

Adult Social Care Policies and Procedures

NON-RESIDENTIAL CARE CHARGING POLICY

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POLICY VERSION CONTROL

POLICY NAME	Non-Residential Care Charging Policy		
Document Description	This policy outlines the county council's principles and procedures regarding contributions made by individuals to their non-residential social care services in line with the Care Act 2014.		
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0.2	June 2017	Various	Amendments from Finance and Policy, Information and Commissioning.

1. POLICY STATEMENT

The Care Act 2014 allows the county council to charge a contribution for non-residential adult care services following a financial assessment.

Before charging, the county council **must** carry out a financial assessment of what the person can afford to pay and give a written record of the completed assessment to the person, explaining how the assessment has been carried out, what the charge will be and how often it will be made, and, if there is any fluctuation in charges, the reason. The county council should ensure that this information is provided in a manner that the person can easily understand. The county council must regularly reassess a person's ability to pay and take account of any changes to their resources, particularly when there is a change in circumstance or at the request of the individual.

The Care Act 2014 also requires local authorities to develop and maintain a policy setting out how they will charge people in non-residential care settings and, in deciding what it is reasonable to charge, local authorities **must** ensure that they do not charge more than is permitted under the regulations and corresponding guidance.

Individuals are only required to pay what they can afford. Some people will be entitled to financial support based on a means-test while full cost charging will be applied to those who can afford it. Those who are assessed will only ever be charged their maximum assessed charge for means-tested services.

The county council **must not** charge more than the cost incurred in meeting the assessed needs of the person.

The county council must also provide information and advice [LINK] in a suitable format to ensure that individuals (or their representative) are able to understand any contributions they are asked to make [[link to factsheets](#)]. The county council should also make the person or their representative aware of the availability of independent financial information and advice. See Section 5 (p. 16) for more information.

Please note that for *residential care*, Lancashire County Council will calculate contributions towards the cost as laid down by the Care Act 2014. Additional information is available [LINK to Your Guide to Charging for Residential Care Information Sheet 3].

This document details how the county council will conduct a financial assessment and how it will calculate a person's contribution towards the cost of their non-residential care and support.

Therefore to fulfil its duty under sections 14, 17 and 18 of the Care Act 2014, the county council will, working with its statutory, voluntary and private sector partners, comply with the national threshold relating to care and support that is relevant, coherent, timely and sufficient.

The county council will make all reasonable adjustments to ensure that all disabled people have equal access to participate in the eligibility decision in line with the Equality Act 2010.

The geography and population of Lancashire is diverse and our Adult Social Care Policies and practice will aim to deliver services and supports that are representative of the communities in which we work.

The county council will follow the Care Act 2014 and other relevant legislation, policies and guidance to ensure our practice is of high quality and legally compliant. Where our customers or those we come into contact with wish to challenge or raise concerns in regard to our decisions, regarding eligibility the county council's complaints procedures will be made available and accessible.

2. KEY DEFINITIONS AND PRINCIPLES APPLICABLE TO THIS POLICY

2.1 Key Principles

The policy's aim is to provide a fair and consistent charging framework in accordance with guidelines set out by central government. The key principles of this policy are:

- The full cost of services is recovered from individuals where they have the ability to pay, subject to a financial assessment.
- Contributions will be calculated by an individual financial assessment.
- Individual financial assessments will ensure an individual contributes based on their ability to pay.
- The appropriate contribution will be calculated fairly and promptly. In most cases this will mean that financial assessment will be completed within 28 days of the start of the non-residential care package.
- The financial assessment will ensure that an individual will retain their basic Income Support or Pension Credit Guarantee level plus an additional 25% as a minimum. No contribution for services within the financial assessment process will apply where income is equal or lower than this level.
- Individuals will receive a benefits check as part of the financial assessment to maximise their full benefit entitlement.
- Any contribution will not exceed the cost of providing a service.
- Individuals have a right to decline a financial assessment and may instead choose to pay the actual cost of the service.

