Fees and Charges Policy for Adult Social Care

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Please note: This Policy is a dynamic document and may require minor updates from time to time prior to any full review or statutory guidance received.
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1 DEFINITIONS USED IN THIS POLICY

Attorney: Enduring Power of Attorney or Lasting Power of Attorney. A legal process that lets the Service User appoint one or more people (known as attorneys) to help them make decisions or make decisions on their behalf.

Brokering: to act as an agent in negotiating contracts

Carer: A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

Deferred Payment Scheme: A national scheme whereby people can delay paying for their care and support, or part of it, until a later date (often after their death), provided they meet the eligibility for the scheme.

Deferred Payment Agreement/Deferred Payments: The formal mechanism where the Council and the Service User agree to the deferral of the difference between the personal budget amount and the assessed contribution against the value of the person’s property.

Deputy: A person authorised by the Court of Protection to manage the affairs of someone who lacks the mental capacity to manage their own affairs.

Disregard: Take no account of/ignore

Eligible Needs: When the Service User’s or Carer’s needs meet the Council’s criteria for Council funded care and support.

Extra Care: The Service User’s own home, in a development with other older people, but with additional care and support available.

Guidance: Care and Support Statutory Guidance issued under the Care Act 2014 by the Department of Health.

Legal Charge: A legal document held by the Land Registry showing that the Council has a claim on the Service User’s property.

Main home: A Service User can have only one main home at any one time. This is the home where the Service User normally lives.

Personal Budget: Money that is allocated to a Service User or Carer by the Council to pay for care or support to meet their eligible needs.

Provider: Organisation or person providing care services to the Service User.

Representative: Person nominated by the Service User to assist them with the financial assessment process.

People: Person receiving care services provided under the Care Act 2014.

Supported Living: An alternative to residential care or living with family that enables adults with disabilities to live in their own home, with the help they need to be independent.

The Council: Northamptonshire County Council.

Top-up fee: The difference between the actual costs of the preferred Provider and the amount that the Council has set in a Personal Budget to meet the Service User’s eligible needs.

3rd Party: Someone who agrees to pay the top-up fee for the Service User. This may be a relative, friend or charity.
INTRODUCTION AND AIM

The Care Act 2014 provides the legal framework for charging for care and support. Section 14 of the Act allows local authorities to charge a person in receipt of care and support services where it is permitted to charge, and Section 17 of the Act allows local authorities to carry out an assessment of an individual’s financial resources to work out the amount, if any, that they will be required to pay towards the cost of their care. The Act, together with the supporting regulations and statutory guidance sets out a single framework model for charging people whose eligible needs are met within a care home setting, and also requires local authorities to develop and maintain a policy for charging people with care and support needs that are met in settings other than care homes. These form the basis of the Council’s Fees and Charges policy, except where the Council uses its discretionary powers. The Council will also refer in its financial assessment determinations to best practice guidance produced by the National Association of Financial Assessment Officers.

This policy should be read in conjunction with the NCC Personalisation Policy and the Care and Support Statutory Guidance (February 2017).

Unlike NHS healthcare, social care and support services are not generally free of charge - people have always had to pay something towards the cost of their care if they can afford to do so. This policy will set out the key principles of charging for the following:

- Care received in the community, including respite accommodation stays
- Care received in a residential accommodation setting
- Top up and arrangement fees
- Deferred Payment Agreements and associated administration and interest charges
- Flat rate charges for assistive technology
- Flat rate fees for personal financial support such as appointeeship or deputyship
When you access care and support via local authority funding, you must be financially assessed to determine how much, if anything, you can afford to contribute towards the cost of your care. This section will provide the basic principles of a financial assessment, which apply to care received in a residential care setting or in the community. Please note, that flat rate charges such as assistive technology charges do not require a financial assessment and if you access these services you will be responsible for paying all of the flat rate charge.

The Council believes it is important that people pay the charges to their care costs that they are responsible for - but in deciding to charge for care the Council adheres to a number of important principles in its approach:

- **Fairness** - the policy will be applied consistently to all adults receiving services, regardless of how they are receiving their services, so that everyone is treated fairly and equitably. For those who are not eligible for services we will offer signposting, advice and information

- **Ability to pay** – everyone who receives social care support will be asked to contribute towards the cost of their social care based on their ability to pay rather than on the cost of their services alone. Everyone will be offered a comprehensive financial assessment of their individual circumstances and be left with a basic level of protected income, as set out in Government guidance. Following an assessment, no-one will be asked to contribute more than is reasonable. Depending on their situation, some people will not have to contribute anything

- **Maximising benefits entitlement** – to ensure everyone is receiving all the welfare benefits they are entitled to and not missing out, everyone will receive a welfare benefits check as part of their financial assessment to identify any benefits they might be entitled to and provide them with details of how to apply. If a benefit entitlement is identified and you require support to apply for the benefit, the Council can arrange for a Welfare Benefits Adviser to contact you to offer support

- **Transparency and clarity** – the policy is set out in a clear and straightforward way so that everyone can understand how their contributions (if any) have been calculated, will know what their contributions might be at an early stage, and be able to judge whether or not the policy has been applied correctly in their individual case

- **Empowerment** – the policy supports the overall goal of the Council to support people to have more choice and control over their resources and the way these are utilised, so that they are able to live their lives the way they want and feel included in their community

- **Proportionality** – the charges will be based on the actual cost of the service to the Council and you will only be asked to contribute towards the value of your own care

- **Compliance with statutory duties** – the policy will be applied in a way that is fully consistent with legislation and the requirements set out in national guidance
a) Financial Assessments – The Basics

Financial assessments will be carried out if you:

- Are in receipt, or likely to be in receipt, of an eligible care package; and
- Have capital below the threshold limit (currently set at £23,250). This includes, but is not limited to, bank or building society accounts, unit trusts and savings bonds. For non-residential care, the value of your home (your primary residence) does not count for these purposes, but any additional properties you don’t live in, do...

At the time of carrying out your assessment, we must establish whether or not you have ‘mental capacity’, i.e. the ability to make your own decisions. If you lack capacity, we will carry out your financial assessment by consulting with someone who is dealing with your financial affairs. We will check to see whether you have:

- Enduring Power of Attorney (EPA)
- Lasting Power of Attorney (LPA) for property and affairs
- Lasting Power of Attorney (LPA) for health and welfare
- Property and affairs deputyship under the Court of Protection
- Any other person dealing with your affairs (e.g. someone who has been given appointeeship by the Department for Work and Pensions for the purpose of benefit payments)

If you lack capacity to give consent to a financial assessment and do not have any of the above people with authority to be involved in your affairs, you may need the appointment of a property and affairs deputyship. Family members can apply for this to the Court of Protection or the Council can apply if there is no family involved in your care.

b) Capital

The definition and treatment of capital in the financial assessment, including the calculation of its value, and the application of appropriate disregards will be undertaken in accordance with Sections 14 and 17 of the Care Act, and Annex B of the Care and Support Statutory Guidance.

The Council generally defines capital as any financial amount held in assets such as current accounts, savings accounts, stocks/shares, investment products and property. The Council will usually include the value of the capital in the financial assessment at the date that the financial assessment is completed, unless any care funding started prior to the financial assessment being completed.

