

Policy on Charging for Adult Social Care Services

Warwickshire County Council
People Group

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1. Overview of charging in Warwickshire

1.1. Introduction

This policy outlines our aims and principles for a fair approach to contributions made by a person to their social care services. It covers:

- background to charging
- regulations and guidance used
- aims and principles
- who is charged
- the services charged for
- how charges are calculated
- what to do if a person's circumstances change
- obtaining advice
- what happens if a person fails to pay charges; and
- what if a person has a dispute and would like to make a complaint.

The policy is split into 4 sections for ease of use:

1. Overview of charging in Warwickshire
2. Financial assessments for residential based services
3. Financial assessments for community services
4. Further Information

1.2. Background to charging

Warwickshire County Council is able to charge a contribution for care services provided to adults under Sections 14 and 18 of the Care Act 2014. The Act is supported by the Care and Support (Charging and Assessment of Resources) Regulations 2014 and the Care and Support Statutory Guidance that the Council adheres to.

Any costs covered by the NHS (either under Continuing Health Care or Funded Nursing Care) are not subject to this policy.

1.3. Legislation, regulations and guidance used

The legislation, regulations and guidance that apply within this policy are;

- Care Act 2014
- The Care and Support (Charging and Assessment of Resources) Regulations 2014.
- Care and Support Statutory Guidance chapter 8 and Annex A-E
- Warwickshire County Council Direct Payments guidance.

1.4. Aims and principles

A key principle applied in this policy is that charges will be based on the full cost of the services being received and a person will pay 100% of this charge where they

have been assessed as being able to do so.

The following aims and principles are adopted to ensure a person pays the correct charges:

- Individual financial assessments will ensure that a person contributes in line with their ability to pay. This will be calculated using national guidelines and this policy.
- The full financial assessment will ensure that a person will retain some income. This level is set by the Department of Health and is known as the Personal Expense Allowance (PEA) when in residential care and the Minimum Income Guarantee (MIG) when receiving non-residential care.
- A person can receive a benefits check as part of their financial assessment to check they are receiving what they are entitled to.
- A person has the right to decline a full financial assessment. If they do they will be required to pay the full cost of their care.
- Where a person does not provide the Council with sufficient information to determine how much they can pay towards their care, they will be required to pay the full cost of their care.
- Where a person fails to pay the charges incurred by the Council for their care, debt recovery processes will be followed to obtain payment from the person, after consideration and the offer of a deferred payment agreement in appropriate circumstances (residential and nursing care only).
- A waiver process is in place for charges in exceptional cases. Applications should be made in writing to the Operational Manager after a financial assessment has taken place to determine whether a charge is applicable in the first place. Applications should be sent to Benefits Assessment and Income Control Team who will pass to the relevant Operational Manager. Applications should include
 - The reasons for the application, including details of the exceptional financial or social factors which apply.
 - Any other information considered reasonably necessary in connection with the application.

1.5. Who is charged

This policy applies to adults provided with care services where Warwickshire County Council is entitled to charge a contribution under the Care Act 2014 with the following exceptions:

- Individuals with Creutzfeldt Jacob Disease (CJD) in accordance with the Care Act 2014
- Individuals with services provided under section 117 of the Mental Health Act (1983).

- Any services funded by the NHS for example Funded Nursing Care

1.6. Financial assessments

A person is liable to pay the full cost of their care service unless it is demonstrated through a financial assessment that they are unable to contribute the full amount. The financial assessment will follow the requirements of the Care and Support (Charging and Assessment of Resources) Regulations 2014 and Care and Support Statutory Guidance and requires a person to supply appropriate information. This information is used to calculate what, if anything a person may have to pay towards a service.

1.7. Providing information to the Council

The collection of information for the financial assessment may be undertaken in different ways including:

- On-line a person may be sent a link to an on-line form to give information
- Post a person may be sent a form to give information and return by post
- Telephone a person may be given an appointment and information is given over the telephone
- Face to face a person may be given an appointment and an officer will visit to collect information where there are complex circumstances or customers would have substantial difficulty in using other forms of assessment

A person has the right not to provide details about their financial circumstances, in such cases a person will be deemed as able to pay for their care costs in full as it is for the person to satisfy the Council that their means are insufficient to be able to pay the full cost.