- Where contributions are not made, debt recovery will be pursued for all outstanding contributions which may be through legal action and/or the use of external agents.
- In all cases, irrespective of setting, employed and self-employed earnings are fully disregarded.
- Where disability benefits are taken into account as income, allowances will be made for disability-related expenses.
- Individuals have a right to appeal if they feel the financial assessment has been completed incorrectly.
- All personal information will be treated in confidence in accordance with data protection legislation. However, as the county council has a duty to protect the public funds it administers, information provided may be shared with other public bodies administering public funds and may also be used for the prevention and detection of fraud or financial abuse.

2.2 To whom does this policy apply?

This policy applies to all adults and young people over 18 who are in receipt of non-residential care and support where Lancashire County Council is entitled to make a charge for a contribution under the Care Act 2014.

The non-residential charging policy relates to people who receive care services such as care at home, day care attendance, direct payments and other services provided or arranged by the county council to the individual whilst they live at home. In the main this policy covers adults and young people over 18 who are receiving non-residential care and support from Lancashire Adult Services. The policy does not cover those young people over 18 who may still receive care and support from Lancashire Children's Services under the Staying Put arrangement, or whom the Local Authority have statutory duties to support under the Children (Leaving Care) Act 2000.

2.3 What services does this policy cover?

Non-residential care services are services provided to adults whilst they are living at home i.e. not living in a residential or nursing care home.

The principal Non-residential services which we charge for are:

- Home Care (care provided in your own home)
- Day Care
- Direct Payments/Personal Budgets
- Supported Living
- Outreach Services
- Shared Lives

Charges are based on the agreed level of service. Individuals who fail to give 3 days' notice to cancel or change their care arrangements will be charged in accordance with the planned service, unless they have been taken into hospital as an emergency.

The non-residential services below are subject to separate policies and dependant on eligibility there may be a charge:

- Transport
- Telecare [LINK]
- Community equipment or minor adaptations

Services included in these lists may be amended, subject to the Care Act 2014, with the agreement of the Cabinet Member for Adult Services and the Directors of Adult Services and Financial Resources.

2.4 What does the county council NOT charge for?

The county council **does not** charge for certain types of care and support which must therefore be arranged free. These are:

- Crisis care for the first 3 days
- Intermediate care, including reablement [LINK], which must be provided free of charge for up to six weeks.
- Day care when it forms part of an individual's residential care contract.
- Community equipment (aids and minor adaptations). Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less.
- Care and support provided to people with Creutzfeldt-Jacob Disease (CJD)
- After-care services provided under section 117 of the Mental Health Act 1983
- Any service or part of service which the NHS is under a duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care
- More broadly, any services which a local authority is under a duty to provide through other legislation may not be charged for under the Care Act 2014
- Assessment of needs and care planning may also not be charged for, since these processes do not constitute 'meeting needs'.
- Prisoners' care

2.5 Establishing capacity *[link to PPGs on Care Act/Mental Health/Mental Capacity Advocacy]*

At the time of the assessment of care and support needs [LINK], the county council must establish whether the person has the capacity to take part in the assessment. If the person lacks capacity, the county council must find out if the person has any of the following as the appropriate person will need to be involved in both the needs and financial assessment:

- enduring power of attorney (EPA)
- lasting power of attorney (LPA) for property and affairs
- property and affairs deputyship under the Court of Protection

- any other person dealing with that person's affairs (for example, someone who has been given [appointeeship](#) by the Department for Work and Pensions (DWP) for the purpose of benefits payments).

3. PROCEDURES

3.1 The financial assessment process

The financial assessment team are automatically notified whenever chargeable services are arranged by the county council. The team will contact the individual or representative to arrange for a financial assessment officer to complete a financial assessment. The financial assessment officer will obtain information regarding the individual's income, savings, investments, expenses and expenditure, which may be verified with the Department of Works and Pensions. This information is then used to calculate how much the individual has to contribute towards the cost of the care provided to them.