Some capital is not taken into account for financial assessment purposes. This includes:

- Personal Injury Compensation Payments
- Arrears of Attendance Allowance, Pension Credit, Income Support, Housing Benefit
- The value of your main residence if you remain living their while accessing care services

A capital asset is normally identified as belonging to the person in whose name it is held. Where a person has joint beneficial ownership of capital, the total value will be divided equally between the joint owners, and the person should be treated as owning that amount - except where there is evidence that the person owns an unequal share.

The Care Act 2014 sets out upper and lower capital limits whether care is received in the community or in a residential care home setting:
• If you have capital above the upper threshold of £23,250, you will contribute the full amount of your care package, usually directly to the care provider. Capital and savings will still be checked and welfare benefits advice and assistance offered.
• If you have capital below the lower threshold of £14,250, the total amount will be disregarded within the financial assessment.
• If you have capital between £14,250 and £23,250 you will have to pay £1.00 per week for every £250 or part thereof held. (For example, if you have £18,250 in savings, this is £4,000 above the lower threshold and so this would be calculated as £4,000 ÷ £250 = £16.00 per week which would be included in your weekly income based on your savings)

People who need care and support who are self-funding will usually make their own arrangements with the care home or care provider regarding the payment of the care fees. The Council can however make arrangements on behalf of an individual if they lack mental capacity to do so, or do not have a representative empowered to do so. These arrangements can include brokering the contract on behalf of the person, or entering into a contractual arrangement with the provider. The Council can offer at no charge, information, advice and guidance to assist people who are self-funding to find the right care for themselves.

If a self-funding persons capital falls to the upper capital limit or below it, a care assessment or care review will be completed to determine eligibility for Council funding, and a financial assessment will be completed to determine the persons level of capital/savings and details of their other finances. This information should determine from what date the person will become eligible for help from the Council with their care fees.

c) Income

The definition and treatment of income in the financial assessment, including the calculation of its net value, and the application of appropriate disregards will be undertaken in accordance with Sections 14 and 17 of the Care Act and Annex C of the Care and Support Statutory Guidance.

Income is received in various forms – state benefits, occupational pensions, tariff income from capital, property etc. – and will be taken fully into account within a financial assessment.

The financial assessment will calculate a contribution based upon your maximum chargeable income. For community based services you will be allowed to keep the amount set by the Department of Health each year and some disability-related costs and they will not be included within the maximum disposable income figure. For residential/nursing care services you will be allowed to keep the Statutory Personal Expenses Allowance, this is also set annually by the Department of Health.

All income is taken fully into account in the financial assessment unless the regulations require that it should be disregarded either partially or fully. There are some circumstances where income should be available but has not been claimed or applied for. In these circumstances, the Council may take this income into account as notional income. For example, if the Council identifies that you have a claim for a disability benefit and you chose not to apply for the benefit, the Council may still include the value of the benefit in the financial assessment. Support with applying for any benefits is available at no charge from the Council.

We will disregard all or part of the following benefits when assessing your income: (The following lists are intended as a guide, and are not exhaustive)
Any income from the following sources must be fully disregarded:

- Armed Forces Independence Payments and Mobility Supplement
- Any earnings from paid employment
- Child Support Maintenance Payments and Child Benefit, except where the accommodation is arranged under the Care Act in which the adult and child both live
- Child Tax Credit
- Council Tax Reduction Schemes where this involves a payment to the person
- Disability Living Allowance (Mobility Component) and Mobility Supplement
- Christmas bonus
- dependency increases paid with certain benefits
- Discretionary Trust
- Gallantry Awards
- Guardian’s Allowance
- Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme
- Payments made to Veterans under the War Pension Scheme with the exception of Constant Attendance Allowance
- Income frozen abroad
- income in kind
- pensioners Christmas payments
- Personal Independence Payment (Mobility Component) and Mobility Supplement
- personal injury trust, including those administered by a Court
- resettlement benefit
- savings credit disregard
- Social Fund payments (including winter fuel payments)
- war widows and widowers special payments
- any payments received as a holder of the Victoria Cross, George Cross or equivalent
- any grants or loans paid for the purposes of education; and
- payments made in relation to training for employment.
- any payment from:
  - Macfarlane Trust
  - Macfarlane (Special Payments) Trust
  - Macfarlane (Special Payment) (No 2) Trust
  - Caxton Foundation
  - The Fund (payments to non-haemophiliacs infected with HIV)
  - Eileen Trust
  - MFET Limited
  - Skipton Fund
  - London Bombings Relief Charitable Fund
  - Scottish Infected Blood Support Scheme
  - an approved blood scheme (this is a scheme approved by the Secretary of State, or trust established with funds provided by the Secretary of State, to provide compensation in respect of a person having been infected from contaminated blood products)
  - London Emergencies Trust
  - We Love Manchester Emergency Fund
Local authorities may take most of the benefits people receive into account. Those they must disregard are listed below. However, they need to ensure that in addition to the minimum guaranteed income or personal expenses allowance – details of which are set out below – people retain enough of their benefits to pay for things to meet those needs not being met by the local authority.

Any income from the following sources must be fully disregarded:

- Direct Payments
- Guaranteed Income Payments made to veterans under the Armed Forces Compensation Scheme
- War Pension Scheme payments made to veterans with the exception of Constant Attendance Allowance payments
- the mobility component of Disability Living Allowance
- the mobility component of Personal Independence Payment

**d) Partially Disregarded Income**

The following income is partially disregarded:

1. the first £10 per week of War Widows and War Widowers pension, survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme, Civilian War Injury pension, any War Disablement pension paid to non-veterans and payments to victims of National Socialist persecution (paid under German or Austrian law)
2. a savings disregard based on qualifying is made as follows:

For individuals:

- if you are in receipt of qualifying income of less than £133.82 per week there will be no Savings Disregard made
- if you are in receipt of qualifying income between £133.82 and £155.60 per week the savings disregard is made, which will equal the actual amount of the savings credit received or a sum of £5.75 whichever is less
- if you are in receipt of qualifying income in excess of £155.60 per week, and a savings credit reward is in payment, a flat rate savings disregard of £5.75 per week is made irrespective of how much the savings credit payment is
- if you have a qualifying income above the limit for receiving a savings credit reward (around £190.00 but could be higher if you are severely disabled, have caring responsibilities or certain housing costs) a flat rate savings disregard of £5.75 is made.

For couples:

- where you are part of a couple (including a civil partnership) and in receipt of qualifying income of less than £212.97 per week there will be no savings disregard made
- where you are part of a couple (including a civil partnership) and in receipt of qualifying income between £212.97 and £237.55 per week the savings disregard is made, which will equal the actual amount of the savings credit received or a sum of £8.60 whichever is less
- where you are part of a couple (including a civil partnership) and in receipt of qualifying income in excess of £237.55 per week, and a savings credit reward is paid, a flat rate savings disregard of £8.60 per week is made irrespective of how much the savings credit payment is
- where you are part of a couple (including a civil partnership) and have qualifying income above the limit for receiving savings credit (around £278.00 but could be higher if the person is severely disabled, has caring responsibilities or certain housing costs) a flat rate savings disregard of £8.60 is made
Please note, the Department of Work and Pensions defines a couple as 2 people in the same household that are either:

- married to each other
- civil partners of each other
- living together as if they are married

The values of £155.60 and £237.55 above represent the standard minimum guarantee for an individual and couple respectively. These amounts are increased to an appropriate minimum guarantee where individuals and couples qualify as severely disabled or as carers because of receipt of qualifying benefits.

e) General Charging Principles

If you refuse a financial assessment, or the Council is unable to carry out a full financial assessment because of your refusal to co-operate with the assessment, or acts unreasonably in response to requests for information, you will be treated as having financial resources which exceed the financial limit – and will have to pay the full cost of the care that you receive.

