessment the client will be sent a letter confirming the assessment, details of payment arrangements and information regarding rights of appeal.

Clients will be invoiced on a four weekly basis to collect their assessed contribution. Charges will be collected in arrears.

If a client is paying less than the full cost then their contribution will only reduce if the cost of their service falls below the assessed charge. If a client is paying the full cost of their service then they will be charged for the actual service they receive.

If a client is using Direct Payments in order to purchase their own care needs then they will continue to pay their assessed charge for the financial year. The year end monitoring procedures of the scheme will reconcile the clients direct payment spend, returned surplus and assessed contribution to determine if any charges are to be refunded.

5. Comprehensive Benefits Advice

All clients and their carers, where appropriate, will be offered benefits advice.

Where a client indicates that they do not wish to be given advice by the Assessment Officer they will be signposted or referred to another advice provider as appropriate.

Where a client appears to be entitled to a means tested benefit or an increased amount of that benefit but declines to claim it they will be assumed to be in receipt of the amount of the unclaimed benefit with effect from the Monday following the financial assessment. This is known as notional income.

Possible entitlement to a non-means tested benefit such as Attendance Allowance will not be taken into account as a notional income.

Where a benefit is claimed then it will be included in the financial assessment from the date of award. No recovery action will be undertaken pending the outcome of the claim. The client will be instructed to only pay any assessed contribution based on current income pending the final outcome of the benefit claimed.

6. Financial Assessment Reviews

All clients will have their financial assessment reviewed annually.

Clients will be informed at the initial assessment that they must report any changes of circumstances which may change the assessed contribution.

Clients can request a financial assessment review at any time if they believe their circumstances have changed.

7. Couples

The income and capital of a husband or wife or registered civil partner is not taken into account. Only the client's income and savings is included, unless: -

- The client has a legal entitlement to their husband/wife's income and savings
- The client is part of a couple and their benefits are paid to one of them on behalf of them both
- The value of anything which is held in joint names will be divided equally between both.

A client can request a joint assessment with their partner and an Assessment Officer will advise them if this would be beneficial.

8. Review and Appeals

The client has the right to appeal against the amount of any assessed contribution.

A review can be requested which will be undertaken by the Team Leader. The outcome of the review will be notified to the client in writing within 7 days of the review request.

Where the client remains dissatisfied with the outcome of the review, s/he will be informed that they have two weeks in which to appeal to the Team Manager.

Where the client remains dissatisfied with the outcome of the second review s/he has a further two weeks to request that his/her appeal be considered by the Council's Appeals Panel.

The client and/ or a representative will be asked to attend an Appeals Panel hearing at which they will be given the opportunity to put forward the reasons for the appeal.

The Appeals Panel consists of a Councillor and an external independent representative. A member of the Welfare Rights Team will be present to advise the panel.

Following the appeal written notification of the outcome will be sent to the service user within 7 days and the reason for the decision will be given.

Any amendment to the client's contribution will be backdated to the date when the initial appeal request was received.

Disability Related Expenditure 2019/2020

This document was classified as: OFFICIAL

<u>Item Description</u>		<u>Evidence Required</u>
		C/P=Care Plan, R=Receipts/Proof of payment
Bedding		C/P R
Bed	Powered	C/P R
	Turning	
Chiropody		R
Clothing		C/P R
Community Alarm		R
Decorating		R
Delivery Charge for online shopping		R
Exceptional DRE		C/P, R and agreed by Service Manager
Gardening		R
Hoist		C/P R
Holidays with carer		C/P R
Incontinence Pads		C/P R
Items to aid daily living (including sensory loss equipment)		R
Laundry		C/P
Maintenance, Repair and Insurance Costs of DRE equipment		R
Microwave		C/P R
Nebuliser		C/P R
Prescriptions		R
Private Care/Respite		C/P R
Private Cleaner/Domestic Help		C/P R
Purchase of Disability Related Equipment		R
Reclining Chair		C/P R
Stair lift		C/P R
Tens Machine		C/P R
Transport Costs (if dial-a-ride/hospital transport not available)		R
Tumble Dryer		R
Wheelchair		C/P R
Window Cleaner		R