As part of the financial assessment the financial assessment officer will complete a benefit check to ensure that the individual is receiving their full entitlement to benefits. If they think the individual may be entitled to benefits not currently in payment the financial assessment officer will telephone the Department of Work and Pensions (DWP). For certain benefits such as Pension Credit or Carers Allowance details are taken over the phone and a decision whether to award is made instantly. Otherwise DWP will issue a claim form directly to the individual. The DWP Visiting Officer's Team are able to visit and assist in completing the form.

Where it is identified that an individual is entitled to a benefit that is not being currently claimed, and where an application has already been completed, the financial assessment officer will assume that the benefit in question will be paid and will include it in the financial assessment

In certain circumstances a **light-touch financial assessment** may be completed. In the main this may happen:

- Where a person has significant financial resources, and does not wish to undergo a full financial assessment for personal reasons, but wishes nonetheless to access local authority support in meeting their needs.
- Where the charge for a particular service is a small or nominal amount (for example, for subsidised services) which a person is clearly able to meet and would clearly leave them with the relevant minimum income, and carrying out a financial assessment would be disproportionate.
- When an individual is in receipt of benefits which demonstrate that they would not be able to contribute towards their care and support costs. This might include income from Jobseeker's Allowance.

Where a light touch assessment is completed the person has the right to request a full financial assessment should they so wish.

3.2 Calculating the contribution

The financial assessment process will be based on the definitions within the Care Act 2014.

Capital

An individual's capital can include any of the following:

(This list contains examples and is not exhaustive. For a complete list please refer to the [Care Act 2014 Annex B: Treatment of Capital](#))

- Money in bank and building society accounts
- Investment Bonds(dependant on type and date purchased)
- Stocks and shares (less 10% selling cost)
- Premium Bonds
- National Savings Certificates
- Capital from certain personal injury compensation awards and trust funds

Where an individual's capital is below £14,250 it will be disregarded for financial assessment purposes.

Where an individual's capital is between £14,250 and £23,250 it will be taken into account with in the financial assessment. £1.00 for every £250 of capital held between £14,250 and £23,250 will be added to the individual's weekly income.

Where an individual's capital (excluding the value of their main home) exceeds the upper capital limit of £23,250 as specified with in the Care Act 2014, they will be required to pay the maximum charge for services.

- The maximum charge for home care and supported living services is the actual cost of services paid by Lancashire County Council.
- The maximum charge for day care services is the actual cost of the day care service paid by Lancashire County Council.
- For individuals in receipt of a personal budget/direct payments, the value of their personal budget is the maximum amount they would contribute.

Income

All individuals are offered the opportunity to have a full financial assessment to calculate their contribution. It is the individual's responsibility to provide all the relevant information requested in order to complete their assessment and failure to satisfy the financial assessment officer will result in the maximum contribution being applied.

Not all types of income are taken into account within the financial assessment process.

Types of income that are taken into account are as follows:

(This list contains examples and is not exhaustive. For a complete list please refer to the [Care Act 2014 Annex C: Treatment of Income](#))

- Income Support
- State retirement pension
- Occupational and Private Pensions
- Job seekers allowance
- Attendance Allowance
- Bereavement Allowance
- Carers Allowance
- Disability Living Allowance (DLA) (Care Component)
- Employment and Support Allowance or the benefits this replaces such as Severe Disablement Allowance and Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Maternity Allowance
- Pension Credit
- Personal Independence Payment (Daily Living Component)
- Universal Credit
- Working tax credit

Types of Income that are not taken into account are as follows:

(This list contains examples and is not exhaustive. For a complete list please refer to the [Care Act 2014 Annex C: Treatment of Income](#))

- Employment earnings
- Child Benefit and Child Support Payments
- Child Tax Credit
- Disability Living Allowance (Mobility Component)
- Armed Forces Independence Payments and Mobility Supplement
- Christmas Bonus
- Discretionary Trusts
- Gallantry Awards
- Guardians Allowance
- Income in Kind
- Income frozen abroad
- Housing and Council Tax Benefits
- War widows and widowers special payments
- Savings Credit disregards
- Resettlement benefit
- Personal Injury Trust
- Victoria or George Cross payments
- Training Expenses

As per current Department of Health (DoH) guidance, the financial assessment will ensure that the individual retains a basic level of income equivalent to the Income Support or Pension Guarantee Level rates plus an additional 25%, which is disregarded within the assessment calculations.