If you are in receipt of care, have had a financial assessment, and continue to receive care and support services, you will be required to advise the Council if there is a significant change in your income or capital, other than the usual annual uprating of pensions and benefits. Your financial assessment will be reviewed usually on an annual basis, or at your request to take account of any change in your financial resources. Changes to your care charge will usually take effect from the date of reassessment, unless the change is as a result of the annual uprating of welfare benefits, or if it is determined that there has been a deliberate failure to tell us about an increase in income or capital – in which case the assessment will be backdated to the date of change.

Charges for care and support services will apply from the date that care commences, unless there has been a significant delay on the part of the Council in completing the assessment – in which case the charge will apply from the date that the Council completes the financial assessment and notifies you or your representative.

Charges will only apply where care and support services are delivered. Services that are cancelled in accordance with the relevant contractual terms and conditions will not be charged for.

The minimum charge levied will be £1.00 – any assessed disposable income below this figure will not be charged.

All information provided in the course of a financial assessment will be held securely, in confidence, and in accordance with the principles of the General Data Protection Regulations.

f) Deprivation of Assets

Where you intentionally dispose of or deprive yourself of some or all of your income or assets in order to avoid or reduce care charges, the Council may treat you as still having those assets. The value of these will be included in the financial assessment as notional income or capital. Examples of deprivation of capital include making a lump sum payment to someone else, ownership transfer of a property or other asset, the placing of assets within a trust that cannot be revoked, and sudden substantial increased expenditure that is out of character with previous spending. The Council will use
the “diminishing notional capital” rule to calculate the ongoing reduction in your notional capital as a result of using this in the financial assessment. The rule is that the value of notional capital reduces weekly by the difference between the weekly rate that you pay for your care and the weekly rate you would have paid if notional capital did not apply.

If someone other than you has benefitted from any deprivation of assets, they will be liable to pay all or part of the ongoing care costs. The beneficiary will receive an invoice every four weeks to contribute towards the care costs until such time as the gifted amount is diminished.
SERVICES WHICH ARE FREE OF CHARGE

The Council does not make a charge for a range of different forms of care and support services. This is because some services must be free of charge by law, and also because the Council has decided not to charge for some other services for which it could charge.

The services that are free of charge are:

- **Reablement support services** – aimed at reducing the need for ongoing care by helping people to maintain or regain the ability to live independently in their own home following an illness or a crisis. These services are free of charge for up to 6 weeks. After this period, any continuing ongoing care services provided will be subject to a financially assessed charge. No charge is made for equipment supplied to assist with daily living – e.g. grab rails.

- **Intermediate care** - a package of care, therapy services, medical treatment and rehabilitation that is provided to people to facilitate their discharge from hospital, or to help avoid inappropriate admission to hospital, NHS in-patient care, or long-term residential care. Intermediate care is usually time-limited up to six weeks, and aims to maximise independence to help people to continue or resume living at home. There is no charge for intermediate care for at least the first six weeks.

- **Interim care** – the term used to describe a period of up to 28 days of residential care or residential nursing care provided in a designated care home to facilitate discharge from hospital or avoid admission to hospital.

- **Carers’ services** – the Council will not charge for services provided to a carer in their own right, nor will a contribution be required towards a personal budget that is provided solely for a carer. A carer will not be charged for services that are provided directly to the person they care for that might benefit the carer – for example respite and replacement care. In these situations care charges will apply to the person with care and support needs if they are assessed as able to pay these.

- **Section 117 of the Mental Health Act 1983** - Services relating to mental health aftercare commissioned under section 117 of the Mental Health Act 1983 are free of charge for those in a care home. For those accessing services in the community, if you also have social care needs as well as mental health needs and you are receiving services to meet those social care needs, this policy will apply and you will be eligible for a financial assessment to work out how much you need to pay towards your social care support.

- **Care and support provided to people with Creutzfeldt-Jakob Disease (CJD)**

- **Any service or part of service which the NHS is under a duty to provide, i.e. the full cost of your care is fully covered by Continuing Health Care funding**

- **Any services which a local authority is under a duty to provide free of charge through other legislation**

- **No charge will be made by the Council for the assessment of an individual’s needs, the assessment of their finances, or for any care and support planning undertaken**

- **You have a terminal illness** and are receiving either Attendance Allowance or Disability Living Allowance (or Personal Independence Payment if you are a new claimant or have moved over from the old system) claimed under special rules on the DS1500 claim form. This is for community based care, if care is provided in a residential setting the DS1500 does not exempt you from charges.

- **Care services delivered to people in prison**

- **Information and advice**
SERVICES FOR WHICH A CHARGE IS MADE

The following services will, in most circumstances, be subject to a charge that is determined by a financial assessment:

- Home care
- Day care, day activities and day opportunities
- Direct payments
- Residential and Nursing care – permanent stays, and short term temporary stays in residential care and nursing homes

The following services are all charged at a standard flat-rate, and are not subject to a financial assessment. They are classed as ordinary expenditure and will be payable in addition to any assessed contribution for other services. The Council may increase these charges annually in accordance with RPI, or subject to statutory increases prescribed by the Court of Protection:

- Meals provided in Council-run day services
- Appointeeship and Deputyship Charges
- Assistive Technology (however, if you have been deemed eligible for social care and support and you have a package, you will not have to pay for these services)

Appointeeship Charges

You may not be able to manage your own finances or you may not have a representative who can support you to manage your finances. In some circumstances, the Council may be able to support with the management of your finances through the Appointeeship service. The Council’s ability to support will be determined by current workloads and the level of support required.

If you are able to access the Council’s appointee service, you may have to pay a flat charge towards the cost of the service. The flat rate charge is a contribution towards the cost of the service.

The flat rate charge that you may have to contribute is dependent on the type of service you are receiving from the Council. The charges are:

- £10 per week for anyone who is in a residential / nursing home.
- £12.50 per week for anyone who is receiving care and support in the community.

There may be some circumstances where you will be exempt from paying the flat rate charges. These are:

- If you have capital less than £1,000.
- If you are subject to section 117 aftercare which includes finances.

If you are asked to pay the flat rate charge however there are extreme circumstances where the charge may cause financial hardship, you can apply for a waiver of charges. To apply for a waiver, you or a representative will need to outline your reasons for a waiver, in writing. Your request for a waiver will be reviewed by the Client Funds Team who will ensure that the guidelines for charging have been met. If this is the case, the request for a waiver will be presented to the waivers panel. The waivers panel consists of an Assistant Director for Northamptonshire Adult Social Services and a Strategic Finance Manager within the Finance Directorate. The panel will review your request and make a decision based on the facts that have been outlined in your case. The outcome of the waivers panel will be communicated to you or your representative within 30 days of the request being made. The decision made by the waivers panel will be final.
**Deputyship Charges**

Deputyships fees will be chargeable at the set rates determined by the Court of Protection (typically this could be based on 3.5% of the capital assets if below £16000 however other set charges may also apply depending on circumstances) and will be collected annually in arrears on the anniversary of the Court Order. Payment will be collected and paid from the managed bank account held by NCC in respect of the client.