1.8. Failure to provide information

The onus is on the person or their representative to provide all information required for a financial assessment.

A person or representative responsible for their finances is considered to have refused to co-operate with a financial assessment if he or she without good cause, fail to participate in the assessment process within a stated time scale. This includes where a person;

- Does not agree an appointment to allow the Council to obtain necessary information for an assessment or review despite there being two requests to do so.
- Fails to keep a pre-arranged appointment for the purpose of obtaining information for an assessment or review.
- Fails to provide satisfactory proof of income, capital, expenditure or other information following a written request from the Council.

- Fails to complete and return a financial form either by post or on-line where requested to obtain necessary information for an assessment or review.

1.9. Light touch financial assessments

In some cases a person may not need a full financial assessment and so may not have to provide full details about their financial circumstances. We will apply a light touch financial assessment in the following circumstances:

- Where a person owns capital that is included as an asset for financial assessment purposes and this is clearly worth more than the upper capital limit.
- Where a person confirms that they do not wish to undergo a full financial assessment.
- Where an individual is in receipt of certain benefits and they clearly demonstrate that they would not be able to contribute towards their care and support costs.

If a person does not agree the charges that they have been assessed as being able to afford to pay under this route, they will be required to provide full details to enable a full financial assessment to be completed.

1.10. Financial representatives and mental capacity

A person can request that we liaise with another person who will act as their financial representative for the financial assessment and charging process.

While a request to liaise with a representative can be accepted, the legal responsibility for the financial assessment and any charge remain with the person having a service.

At the time of the assessment of care and support needs, the Council will establish whether a person has the capacity to take part in the assessment, including a financial assessment.

Where a person lacks capacity the same financial tests and charges will apply for care services.

2. Financial assessments for Permanent & Temporary residential based services

2.1. Calculating charges

The financial assessment considers a person's income, capital and in some cases appropriate expenses.

Where capital included is above the upper limit the person will pay the full cost of the care.

Where capital is below the upper capital limit the basic principles of the financial assessment calculation are:

Income LESS Personal Expense Allowance = **Charge**

The full financial assessment will ensure that individuals retain a basic level of income after charges have been deducted, known as the Personal Expenditure Allowance.

A person will be expected to pay the full cost of the care if:

- They are assessed to be able to afford to pay the full cost through their financial assessment.
- They choose not to disclose their financial details.
- They refuse to co-operate with a financial assessment.

2.2. Capital

The value and treatment of capital and assets will be based on the definitions in the Care Act 2014, Care and Support Statutory Guidance Annex B. Some examples of capital included in the guidance are money held in a bank or building society, stocks and shares, bonds or land.

The value of a person's capital will be used to decide how much of it should be used to contribute towards the cost of their care. The value of a capital asset will be based on the market or surrender value of the capital asset, minus:

- 10% of the value, if there will be any actual expenses involved in selling the asset. Any expense must be connected with the actual sale and not simply the realisation of the asset. For example the costs to withdraw funds from a bank account are not expenses of sale, but legal fees to sell a property would be.
- any outstanding debts secured on the asset, for example by a legal charge such as a mortgage.

Where a person has joint beneficial ownership of capital (for example they have a joint savings account), the total value will be divided equally between the joint owners and the person will be treated as owning an equal share, except where there is evidence that the person owns an unequal share.

In some instances a person may need to apply for access to capital assets but has

not yet done so. In such circumstances this capital may be treated as belonging to the person and so included as notional capital within the financial assessment from the date it could have reasonably been acquired.

Some capital resources are disregarded (not included) within the financial assessment, details of these are given in the Care Act, regulations and guidance.

The levels of capital considered with a financial assessment are:

- Capital **below £14,250** will be disregarded (not included) for financial assessment purposes.
- Capital **between £14,250 and £23,250** will be taken into account and a person will be required to pay £1 per week for every £250 of capital owned between £14,250 and £23,250.
- Capital **over £23,250** will be taken into account and a person will be required to pay the full cost of the care home.