The basic level of Income Support or Pension Guarantee Level is retained by the individual to ensure that the individual is able to meet their basic living costs.

Basic living costs include the following:

- Food
- Clothes
- Utility bills such as gas, electricity and telephones including mobiles
- Transport costs
- Basic TV costs

Household costs/bills

To ensure an individual can pay their essential household costs, the following expenses are disregarded from the financial assessment:

- Council Tax (less any rebate of benefit entitlement)
- House Insurance (buildings and/or contents)
- Mortgage payments (less any housing benefit)
- Mortgage Protection Insurance
- Rent (less any housing benefit)
- Water Rates or other Water charges
- Chemical Waste Removal

If more than one adult lives in the household, the weekly household costs will be divided by the number of adults (persons over 18). Everyday living costs will not be disregarded as these are considered to be covered under the basic level of income support. Further costs for which an allowance will not be made include:

- Routine property maintenance
- Window cleaning
- Routine replacement of existing household fixtures and fittings
- Spectacles
- Dental expenses
- Privately purchased surgery

Other financial Agreements

Other ongoing financial arrangements including those listed below may be disregarded on an individual basis

- County Court Judgements (CCJ),
- Individual Voluntary Arrangements (IVA)
- Debt Management Plans (DMP)

Disability Related Expenses (DRE's)

Disability related expenditure is considered as a reasonable additional expense that an individual incurs due to illness or disability.

If an individual is in receipt of disability benefits, and unless the individual states otherwise, a standard allowance of £10.00 per week will be made.

If an individual wishes they can have a detailed evaluation of their DRE's, instead of accepting the standard £10.00 per week allowance. This will require the provision of supporting documentation (such as receipts and invoices). The relevant expenses must be directly and solely attributable to the individual's disability or illness, and specifically to social care needs, as opposed to medical care needs.

Where receipts and other supporting information are not available at the time of the financial assessment visit, a period of 28 days will be allowed for these to be provided. If they are supplied during this period the financial assessment will be recalculated from the date of the original visit. If they are received outside the 28 day period they will only be taken into account from the date of receipt.

Claims for Disability Related Expenditure where the payment is made to family members will not be accepted other than in exceptional circumstances

If a detailed evaluation of DRE's is carried out, the resulting allowance made may be higher or lower than the standard £10.00 per week allowance offered originally; in either case the allowance subsequently calculated will be applied to the financial assessment, not the standard £10.00 allowance. Please note any allowance made for DREs, following a detailed evaluation, will not exceed the total value of disability-related benefits awarded.

Examples of disability related expenses that can be included are as follows:

This list contains examples and is not exhaustive, any reasonable additional costs directly related to a person's disability should be included.

- Extra heating costs
- Payment of privately arranged care necessary to meet the assessed social care needs, which would form part of the commissioned package of care if they were not provided privately.
- Excessive laundry costs and specialist washing powders
- Purchase, maintenance and repair of disability related equipment
- Payment for any community alarm
- Additional costs of special dietary needs due to illness or disability
- Specialist clothing or footwear
- Additional costs of bedding due to incontinence
- Transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA. In some cases, it may be reasonable for the county council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport (e.g. council-provided transport to day centres) is available but has not been used.

Financial Assessment Calculation

The basic principle of the financial assessment calculation is:

Individual Income
Less
 Income Support or Pension Credit level +25% Buffer
Less
 Housing Costs and Expenses
Less
 Disability Related Expenses
Equals
 Net Disposable Income
 (Available Income for contribution)

The individual will be asked to contribute 100% of the Net Disposable Income (NDI).