Set up fee - £750
1st Year - £775
2nd Year - £650
Annual Report fee - £216
Property fee - £300
Clients under 16k – annual fee is 3.5% of assets

6 CHARGING FOR CARE AND SUPPORT FOR PEOPLE LIVING IN THE COMMUNITY

**a) Personal Budgets**

A personal budget is an amount of Council funds that is judged to be sufficient to meet the assessed unmet needs of a person who is eligible for care and support. Personal budgets enable people to have some degree of choice, control and flexibility over the services they receive. A personal budget for people receiving care in a community setting can be taken as a direct payment paid straight to the person needing care to be spent as needed, or it can be held and managed by the Council or a suitable third party and spent on behalf of the client on services that meet their needs. The maximum contribution that someone with a personal budget recipient may have to pay after having had a financial assessment will be the full amount of their finalised personal budget – this is because the Council has decided that care and support services are charged on a full cost basis, and are not subsidised financially. If a person is therefore assessed to be able to meet all of their care costs, they will be charged the actual cost to the Council of these services – which will be the same value as their personal budget.

If you receive a Direct Payment or Managed Budget, or a combination of the two, it will be your responsibility to pay the assessed contribution directly into a bank account set up specifically for this. The Council will make payments net of your contribution.

Under the Care Act, a carer’s need for support can be met by providing care to the person they care for. Decisions on which services are provided for the carer and which services are provided for the person they care for will therefore have implications for whether a service is chargeable and who has to pay, and will also have an impact on whose personal budget includes the cost of meeting those eligible unmet needs.

**b) Financial Assessment Calculation**

If you receive care and support while living in the community you will pay the full cost of your care if the value of your capital exceeds the upper capital limit of £23,250. If you capital is below this figure, any amount you pay towards your care will be based on your incomes (including any tariff income from capital over £14,250) – paying only what you can reasonably afford as determined by the financial assessment rules.
The full cost of a person’s care is determined by the type and amount of care they receive. For home care this is based on the number of hours per carer multiplied by the hourly cost to the Council of the care. Additional charges for night care and support cover will also usually apply to residents of extra care schemes. For day care the full cost is calculated by multiplying the number of day’s attendance by the full cost of the day care service or activity. The full cost of a direct payment is the total value of the personal budget if it is all taken as a direct payment. Therefore, if a person has capital above the upper limit, or has a very high income level they will not usually receive a direct payment from the Council, as they will need to fund the cost of their care themselves from their own financial resources.

If your capital is below the level of the upper threshold and you receive care and support in your own home, you need to continue to be able to pay your daily living costs – so the charging rules ensure that you have enough money to meet these costs by setting protected minimum income levels which should not be reduced by care charges. These protected income amounts are set out in the Local Authority Circular each year, as an addendum to the Care and Support Statutory Guidance. These allowances vary depending on your age and personal circumstances.

Additional allowances are also made for disability related expenditure and housing-related costs (net of any benefits provided to support these costs) which the person is liable to meet in respect of their homes such as mortgage repayments, rent or ground rent, Council tax or service charges. When these amounts plus the protected income figure are deducted from a person’s weekly income, the remainder will usually be the contribution they need to make towards the cost of their care.

Where the cost of care is greater than planned, and you have been financially assessed as being able to afford that amount, then you will be charged extra. Where the actual cost of care is less than your assessed financial contribution, you will be charged the lower, actual cost of care.

People who attend a residential college will be assessed and charged as if they are in the community, rather than a residential care home. In most circumstance’s, this will mean that no charge will be applied however, this will be confirmed in the outcome of their financial assessment.

c) Minimum Income Guarantee
People who are living in the community are required to be able to retain sufficient income to meet their daily living costs such as food, utilities etc. This is known as protected income. The amount to be retained is set by the Department of Health and is dependent upon your age and personal circumstances. As a minimum, “basic” levels of Income Support or the Guarantee Credit element of Pension Credit are taken to include the personal allowances and any premium or additional amount appropriate to the user, according to age, level of disability and family status. Examples of this are provided at Appendix A.

For the Working Age Adults who receive Employment and Support Allowance (ESA), the Council currently offer a protected income amount based upon the components of Employment and Support Allowance. Any person who transfers from Employment and Support Allowance to universal credit will have the Department of Health disregards applied in the future automatically.

If you are receiving either Income Support, the Guarantee Credit element of Pension Credit, JSA-Income Based, or Universal Credit (UC) and you receive additional income which takes you above the basic levels – for example:

- Attendance Allowance (AA)
- Disability Living Allowance (DLA)
- Personal Independence Payment (PIP)
- Severe Disability Premium (SDP)
- The additional amount for severe disability for Pension Credit

The Council will include your overall income within a charge assessment. We will ensure that any charge does not reduce your net income below basic levels of Income Support or the Guarantee Credit element of Pension Credit.

It is expected that the income you are allowed to keep will cover everyday living costs such as:

- Food and drink
- Board and lodging
- Hairdressing and hygiene
- Bedding
- Clothes
- Spectacles
- Dentistry
- Alternative therapies/treatments
- Prescription items
- Insurances including building, contents, mortgage protection, life etc
- Utility bills such as water, gas, electricity, telephone
- Domestic cleaning, gardening (other than basic gardening costs allowable as disability-related expenses) and window cleaning
- Transport costs
- TV licence and subscriptions to satellite or digital TV companies
- Repairs and maintenance of buildings
- Other expenditure, such as personal debts and arrears

This list is not exhaustive.

**d) Disability Related Expenditure**

The Council takes disability-related benefits into account in the financial assessment calculation. The current Department of Health Guidance for charging for home care and other non-residential services specify that if we take into account your disability benefits when calculating contributions, we need to make a proportionate allowance for reasonable expenses that you may incur as a result of your disability, in order to allow you to maintain independence and dignity. This allowance figure is disregarded from your income in the financial assessment calculation. The relevant disability-related benefits are:

- Attendance Allowance (AA)
- Disability Living Allowance (DLA) (Care Component only)
- Personal Independence Payment (PIP) (daily living component only)
- Constant Attendance Allowance (CAA)
- Exceptionally Severe Disablement Allowance (ESDA)

If you receive any of these benefits, a standard disability related expenditure allowance will be applied to your financial assessment. The current amount is set at £23 per week and this will be applied to your financial assessment automatically as a minimum, even if you do not supply us with any details about your individual expenses. However, if you feel that the standard amount disregard is not enough
to meet your costs, you will be offered an assessment of your disability-related expenses so that certain items can be disregarded, in line with national guidance and regulations. Only items where you have no choice other than to incur the expenditure in order to maintain independence will be allowed. Your Care/Support Plan should provide guidance on the level and type of support needed and therefore what Disability-Related Expenditure is justifiable, but Financial Assessment Officers can also consult care management staff for further questions. Only the most cost-effective and reasonable form of expenditure on disability-related items will be allowed within the financial assessment. Disability-Related Expenditure which relates to any type of support will only be included if this is being provided but does not form part of the package of care which is being financially assessed.

If your level of disability-related expenditure appears to be higher than the appropriate standard allowances, these additional costs will be considered for inclusion within the financial assessment on an individual basis, taking into account your circumstances, and making reference to guidance and best practice. However, if the enhanced amount is not agreed, you will be afforded the standard amount of £23 per week as a minimum.