2.3. Property

Property is a capital asset and may either be included or disregarded within a financial assessment in accordance with Annex B of the Care and Support Statutory Guidance.

If a person is in temporary or respite care the property they normally live in will be disregarded (not included as a capital asset) where they intend to return to it. However, where a person is in permanent care the property may be included in the financial assessment or it may be disregarded (not included) depending on circumstances. Some examples where a property may be disregarded include:

- Where the property has been continuously occupied by the person's partner, former partner or civil partner, except where they are estranged since before the person went into a care home.
- Where the property has been continuously occupied by relatives (defined in the guidance), aged 60 or over since before the person went into a care home.
- Where the property has been continuously occupied by relatives (defined in the guidance), who have been incapacitated since before the person went into a care home.

A person may request in writing that the Council use its discretion to apply a property disregard in circumstances that do not fall within the above definitions. The use of this discretion will be balanced with ensuring that a person's assets are not maintained at public expense. The Head of Social Care and Support or delegated person will consider requests to the Council based on the evidence supplied and circumstances of each case.

2.4. Deferred payments

Where a property is included within the assessment a person may be eligible for the Council's Deferred Payments Scheme. The Deferred Payments Scheme is to help those who have been assessed as having to pay the full cost of residential care but cannot pay the full amount because their capital is tied up in a property.

The Council may accept a property as security and the person pays a weekly contribution towards care based on their income and savings only. The part that the person cannot pay will be paid by the Council and a debt builds up called a deferred payment. This debt will then have to be paid at a later date. For many people this will be done by selling the property or payment may be made from other sources.

The Council has a separate policy for deferred payments that gives more information on eligibility and the scheme itself. This can be found at:

<http://www.warwickshire.gov.uk/deferredpaymentscheme>

2.5. Income

The value and treatment of income will be based on the definitions in the Care Act 2014 Care and Support Statutory Guidance Annex C. Some examples of income included in the guidance are State Retirement Pension, Pension Credit and occupational pensions.

Income will always be taken into account unless it is disregarded under the regulations. Income that is disregarded will either be:

- partially disregarded
- fully disregarded

In some instances a person may need to apply for access to income, for example a means-tested benefit but has not yet done so. In such circumstances this income may be treated as belonging to the person and so included as notional income within the financial assessment from the date it could have reasonably been acquired.

Where deductions are taken from benefits or income, e.g. if deductions are made to repay debts or social fund payments, the financial assessment will be calculated on the gross amount the person would be entitled to not the actual amount received.

Where a person receives income as one of a couple, the starting point is that each has an equal share of the income unless it can be proved that the share is not equal.

2.6. Deprivation of income or assets

Deprivation is the attempt to avoid or reduce charges by removing income or capital assets from a person's ownership in order to avoid them being included in the financial assessment.

Questions of deprivation of capital or income will be considered in accordance with Annex E of the Care and Support Statutory Guidance. For example if:

- A person ceases to possess capital assets or income which would otherwise have been taken into account for the purpose of assessing charges for care;
- A person deprives themselves of capital assets or income which would otherwise have been available to them, i.e. ownership of a property other than their main residence is transferred to another person or the beneficiary of an insurance policy is changed so that the monies are not available to the person.

Where deprivation is established the person will be treated as still possessing the capital asset or income and this will be known as notional capital or notional income within the financial assessment. This means that the person will be assessed as if they still have the income or capital.

If the asset has been transferred to someone else, that person may become liable to pay the difference between what has to be paid and what the person can pay from their remaining income and capital.

2.7. Personal Expense Allowance

The Personal Expense Allowance (PEA) included in the financial assessment is an amount a person may retain for personal expenditure. The amount is set by the Department of Health each year. However, the Council has the ability to vary the amount of Personal Expense Allowance in individual cases. Warwickshire will follow Annex C of the Care and Support Statutory Guidance when using this discretion.