The actual contribution will be the lower of either the individuals 100% of NDI or the actual cost of the service provided.

Individuals assessed as having a net disposable income of less than £5.00 will not have to contribute towards the cost of the service.

3.4 Couples

A couple is defined as two people living together as spouses or as partners.

The county council is required to financially assess each individual, based on their own income, savings and investments. This is known as a 'single assessment'.

However, if a service user is considered to be part of a couple the county council may financially assess the couple's combined income, savings and investments to ensure the couple's minimum level of income is protected. This is referred to as a 'couple's assessment'.

To enable the couple's assessment to be completed the financial assessor will need to gather all financial information in relation to both the service user and their partner/spouse. The financial assessor will undertake a benefit maximisation check for the couple.

If a service user has savings or investments held jointly with another person, it is assumed that 50% belongs to the service user, unless proven otherwise. This amount will be included as appropriate in their individual assessment.

Savings and investments belonging to both partners/spouses will be included in full as appropriate in the couple's financial assessment.

Where both partners/spouses are service users they will each receive an individual and a couple's financial assessment. Once the 'single' and 'couples' assessments have been completed the lower of these two assessed charges will apply.

3.5 Deprivation

Deprivation as described in the Care Act 2014 is an attempt to avoid charges by removing assets or capital from an individual's ownership in order for them not to be included in the financial assessment. A separate sheet entitled Deprivation Policy and How to Appeal Information Sheet 6 is available [LINK].

We will consider deprivation of capital if:

- The individual ceases to possess capital which would otherwise have been taken into account for the purpose of assessing their contribution towards their care services, i.e. an individual transfers a sum of money to another individual as a gift or the beneficiary of an insurance policy is changed so that the monies are not available to the individual

Where deprivation is established the county council will treat the individual as still possessing the capital asset.

3.6 Meals and additional Day Care costs

There are charges for meals provided to individuals at day centres. This is in addition to any assessed charge.

Charges for other refreshments provided and any activities arranged as part of an individual's attendance at day care are also in addition to the assessed charge.

Meals provided to an individual in their own home will be charged the full cost of the meal and the individual will pay the meal provider directly.

3.7 Changes in an individual's financial circumstances.

Individuals or their representatives must notify the county council of any changes to their financial circumstances as these can affect their financial assessment.

When an individual's total savings and investments drop below £23,250 they should contact the financial assessment team and request a financial reassessment.

If an individual's total savings increase above £23,250 they must notify the financial assessment team to arrange a reassessment.

An increase or decrease in service may change an individual's contribution as would a change in the type of service, for example changing from day care to home care.

Where individuals fail to provide information following requests, contributions will be calculated at the maximum cost from the date of the request.

Where appropriate we may automatically reassess contributions based on changes that we become aware of through policy changes, Department of Works and Pensions or regulation changes (e.g., annual increases to standard benefit payments, State Retirement Pension or service cost increases). Where appropriate this might be a standard % increase to all individuals' income. In instances where a

% increase is applied to income, a % increase may also be applied to any expense that is included in the assessment.

3.8 Contribution start date

Contributions start from the day that the service commences. If care ceases prior to a financial assessment being completed the following will apply.

- Within one week of the care start date the individual will not be charged.
- After one week but up to 4 weeks a light touch assessment will be completed to calculate the contribution due, utilising benefit / pension information as verified by the DWP.

3.9 Cancellation or changes to services

When the county council arranges services on behalf of an individual, seven days' notice of any changes to that service must be given to the service provider, otherwise the original service must be paid for.

3.10 Payment of contributions

The preferred method of payment for assessed charges is by Direct Debit. The direct debit will be collected on a four weekly basis, in arrears. The financial assessment officer will ensure the direct debit mandate is signed at the point of assessment.