Evidence, e.g. receipts, will be requested to verify the expenditure. Items will be allowed on the basis of past expenditure. If there are plans to spend a certain amount of money in the future, this will be assessed as part of a future assessment.

Examples of the type of expenditure that will be considered are:

- Payment for any community alarm system
- Costs of any privately arranged care services required, including respite care
- Costs of any speciality items needed to meet your disability needs, for example:
  - Day or night care which is not being arranged by the Council
  - Specialist washing powders or laundry
  - Additional costs of special dietary needs due to illness or disability (you may be asked for permission to approach your GP in cases of doubt)
  - Special clothing or footwear, for example, where this needs to be specially made, or where there is additional wear and tear to clothing and footwear caused by disability
  - Additional costs of bedding, for example because of incontinence
  - Any heating costs, or metered costs of water, above the average levels for the area and housing type, required because of age, medical condition or disability
  - Reasonable costs of basic garden maintenance, cleaning or domestic help, if needed due to your disability, and not met by social services
  - Purchase, maintenance and repair of disability-related equipment, including equipment or transport needed to enter or remain in work – this may include IT costs where needed due to your disability; reasonable hire costs of equipment may be included if you are waiting for supply of equipment from the Council
  - Personal assistance costs including any household or other necessary costs arising for you
  - Internet access, for example if you are blind or partially sighted
  - Other transport costs incurred as a result of your illness or disability, including cost of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs.

In some cases, it may be reasonable for us not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, such as Council-provided transport to day centres, is available but has not been used.
For the approved amounts, please see Appendix C. If your Disability Related Expenditure costs are more than the amounts shown, they will only be considered in exceptional circumstances and where evidence of expenditure is produced. The Financial Assessment Team will discuss these additional claims with your allocated care worker and in certain circumstances, we may ask you for proof for the different expenses, including information from your GP or other professionals.

**e) Cancellation and Breaks in Service**

If you need to cancel a service, you are expected to follow the agreement with the provider who will notify us.

If you do not receive a service in a particular week, you will not be asked to contribute the cost of that service. However, if you still receive the service for part of the week and the cost of the service is more than your weekly assessed contribution, you will still be expected to pay your weekly assessed contribution.
f) Process Flow – Calculating your Contribution for Community Based Services

CALCULATING YOUR CONTRIBUTION – COMMUNITY BASED SERVICES OVERVIEW

Our process for working out how much a person should contribute to the cost of their social care support services can be broken down into four main steps:

Step 1
The County Council will carry out an assessment of your financial circumstances to determine the maximum weekly contribution to the cost of chargeable social care support you receive.

Step 2
If this shows you have enough income/savings to be able to contribute to the full amount of your social care support you will be notified of this.

Step 3
Notification of contribution will be sent to you and your social care team by the Financial Assessment Officer.

Step 4
Collection of contribution by invoice on a 4 weekly basis in arrears or if you receive DPs, you will receive the net amount.

The financial assessment process involves gathering information about:
- Assessable and Protected income
- Disability Related Expenditure
- Welfare Benefit entitlement

The notification will advise you of the start date of your contribution which may be backdated to the service start date.
7 CHARGING FOR CARE AND SUPPORT IN CARE HOMES

a) Care Home Costs and Top Ups
The Council will charge for care and support that is delivered in a care home on a permanent basis where you have an eligible care and support need. Weekly care home rates can vary from home to home, but the Council has a usual local authority rate that it is prepared to pay for a suitable care home placement in its local area (and will usually fund a care home placement out of area at the usual rate of the local authority in which the care home is situated). If a person chooses a care home that has a higher weekly cost than the Council’s usual rate, and is not funding the full cost of their care themselves, an additional “top-up” may be required. In most cases, this will be from a third party (such as a family member or other person) to make up the difference between the total cost of the care home placement and the usual local authority rate. However, in some circumstances, a resident can top up the payments themselves (First party top-up):

1. During a 12 week property disregard period
2. As part of a deferred payment agreement where the top up may be deferred against the value of an asset by way of a charge registered with HM Land Registry
3. If a person is assessed under section 117 of the Mental Health Act

If top-up payments are being made, the Council needs to be made aware of these and any other additional costs so that they are included in the Council’s funding contract with the home to ensure that the person is not charged unfairly. First and third party top-up arrangements must be viable and sustainable in the longer term, and the Council will need to satisfy itself that this is so before entering into a funding contract that includes a top-up. A third party top up amount is paid directly to the care home who will invoice the third party separately. If the person making these extra top-up payments cannot continue to make these in the future, and the care home will not accept a lower rate, the Council may not automatically make up the difference - and may need to consider the possibility of finding an alternative less expensive home, although this would only be considered as a last resort.

b) Financial Assessment Calculation
If you have capital above the upper limit you will be required to meet the full cost of your care home fees from your own resources, and are considered to be “self-funding”. Special rules apply if your capital includes property that you used to live in as your home (see next sections on Self-funders and Property). The income and capital of care home residents are taken into account in the financial assessment in the same way as described earlier in this policy, and in accordance with the Care and Support Statutory Guidance - Annexes B and C.

If you live in a care home and your capital is below the upper limit, you will be financially assessed to make a contribution towards your care fees from your income. This weekly contribution is calculated by deducting appropriate disregards and allowances from the total of your weekly income. In general, you will retain at least the current rate of your personal expense allowance to spend on personal items such as clothes and other items of expenditure that are not part of your care, and may also retain additional amounts in respect of any savings credit entitlement (a component of Pension Credit).

Your assessed contribution will be invoiced for by the Council every four weeks in arrears from the start date of your service. Top-up payments will be paid by the third party direct to the care home. The Council will pay the home the agreed personal budget amount.
c) Property
There is a general requirement that the current value of any property owned by a care home resident should be included in the financial assessment. In some cases, the value of this asset can be disregarded if the property is occupied by the person’s partner, or a qualifying relative in certain circumstances. The value of the property if previously occupied as their home can also be disregarded for a 12 week period when the person first enters a care home as a permanent resident, or when a qualifying relative property disregard unexpectedly ends because the relative has died or moved into a care home. Further details of how property is treated in the financial assessment can be found within Annex B of the Care and Support Statutory Guidance.

d) Deferred Payments
The deferred payments scheme allows a care home resident to delay the sale of their home during their lifetime while the Council funds their residential or nursing care fees. This funding takes the form of a loan, and a legal charge is placed on the client’s property to secure the loan. People needing care in a care home will only be considered for deferred payments if their savings and any other capital they have is less than the upper capital threshold limit, and they do not have sufficient income to meet the full cost of their weekly care fees. There are administration charges payable for any application that is agreed with the Council. The administration fees are currently:

- Start up fee - £160
- Annual review fee - £20
- Termination fee - £50

These fees may increase on an annual basis in line with any changes in the cost of administering a Deferred Payment Agreement. The fees will usually be added to the loan however, these can be paid up front upon request.

A number of criteria needs to be met before a deferred payment can be considered and approved, and there are a number of important considerations to take into account. Further information on these is available in the Northamptonshire County Council Deferred Payment Agreement Policy (April 2015) and Deferred Payments Fact Sheet on the Council’s website. It is strongly recommended that people seek independent legal and financial advice before considering an application to the deferred payments scheme.
e) Process Flow – Calculating your Contribution for Residential Care

CALCULATING YOUR CONTRIBUTION
RESIDENTIAL CARE – OVERVIEW

Our process for working out how much a person should contribute to the cost of their social care support services can be broken down into four main steps:

- If you have capital of more than £23,250 or do not wish to disclose your financial circumstances you will contribute the full amount of your social care support. You will be offered welfare benefits advice.
- If you own a property you may be eligible for a deferred payment arrangement. Further details are available in Section 7.