For temporary residents an additional Personal Expense Allowance may in some circumstances be considered if the person is unable to meet a particular expense from their capital or income. Some examples that may be considered include:

- Rent (less Housing Benefit)
- Mortgage costs (less any benefits or assistance payments)
- Water rates and charges
- Council Tax (less Council Tax Support)
- Building insurance (not including contents insurance)

Where expenditure is joint expenditure then it will be divided equally between the liable individuals when considering any additional Personal Expense Allowance.

Permanent residents are not normally considered to have property related outgoings when living in the care home. However, it may be that a person still has outgoings e.g. while a property is for sale, subject to 12 week property disregard or during the notice period for a rented property. In these cases, an additional Personal Expense Allowance may be considered at the discretion of the Council if evidence of actual expenditure is supplied and where a person has no other means to meet the costs for example from their capital.

Where a person has a deferred payment agreement (DPA) a person may choose to retain sufficient resources to maintain and insure the property up to a disposable

income allowance and therefore increase the amount of debt they are deferring. The maximum disposable income allowance is set by the Department of Health.

2.8. Changes of circumstances

A change of circumstances either by a change in type, cost of service or the financial circumstances of the person may result in a change to the financial assessment.

A person must notify the Council of a change to financial circumstances by contacting the Financial Assessment & Benefits Advice team, as these can affect a person's financial assessment.

If a person does not inform the Council of a change and, as a result of that change, the assessed charge would increase it will be backdated to the date the change took effect.

If a person informs the Council of a change within 1 month of it occurring and, as a result of that change, the assessed charge would decrease, this will be applied from the date the change took effect.

If a person informs the Council of a change that took place more than 1 month ago and, as a result of that change, the assessed charge would decrease, this will be applied from the date that notification was received by the Council.

A person will be notified of the date on which any change of circumstance affects their financial assessment. If a person does not notify the Council within the required time they may apply for an extension to the time limit if there are good reasons why that change was not reported on time. The maximum time the Council will consider backdating in these circumstances is 26 weeks from the date actual notification of the change was received in writing.

A person must request backdating and must explain the reasons why they were unable to notify the office within the time limit. The longer the delay, the more compelling the reasons must be. If the Council is satisfied that there are good reasons the notification may be treated as if it was received in time. Before backdating an advantageous change beyond the one month time limit, the Council must be satisfied

- a person has shown good cause for failing to notify earlier and
- that good cause existed continuously during the period for which backdating (if any) is allowed, up until the date the request for backdating was made.

To establish if a person has shown good cause for not notifying the Council earlier, the Council must be satisfied the reason for not claiming earlier is such that any reasonable person of that age, health and experience would probably not have notified the Council earlier in the same way as the person. The burden of proving good cause rests with the person and relevant facts in each case such as care needs, capacity, whether a representative should have notified the Council etc. will be considered.

The Council reserves the right to review a financial assessment at any point relating to current or historical services provided. This may require a person to provide new or additional information and evidence where necessary.

Where a person fails to provide information following written requests, charges will be recalculated to the full cost from the date of the first written request. This may also be backdated to earlier dates dependent upon information available and the backdating policy.

A person may request a review of a financial assessment for example due to revised information or error at any time by notifying the Council and providing appropriate information.

Where appropriate, financial assessments may be revised automatically based on known changes due to changes in policy, regulations or information from the Department of Work and Pensions, for example due to an increase to benefit payments, State Retirement Pension increases or service cost increases.

Details of financial assessments will be sent in writing and it is the person's responsibility to check the information and report any details that are inaccurate or change.

3. Financial assessments for community and respite based services

3.1. Calculating charges

The financial assessment considers a person's income, capital and appropriate expenses.

Where appropriate capital is above the upper limit the person will pay the full cost of the care.

Where capital is below the upper capital limit the basic principles of the financial assessment calculation are:

$$\text{Income LESS } \left[\begin{array}{l} \text{Minimum Income Guarantee} \\ \text{Eligible Housing Costs \& Expenses} \\ \text{Disability Related Expenditure} \end{array} \right] = \text{Net Available Income for Charging}$$

The full financial assessment will ensure that individuals retain a basic level of income after charges have been deducted, known as the Minimum Income Guarantee and have income to meet basic housing costs and agreed disability related expenditure.