Only in circumstances where the individual is not able to pay by direct debit will the individual be invoiced for their contributions every 4 weeks in arrears.

Individuals in receipt of direct payments will receive their payments net of their contribution.

3.11 Non-payment of contributions

It is the responsibility of the county council to collect monies due, and to ensure debts do not accrue. Where an individual fails to make a payment for the assessed contribution, action will be taken in accordance with the county council's Income and Debt Management Policy [LINK]. Recovery of all outstanding contributions will be pursued by the Debt Management Team.

Initially the collector will contact the individual or their representative to establish reason for non-payment. Where there is a justifiable reason for non-payment the collector will work with the individual or representative to ensure payment is received.

Refusal to pay debts or to cooperate with the collector may result in the debt being pursued through legal action or through the use of external agencies.

3.12 Appeals

Where an individual feels that they cannot afford to pay the assessed charge, or the financial assessment has been completed incorrectly, or that the assessment has not taken all relevant expenses fully into account and will cause them financial hardship, they can appeal and request a review of the charge.

The appeals procedure is not intended for individuals to express their dissatisfaction with any aspect of the Charging Policy. Only those cases, which are supported by relevant documentary evidence, will be dealt with under the Appeals Procedure.

The Appeals Procedure is designed to:

- Consider exceptional circumstances not acknowledged in the standard assessment process
- Ensure correction of omissions or calculation errors made in the original assessment

If an individual wishes to appeal, they must do so in the first instance to:

The Financial Assessment, Review and Direct Payments Service Manager,
Lancashire County Council,
PO Box 100,
County Hall
Preston,
PR1 0LD

If the individual is unhappy with the appeal response from the Financial Assessment and Direct Payment Service Manager then they can write to the:

Adults Social Care Finance Appeals Panel
Lancashire County Council,
PO Box 100,
County Hall
Preston,
PR1 0LD

Or email the appeal to appeals.panel@lancashire.gov.uk

If the individual is not happy with the decision of the appeals panel, they may complain to Lancashire County Council, via the strategic customer quality team, by writing to:

Social Care Customer Feedback
FREEPOST RTJY-HACZ-LGLS
PO Box 1349
County Hall
PRESTON
PR2 0TX

Or email the complaint to asc.complaints@lancashire.gov.uk

The individual should continue to pay all invoices issued until the appeal is resolved. Once resolved if the individual has made any overpayment, a full refund will be made.

4. DOCUMENT HISTORY

RELATED DOCUMENTS	
OTHER RELATED DOCUMENTS	<p>Additional information and guidance regarding charging for Adult Social Care is available in a series of regularly updated Information Sheets as follows:</p> <p>Information Sheet 1 – Charges and Rates Payable, Information on charges and rates payable for Adult Social Care</p> <p>Information Sheet 2 – Your Guide to Charging for Non Residential Care and Support</p> <p>Information Sheet 3 – Your Guide to Charging for Residential Care</p> <p>Information Sheet 4 – What is the Deferred Payments Scheme?</p> <p>Information Sheet 5 – Deprivation of Capital and Assets, policy and appeals process</p> <p>Information Sheet 6 – Funding your care and support needs, Independent Financial Advice</p> <p>Further information is available in Policies, Procedures and Guidance documents, including: [ADD LINKS]</p> <p>Eligibility Criteria PPG</p> <p>Ordinary Residence PPG.</p> <p>Care Act Independent Advocacy PPG</p> <p>Independent Mental Capacity and Mental Health Advocacy PPG</p> <p>Telecare PPG</p> <p>Assessment of Needs PPG</p> <p>Care and Support Planning PPG</p> <p>Review of Care and Support Plans PPG</p>
LEGISLATION OR OTHER STATUTORY REGULATIONS	<ul style="list-style-type: none"> • Care and support statutory guidance (June 2017) • Annex B: Treatment of capital • Annex C: Treatment of income • Annex D: Recovery of debts • Annex E: Deprivation of assets

5. EQUALITY IMPACT ASSESSMENT