Step 1: The County Council will carry out an assessment of your financial circumstances to determine the maximum weekly contribution to the cost of chargeable social care support you receive.

Step 2: If this shows you have enough income / savings to be able to contribute to the full amount of your social care support you will be notified of this.

Step 3: Notification of contribution will be sent to you and your social care team by the Financial Assessment Officer.

Step 4: The notification will advise you of the start date of your contribution which will be backdated to the service start date.

Collection of contribution by invoice on a 4 weekly basis in arrears.
8 SHORT TERM RESIDENTIAL AND NURSING CARE STAYS (RESPITE)

People taking short term or respite stays in residential and nursing homes will be assessed and charged as if they were receiving domiciliary care for the first four weeks of continuous duration of any one stay, and will then be charged under residential rules for stays of over four weeks. If any stays are over 4 weeks in duration, the contribution will be amended and a person will be charged under residential care rules.

9 HOW DOES THE FINANCIAL ASSESSMENT PROCESS WORK?

The assessment has two main purposes: to get a full view of your financial circumstances and to give detailed advice and help with welfare benefits.

You will receive a telephone call from a Financial Assessment Officer, who will obtain all relevant financial information from you over the phone. The information provided will be verified with the Department of Work and Pensions and any other relevant body. In most cases, you will be provided with the outcome of your financial assessment over the telephone and in writing. Where necessary, a home visit can be arranged, and you may have a family member or representative present. Once the financial assessment has been completed, and if you are requested to make a contribution towards your care, you will be expected to set up a direct debit for all invoice payments. The Financial Assessment Officer can help you to set up a direct debit over the telephone.

The telephone financial assessment must be completed within 21 days of the request being made. If you do not provide the necessary financial information within this time, then you will be charged the full amount of your care package from the date the care started.

a) How much will I have to pay?

Your contribution will be calculated using your income and capital to calculate the maximum amount you will need to pay. The sum is: The amount of weekly assessable income minus the weekly allowance/disregards equals maximum chargeable income.

Appendix B shows worked examples of what someone might be paying, depending on their circumstances.

If the assessed person is one half of a couple, then we will base their financial assessment on the assessed person’s income entitlement only, ensuring that the spouse or partner has at least 50% of the couple rate of minimum income guarantee for income support/pension credit. This relates to Community Care Packages only – once in residential care the DWP treats couples as single, therefore there may be an entitlement to additional benefits.

If you have parental responsibility for a child who lives with you, in some circumstances we can disregard more of your weekly income by applying a disregard per child (dependent upon the amount of Child Benefit or Child Tax Credits received).

b) What evidence will I need to provide?

You will be asked to produce up-to-date documentary evidence of all income including all state-related benefits, entitlements and allowances, bank statements, trust documents, bond information etc., as well as confirmation of any other income received. Most benefit information can be confirmed by the Department of Work and Pension Customer Information System (CIS).
c) When will I have to start paying?
The Council aims to complete financial assessments as soon as possible and ideally within 10 working days of receipt of all the information required being provided. Confirmation of the contribution will be provided in writing.

If, due to the late return of the financial assessment information, you have already begun to be charged the full amount, any credit that is due following receipt of the financial assessment information will be applied to your account at the point the financial assessment is completed.

If we become aware that you are receiving income or capital not previously declared within your financial assessment, then we reserve the right to backdate any amended contribution to the date you started receiving this additional income or had the capital or the date of commencement of services, whichever is the later date.

A charging week starts on a Sunday and ends on a Saturday.

If you receive a Direct Payment to pay for your support, any contribution payable will be deducted before the payment is made.

If services are purchased on your behalf, an invoice will be issued every four weeks in arrears for any contributions payable.

Settlement terms for each invoice will be sent to you on a four-weekly basis. The Council’s default method of payment is Direct Debit. Once you have been assessed as having eligible needs, you will be required to provide your Direct Debit details. Your allocated worker or the Financial Assessment Officer will arrange for the Direct Debit details to be collected from you and you will receive written correspondence to confirm that the Direct Debit has been set up. You will be sent an invoice for any care contributions 21 days before the Direct Debit payment is due to be taken from your bank account.

d) When will my contributions be reviewed?
A financial reassessment will be completed by the Financial Assessment Team under the following circumstances:

- Yearly, as part of an ongoing reassessment schedule
- At your request, if any of your circumstances have changed
- When all welfare benefits claimed during the original assessment are being received and the Council has been notified
- If your capital has reduced to the threshold level
- If an error or omission has occurred in the original assessment

Every new financial year, we will reassess your contribution in line with annual benefit uplifts and you will be sent a letter notifying you of your new contribution, with a breakdown of how the contribution has been calculated. If you feel that the reassessed contribution is incorrect or your circumstances have changed, you can contact the Financial Assessment Team who will review the financial assessment with you.

e) What if I refuse to pay?
If you have been assessed as being able to make a contribution towards the cost of your care but you decline to do so, and as a result you are unable to access services for which you have an assessed
eligible need, this will be viewed as you having declined services. If this happens, the care manager will evaluate whether you have the capacity to make this decision.

If the decision is being made on your behalf, the care manager will check whether they feel the decision is being made in your best interests.

If you receive social care services and have been assessed as needing to make a contribution, but you do not pay, then the Council will take recovery action. All customers are required to pay their assessed charges to ensure fairness for everyone else receiving services, but we will work with you if you are experiencing difficulty in making payment. While personal circumstances will be considered with sensitivity, in fairness to those people who meet their contributions, non-payment must be handled in line with our approach to dealing with non-payment of contributions. When all the relevant checks have been undertaken, but we consider that there has been deliberate non-compliance with the payment schedule, we have the ability to issue an intent to cease providing care until the commitment to pay has been reinstated.

If you are experiencing financial difficulties, you may be able to obtain free debt advice from one of the following organisations:

**National Debtline**

Tricorn House
51-53 Hagley Road
Edgbaston
B16 8TP
0808 8084000
[https://www.nationaldebtline.org/](https://www.nationaldebtline.org/)

**Step Change Debt Charity**

0800 1381111
[www.stepchange.org](http://www.stepchange.org)

**Citizens Advice Bureau** – please check your local Yellow Pages for address and phone details

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

**Civil Legal Advice**

0345 3454345
[www.gov.uk/civil-legal-advice](http://www.gov.uk/civil-legal-advice)

*f) What if I want to give away my assets?*

This is known as Deprivation of Assets, where capital assets (e.g. property, savings or investments) are disposed of to avoid or reduce your contribution towards the cost of care. This could take the form of transfer of ownership or conversion of an asset into a disregarded asset, you will be treated as though you still possess the asset for the purpose of the financial assessment, this will be included as notional income or capital. This treatment applies even when the deprivation is only part of the reason for the funds being transferred.

If the Financial Assessment Officer believes that deprivation of assets may have taken place, they will take into account the timing of events leading up to this being considered a possibility. In order to obtain a full picture of events, they may require documentary evidence of the level of capital for
a period of time before the assessment date. If we find that deprivation of assets has occurred, you will be treated as if you still hold the assets and will be assessed accordingly. The Council reserves the right to decline any funding if the notional capital included in the financial assessment brings your total capital amount above £23,250.