The net available income for charging will be the maximum level a person may be asked to contribute towards services.

The actual charge will be the lower of either the individual's available income or the full cost for the service.

The minimum weekly charge raised is £1.00 per week.

A person assessed with no available income for charging purposes will not have to contribute towards the service.

A person will be expected to pay the full cost of the care if:

- They are assessed to be able to afford to pay the full cost through their financial assessment.
- They choose not to disclose their financial details.
- They refuse to co-operate with a financial assessment.

3.2. Capital

The value and treatment of capital and assets will be based on the definitions in the Care Act 2014, Care and Support Statutory Guidance Annex B. Some examples of capital included in the guidance are money held in a bank or building society, stocks and shares, bonds or land.

The value of a person's capital will be used to decide how much of it should be used to contribute towards the cost of their care. The value of a capital asset will be based on the market or surrender value of the capital asset, minus:

- 10% of the value, if there will be any actual expenses involved in selling the asset. Any expense must be connected with the actual sale and not simply the realisation of the asset. For example the costs to withdraw funds from a bank account are not expenses of sale, but legal fees to sell a property would be.
- any outstanding debts secured on the asset, for example by a legal charge such as a mortgage.

Where a person has joint beneficial ownership of capital (for example they have a joint savings account), the total value will be divided equally between the joint owners and the person will be treated as owning an equal share, except where there is evidence that the person owns an unequal share.

In some instances a person may need to apply for access to capital assets but has not yet done so. In such circumstances this capital may be treated as belonging to the person and so included as notional capital within the financial assessment from the date it could have reasonably been acquired.

Some capital resources are disregarded (not included) within the financial assessment, details of these are given in the Care Act, regulations and guidance.

The levels of capital considered with a financial assessment are:

- Capital **below £14,250** will be disregarded (not included) for financial assessment purposes.
- Capital **between £14,250 and £23,250** will be taken into account and a person will be required to pay £1 per week for every £250 of capital owned

between £14,250 and £23,250.

- Capital **over £23,250** will be taken into account and a person will be required to pay the full cost of the care home.

3.3. Property

Property is a capital asset and may either be included or disregarded within a financial assessment in accordance with Annex B of the Care and Support Statutory Guidance.

The property a person lives in as their main or only home will be disregarded (not included as a capital asset).

However, a property that is not the main or only home that a person lives in, for example a second property will be included in the financial assessment.

3.4. Income

The value and treatment of income will be based on the definitions in the Care Act 2014 Care and Support Statutory Guidance Annex C. Some examples of income included in the guidance are State Retirement Pension, Pension Credit and occupational pensions.

Income will always be taken into account unless it is disregarded under the regulations. Income that is disregarded will either be:

- partially disregarded
- fully disregarded

In some instances a person may need to apply for access to income, for example a means-tested benefit but has not yet done so. In such circumstances this income may be treated as belonging to a person and so included as notional income within the financial assessment from the date it could have reasonably been acquired.

Where deductions are taken from benefits or income, e.g. if deductions are made to repay debts or social fund payments, the financial assessment will be calculated on the gross amount a person would be entitled to not the actual amount received.

Where a person receives income as one of a couple, the starting point is that each has an equal share of the income unless it can be proved that the share is not equal.

3.5. Deprivation of income or assets

Deprivation is the attempt to avoid or reduce charges by removing income or assets from a person's ownership in order to avoid them being included in the financial assessment.

Questions of deprivation of capital or income will be considered in accordance with Annex E of the Care and Support Statutory Guidance. For example if:

- A person ceases to possess capital assets or income which would otherwise have been taken into account for the purpose of assessing charges for care;
- A person deprives themselves of capital assets or income which would otherwise have been available to them, i.e. ownership of a property other than their main residence is transferred to another person or the beneficiary of an insurance policy is changed so that the monies are not available to the person.

Where deprivation is established the person will be treated as still possessing the capital asset or income and this will be known as notional capital or notional income within the financial assessment. This means that the person will be assessed as if they still have the income or capital.

If the asset has been transferred to someone else, that person may become liable to pay the difference between what has to be paid and what the person can pay from their remaining income and capital.

3.6. Minimum Income Guarantee (MIG)

The Minimum Income Guarantee (MIG) is an amount within a financial assessment that a person will be left with before a charge may apply. This is to ensure a person has funds to meet basic needs such as purchasing food, utility costs or insurance.

The level of Minimum Income Guarantee varies depending on a person's circumstances and these amounts are determined within the Care and Support (Charging and Assessment of Resources) Regulations and published by the Department of Health.

3.7. Household costs/bills

Some expenditure may be allowed based on a person's liability and circumstances to cover housing costs. These may also be determined through discussion with a person and include consideration of average levels for household types.

Evidence of expenditure may be requested to verify requests for example receipts, bank statements or invoices where involving exceptionally high values, unusual types of expense. Failure to supply evidence will result in those expenses being excluded from the calculations.

Allowances may be made depending on housing tenure and circumstances, including:

- Rent (less Housing Benefit). If a person is entitled to receive full Housing Benefit but has the benefit reduced by a 'non-dependent deduction', the financial assessment will not show an allowance for the non-dependent deduction amount.
- Essential service charges and ground rent (less Housing Benefit)
- Mortgage (less any benefits or assistance payments)
- Council Tax (net of Council Tax Support). If a person is entitled to receive full Council Tax Support but has the support reduced by a 'non-dependent deduction', the financial assessment will not show an allowance for the non-dependent deduction amount.

- Building insurance (including contents)

3.8. Joint/shared costs

If more than one person lives in a person's home, costs may be shared between occupants when calculating the financial assessment. This will be determined by the decision maker within Warwickshire County Council. If allowed, costs will be attributed to all the adult occupants of the home unless it can be shown that the expense is only for a person's benefit.

If a person shares a household with other adults, and the additional disability-related expense item relates to a service that supports the household as a whole (for example, payments to a cleaner), the amount of the expense item that is allowed in the financial assessment will be on the basis that the costs are shared evenly by the number of adults in the household, unless there is evidence to show that a different way of sharing costs should be considered.

3.9. Other allowable expense commitments

An allowance for expense commitments may be made in the financial assessment, if a person incurs unavoidable payments under a court order e.g. child maintenance.

Any other expenses not considered housing or disability related expense would not be eligible within the financial assessment, unless agreed, at the discretion of the Head of Social Care and Support or delegated person.

3.10. Disability related expenditure

Disability related expenditure is considered as a necessary additional expense to meet needs that are not being met by the Council that a person incurs due to a disability or condition.

Expenditure must be reasonable and verified for example with receipts. Where expenditure cannot be verified or where reasonable alternatives are available at a lower cost or for free, the expense may not be included or may be restricted to a lower cost determined by the Council.

A guide list of recognised disability related expenditure items (appendix a) based around the items listed within Statutory Guidance, with indications of reasonable costs is used to determine disability related expenditure allowances within an assessment, although this is not an exhaustive list.

If a person has disability related expenses shown within the disability related expenditure guide, the expense allowed in a financial assessment will usually be the actual amount spent up to the maximum amount indicated in the guide. However, discretion may be used to consider some requests where higher expenditure is incurred or where an item is not reflected within the guide. These decisions will usually consider a person's care plan to help identify necessary disability related expenditure.

3.11. Changes of circumstances

A change of circumstances either by a change in type, cost of service or the financial circumstances of the person may result in a change to the financial assessment.

A person must notify the Council of a change to financial circumstances by contacting the Financial Assessment & Benefits Advice team, as these can affect a person's financial assessment.

If a person does not inform the Council of a change and, as a result of that change, the assessed charge would increase it will be backdated to the Monday after the date the change took effect.

If a person informs the Council of a change within 1 month of it occurring and, as a result of that change, the assessed charge would decrease, this will be applied from the Monday after the date the change took effect.