If another person, for example a relative, has benefited from any transfer of assets, that person will be liable to contribute towards the cost of your care. They will be invoiced for the difference between your assessed contribution and the full cost of the care as long as the charges applied do not exceed the level of capital that has been gifted. This is applicable in circumstances where the Council continues to pay for your care on your behalf.

If you are considering, or have already transferred property or assets, whilst receiving care, this may affect your eligibility for funded residential or nursing care if it is needed in the future, and potentially entitlement to some welfare benefits.
Methods of payment
Invoices for home care and day care/activities charges are issued four weekly in arrears, and specify the period covered and the amount due. Payment of the invoice can be made in any of the following ways:

- Online payment [www.Northamptonshire.gov.uk](http://www.Northamptonshire.gov.uk) with your bank card
- Internet Banking or Bacs payment. Pay to Northamptonshire County Council, Sort Code 20-17-68, Account Number 03538028
- By phone 0300 126 1050 with your bank card. Or directly to our Debt Team on 01604 366651
- Pay with cash, cheque or card by visiting your Bank, Building Society, or local Post Office
- Pay at any Paypoint outlet. Look up your nearest location at [www.paypoint.com](http://www.paypoint.com)
- Direct Debits – Set up your Direct Debit online at [www.northamptonshire.gov.uk/payments](http://www.northamptonshire.gov.uk/payments).
  Alternatively contact a member of our Debt Team who can set this up over the phone with you on 01604366651.

Charges for transport to a Council-run day care centre are invoiced four weekly in arrears. Payment of the invoice can be made in any of the ways detailed above.

In the case of Direct Payments, the client contribution will normally be deducted at source from the Direct Payment, so that the person receives their payment net of their assessed charge. The charge should then be paid into the Direct Payment bank account by the person needing care from their own income either weekly, or at four weekly intervals.

Assessed client contributions towards community based, residential or nursing care home fees are invoiced by the Council every four weeks in arrears. Respite contributions are invoiced to the client or their representative by the Council.

The Council will attempt to recover unpaid care charges using all powers available to it, including where appropriate legal action to recover amounts owed through the County Court.

11 COMPLAINTS AND APPEALS

If you are not happy with any part of the Financial Assessment process or your assessed contribution following a financial assessment, at any time in this process you or your representative can make a complaint under our Corporate Complaints Procedure.

In the first instance, this will be reviewed by the Financial Assessment Team in conjunction with the Adult Social Services team, if appropriate.

If you are not satisfied with the response to the financial assessment review, you can lodge a formal appeal request where you will be invited to present the appeal to a panel, made up of an independent chair and two County Councillors. After this, if you are still not happy with the outcome, you can refer your complaint to the Local Government Ombudsman.
A copy of the Complaints Procedure is available on request from complaints@northamptonshire.gov.uk

Address:
The Complaints and Compliments Team
Northamptonshire County Council
One Angel Square
Angel Street
Northampton
NN1 1ED
Telephone: 01604 363436
APPENDIX A – Examples of protected income (2019/20)

Your protected income allowance is dependent on your personal entitlement, as determined by the Department of Health each year.

If you receive Income Support or Universal Credit

Under 25 years old

1) Personal Allowance + Disability Premium = £112.75 (protected income)

2) Personal Allowance + Disability Premium + Enhanced Disability Premium = £132.45 (protected income)

Aged 25 to Pension Age

1) Personal Allowance + Disability Premium = £131.75 (protected income)

2) Personal Allowance + Disability Premium + Enhanced Disability Premium = £151.45 (protected income)

If you receive Employment and Support Allowance

Under 25 years old

1) Personal Allowance + Support Group Component = £117.63 (protected income)

2) Personal Allowance + Support Group Component + Enhanced Disability Premium = £137.33 (protected income)

Aged 25 to Pension Age

1) Personal Allowance + Support Group Component = £136.63 (protected income)

2) Personal Allowance + Support Group Component + Enhanced Disability Premium = £156.33 (protected income)

If you receive Pension Credit

Standard Minimum Guarantee = £189.00 (protected income)
APPENDIX B – How your contribution is calculated (example)

For Community based services:
Someone aged over 70 has a total assessable income of £260.00 per week but has capital below £23,250

Allowable costs of £24.50 per week (due to disability expenses)

protected income amount for assessment purposes of £189.00 per week

*Example calculation*

Total assessable income £260.00

minus allowable costs £24.50

= Net disposable income £235.50

minus personal allowance £189.00

= maximum weekly contribution £46.50

This is the maximum amount this person can be asked to contribute towards the cost of their care, and the exact level of contribution will depend on the cost of the care provided or the value of their personal budget.

In the above example, assuming the value of the personal budget or care provided is £46.50 per week or above, the weekly contribution will be £46.50.

For Residential/Nursing Care Services:
Someone aged 75 has a total assessable income of £312.91 per week and capital below £23,250

Less Personal Expense Allowance £24.90 per week
Less the additional Savings Credit Disregard £5.75 per week

= Maximum weekly contribution £282.26 per week

Someone aged 73 has a total assessable income of £207.97 per week and capital below £23,250

Less Personal Expense Allowance £24.90 per week

= Maximum weekly contribution £183.07 per week
APPENDIX C – Guidance for Disability-Related Expenditure (DRE) amounts 2019/20

NAFAO GUIDE TO DISABILITY RELATED EXPENDITURE 2019/20

HEATING ALLOWANCES

Annual inflationary update based on RPI Fuel index at November 2018. At this date fuel prices had increased by 8.7% % in the last 12 months.

The figures are obtained from www.statistics.gov.uk from the download "consumer price inflation detailed reference tables. The figures are found in Table 41 detailed reference tables - % change over 12 months.

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INCOME / DISREGARDS

Mandatory minimum income disregards for non-residential care and support are published in the Care and Support (Charging and Assessment of Resources) Regulations 2014, replacing fairer charging allowances. Rates for 2019/2020 are contained in LAC (DHSC) (2019)1.

Residential Care
Personal Expenses Allowance £24.90

Single Adults

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<th>Allowance</th>
<th>18 – 24</th>
<th>25 – Pension Age</th>
<th>Pension Age</th>
<th>Lone Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not entitled to any premium</td>
<td>£72.40</td>
<td>£91.40</td>
<td>£189.00</td>
<td>£91.40</td>
</tr>
<tr>
<td>Entitled to CP</td>
<td>£115.65</td>
<td>£134.65</td>
<td>£232.25</td>
<td>£134.65</td>
</tr>
<tr>
<td>Entitled to DP</td>
<td>£112.75</td>
<td>£131.75</td>
<td>N/A</td>
<td>£131.75</td>
</tr>
<tr>
<td>Entitled to DP + CP</td>
<td>£156.00</td>
<td>£175</td>
<td>N/A</td>
<td>£175.00</td>
</tr>
<tr>
<td>Allowance</td>
<td>Under Pension Age</td>
<td>Pension Age*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>------------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not entitled to any premium</td>
<td>£71.80</td>
<td>£144.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entitled to CP</td>
<td>£115.05</td>
<td>£187.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entitled to DP</td>
<td>£100.55</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entitled to DP + CP</td>
<td>£143.80</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entitled to DP + EDP</td>
<td>£114.70</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entitled to DP + EDP + CP</td>
<td>£157.95</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Where one partner is over state pension credit age the Pension Age MIG applies whether the person being assessed is under or over that age.