If a person informs the Council of a change that took place more than 1 month ago and, as a result of that change, the assessed charge would decrease, this will be applied from the Monday after the date that notification was received by the Council.

A person will be notified of the date on which any change of circumstance affects their financial assessment. If a person does not notify the Council within the required time they may apply for an extension to the time limit if there are good reasons why that change was not reported on time. The maximum time the Council will consider backdating in these circumstances is 26 weeks from the date actual notification of the change was received in writing.

A person must request backdating and must explain the reasons why they were unable to notify the office within the time limit. The longer the delay, the more compelling the reasons must be. If the Council is satisfied that there are good reasons the notification may be treated as if it was received in time. Before backdating an advantageous change beyond the one month time limit, the Council must be satisfied

- the individual has shown good cause for failing to notify earlier and
- that good cause existed continuously during the period for which backdating (if any) is allowed, up until the date the request for backdating was made.

To establish if a person has shown good cause for not notifying the Council earlier, the Council must be satisfied the reason for not claiming earlier is such that any reasonable person of that age, health and experience would probably not have notified us earlier in the same way as the individual. The burden of proving good cause rests with the person and relevant facts in each case such as care needs, capacity, whether a representative should have notified us etc. will be considered.

The Council reserves the right to review a financial assessment at any point relating to current or historical services provided. This may require a person to provide new or additional information and evidence where necessary.

Where a person fails to provide information following written requests, charges will be recalculated to the full cost from the date of the first written request. This may

also be backdated to earlier dates dependent upon information available and the backdating policy.

A person may request a review of a financial assessment for example due to revised information or error at any time by notifying the Council and providing appropriate information.

Where appropriate, financial assessments may be revised automatically based on known changes due to changes in policy, regulations or information from the Department of Work and Pensions, for example due to an increase to benefit payments, State Retirement Pension increases or service cost increases.

Details of financial assessments will be sent in writing and it is the person's responsibility to check the information and report any details that are inaccurate or change.

4. Further Information

4.1. Policy

In this policy charges will be based on the full cost of the services being received and a person will pay 100% of this charge where they have been assessed as being able to do so. Further details regarding charges can be found on the Council's website at:

<http://www.warwickshire.gov.uk/abilitytopay>

4.2. Residential and residential nursing care

Under this policy, the cost of residential or nursing care includes the care and support provided and the accommodation and living costs in the care home.

The full cost of the service can vary due to the type of care and care home; the full cost will be shown on the Individual Placement Agreement (contract) between the Council, care home, person resident or representatives.

4.3. Community services

Under this policy, the full cost of non-residential care services can vary due to the type of care service. Details of services and basis of charge are given below:

Service	Explanation of the charge
Home care (Including care provided in Extra Care premises)	The charge will be based on the agreed level of service with the provider. A person who fails to provide 24-hours' notice to cancel or change care arrangements; will be charged in accordance with planned/proposed service activity. This is a standard rate for all homecare regardless of provider.
Night support	The charge will be based on the actual cost of the service.

Service	Explanation of the charge
24 live in support	The charge will be based on the actual cost of the service.
Day care	The charge will be based on attendance per day. A person has the option to be charged by the hour if they wish.
Take a Break	The charge will be based on the actual hourly rate of the service.
Transport	The charge will be based on a standard rate per journey. A journey can be defined as getting from one place to another.
Telecare	The charge will be based on the actual cost of the weekly "Telecare" monitoring service.
Direct payments	For Direct payments used to employ personal assistants the charge will be based on the total cost of paying and employing personal assistants.
Carers replacement services; Sitting service	The charge will be based on the agreed level of service with the provider. A person who fails to provide 24-hours' notice to cancel or change care arrangements will be charged in accordance with planned/proposed service activity.
Respite care (in a residential setting)	The charge will be based on the actual cost of the service with the care provider.
Other chargeable services	Other chargeable services apply when a person receives a service that does not ordinarily fall into the chargeable services defined above i.e. home care, day care, transport, telecare and personal assistants. The charge will be based on the support the customer receives.

Current charging rates are available on Warwickshire's website or by telephoning 01926 410410.