**Children**

For each child the adult is responsible for that is a member of the same household an additional allowance of £83.65.

**Non means tested disability benefits**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>High Rate</th>
<th>Middle Rate</th>
<th>Low Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance Allowance</td>
<td>-</td>
<td>High £87.65</td>
<td>Lower £58.70</td>
</tr>
<tr>
<td>DLA Care</td>
<td>-</td>
<td>High £87.65</td>
<td>Middle £58.70</td>
</tr>
<tr>
<td>PiP (Daily Living Costs)</td>
<td>-</td>
<td>Enhanced £87.65</td>
<td>Standard £58.70</td>
</tr>
</tbody>
</table>

If local policy on DLA/AA disregard applies on higher rate DLA/AA, disregard difference between higher and lower rate £28.95, unless in receipt of both day and night care.

DLA or PiP Mobility Components - Disregard fully
Armed forces and war pension payments to veterans

War pensions and Guaranteed Income Payments under the War Pensions and Armed Forces Compensation schemes are disregarded in full apart from constant attendance allowance.

Armed forces and war pension payments to war widows and widowers

£10 a week disregard of War Widows and War Widowers pension, survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme, Civilian War Injury pension, any War Disablement pension paid to non-veterans and payments to victims of National Socialist persecution (paid under German or Austrian law).

ASSETS

Capital below £14,250 fully disregarded.

Tariff Income of: £1 per week for every £250 (or part of £250) above £14,250 and up to £23,250 (if the upper capital limit is applied.). N.B. These are the minimum limits required by guidance and Councils can set higher.

EXPENSES

<table>
<thead>
<tr>
<th>Expense</th>
<th>Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage payments/Rent -</td>
<td>allow full amount less any means tested benefit paid</td>
</tr>
<tr>
<td>Council Tax -</td>
<td>allow full amount less any Local Council Tax reduction applied</td>
</tr>
</tbody>
</table>

COSTS OF DISABILITY

Figures were only attached to fuel costs in the FC Guidance and the following are recommended allowances for possible identified items and examples of reasonable evidence requirements prepared by NAFAO. A 2.3 % uplift has been applied based on the November CPI rate.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AMOUNT</th>
<th>EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Alarm System</td>
<td>Actual cost, if reasonable</td>
<td>Bills from or payments to provider</td>
</tr>
<tr>
<td>ITEM</td>
<td>AMOUNT</td>
<td>EVIDENCE</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Privately arranged care</td>
<td></td>
<td>Evidence of employment arrangement and/or legally correct payments to an employee under UK employment and tax law. Where agency arranged evidence of billing and payment.</td>
</tr>
<tr>
<td>Private domestic support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Specialist washing powder or laundry           | £3.85 per week                              | The assessment or care and support plan may identify a need. If not evidence from other sources and consideration of the nature and impact of any health problem or disability may provide a guide.  
  Identify more than four loads per week        |
| Special clothing or footwear/additional wear   | Reasonable amount for extra cost caused by disability | The assessment or care and support plan may identify a need. If not evidence from other sources, which may include medical evidence, and consideration of the nature and the impact of any health problem or disability may provide a guide.  
  Evidence of purchase and payment.             |
| Special clothing or footwear/additional wear   | Reasonable amount for extra cost caused by disability | The assessment or care and support plan may identify a need. If not evidence from other sources, which may include medical evidence, and consideration of the nature and the impact of any health problem or disability may provide a guide.  
  Evidence of purchase and payment.             |
| Special clothing or footwear/additional wear   | Reasonable amount for extra cost caused by disability | The assessment or care and support plan may identify a need. If not evidence from other sources, which may include medical evidence, and consideration of the nature and the impact of any health problem or disability may provide a guide.  
  Evidence of purchase and payment.             |
<p>| Additional cost for bedding                    |                                             |                                                                                                                                         |
| Transport costs necessitated by illness or     | Reasonable amounts over and above the mobility component of PIP or DLA. Where support with costs are available from other sources but have not been used this can be taken into account in considering reasonableness. For example transport to hospital appointments or Council provided transport to a day centre. | Evidence of payment and purchase.                                                                                                      |</p>
<table>
<thead>
<tr>
<th>ITEM</th>
<th>AMOUNT</th>
<th>EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special dietary needs</td>
<td>Reasonable amount where demonstrated above average dietary costs</td>
<td>The assessment or care and support plan may identify a need. If not evidence from other sources, which may include medical evidence, and consideration of the nature and the impact of any health problem or disability may provide a guide. Details of special purchases, including evidence of payment</td>
</tr>
<tr>
<td>Gardening</td>
<td>Based on individual costs of garden maintenance</td>
<td>As privately arranged care</td>
</tr>
<tr>
<td>Wheelchair</td>
<td>£4.01 per week manual</td>
<td>Evidence of purchase. No allowance if equipment provided free of charge</td>
</tr>
<tr>
<td></td>
<td>£9.74 per week powered</td>
<td></td>
</tr>
<tr>
<td>Powered bed</td>
<td>Actual cost divided by 500 (10 yr life) up to a maximum of £4.43 per week</td>
<td>Evidence of purchase if available</td>
</tr>
<tr>
<td>Turning bed</td>
<td>Actual cost divided by 500 up to a maximum of £7.76 per week</td>
<td>Evidence of purchase if available</td>
</tr>
<tr>
<td>Powered reclining chair</td>
<td>Actual cost divided by 500 up to a maximum of £3.52 per week</td>
<td>Evidence of purchase if available</td>
</tr>
<tr>
<td>Stair-lift</td>
<td>Actual cost divided by 500 up to a maximum of £6.27 per week</td>
<td>Evidence of purchase if available without DFG input</td>
</tr>
<tr>
<td>Hoist</td>
<td>Actual cost divided by 500 up to a maximum of £3.07 per week</td>
<td>Evidence of purchase without DFG input</td>
</tr>
</tbody>
</table>

**Items not included on NAFAO Guide to Disability Related Expenditure 2018/19 but considered DRE if appropriate**

<table>
<thead>
<tr>
<th>GUIDANCE ON AMOUNTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription charges</td>
</tr>
<tr>
<td>Cost of annual ticket divided by 52 or actual cost of prescriptions, whichever is less. Ensure service user claims free prescriptions where appropriate (age 60+ or life-threatening illness)</td>
</tr>
<tr>
<td>Transport/daily living cost</td>
</tr>
<tr>
<td>Discretionary based on costs greater than those incurred by an able-bodied person. Take off DLA mobility</td>
</tr>
<tr>
<td>Bedding</td>
</tr>
<tr>
<td>Allow £1.62 per week to cover replacement bedding £1.70 per week</td>
</tr>
<tr>
<td>Cost of incontinence aids</td>
</tr>
<tr>
<td>Maximum of £2.83 per week. Full free health entitlement must be used first £2.90 per week</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Clothing</td>
</tr>
<tr>
<td>Household items</td>
</tr>
</tbody>
</table>

This is not an exhaustive list of items that may be considered as Disability Related Expenditure. The information provided is intended to be used as a guide for the cost of day to day expenditure on individual items and where additional expenditure may be considered.