4.4. Exemptions from contributions

The following services are exempt from contributions:

- Community equipment and minor adaptations in accordance with the Care Act 2014
- Day Care service where it forms part of a person's residential care contract as defined within the residential charging guidance under the Care Act 2014
- Other services offered by the authority agreed to be exempt from Charging. If this applies, details can be found in the relevant service policy.

4.5. Advice about benefits

As part of the financial assessment process and where applicable, advice may be provided to a person regarding benefit entitlement. This may include referrals or signposting to relevant agencies and services.

It is a person's responsibility not the Council's to progress any claim and supply appropriate information to relevant agencies and services.

4.6. Independent financial advice

There will be times when a person needs to obtain financial advice which is impartial and independent of the Council to make the right decisions. For example:

- where there are a number of options available and advice is needed on which one to choose, bearing in mind that the Council may not be allowed to recommend one.
- when there is potential conflict between the Council and person's interests, such as advice on how assets are taken into consideration as part of the financial assessment.
- when a person is to enter into a legal agreement. For example, the Council can provide information about the consequences of entering into a **deferred payment agreement (DPA)**, but cannot advise whether a person should enter into it.
- where a person wants advice on specific financial products to get the most out of an asset.

4.7. Independent or 'regulated' financial advisers

Independent financial advice is available from a number of sources. Some services are free and provided by not-for-profit organisations, such as:

- **Money Advice Service** – or phone 0300 500 5000;
- **Citizen's Advice Bureau** – getting financial advice;
- **The Society of Later Life Advisers** – helps find trusted financial advisers who understand financial needs in later life.

There are also more formal 'independent financial advisers' (IFA), who charge for advice on financial matters and can recommend suitable financial products. The Council cannot recommend specific IFAs or provide a list.

4.8. Obtaining and understanding advice

If a person does not have family or friends to help, and may have difficulty getting or understanding independent financial advice, the Council may be able to provide an independent advocate.

An independent advocate can support or advocate on a person's behalf to help support and represent their well-being and interests. This may help a person get the

most out of any independent financial advice.

Other situations may mean a person should have an independent advocate, such as when a long stay in a hospital or care home is required, or if there is a disagreement over a person's involvement in the decision.

4.9. Paying for care

Any charge will start from the day that service commences.

Where a full financial assessment is outstanding, the charge may be the full cost until completion of the financial assessment. Any subsequent adjustment in contribution may be backdated to the service start date subject to the backdating guidance.

Residential, Nursing, Home Care, Day Care, Transport and Telecare Services will be invoiced four weekly and in arrears. Payment can be made by a variety of methods and information about methods of payment are available on Warwickshire's website or by telephoning 01926 413012.

Direct payments are made four weekly to bank accounts less the person's charge. A person will pay their charge into that account on the same basis in accordance with a Direct Payment Agreement.

4.10. Non-payment of contribution

Where a person fails to make payment of invoices, or in line with the Direct Payment Agreement, action will be taken in accordance with our Debt Recovery Policy and/or Direct Payment Policy. This may result in legal action being taken and extra cost to the person.

4.11. Cancellation of services

If a person wishes to cancel a services or direct payment due to the level of the charge they should contact the Customer Service Centre or social worker to discuss the matter. Services cannot be cancelled through the Benefits, Assessments and Income Control section.

4.12. Disagreements or complaints

Where a disagreement or complaint occurs we will attempt to work with individuals to resolve and this may involve:

- A review of the financial assessment, for example if there has been an error in the calculation, there is new information that should be taken into account or a change to the type of care service.
- An appeal under the non-residential charging appeals process; for example after a review a person still believes that the financial assessment has not been calculated correctly or that a person believes there are exceptional circumstances that should be considered as a special case.
- A complaint or representation against policy; for example where a person believes the Council has not acted appropriately or that the policy is wrong.

- An application for a waiver of the charge; for example if a person agrees that the policy has been applied correctly, but they cannot afford to pay the charge as it would mean that the person would suffer severe hardship or health would be at serious risk. The Head of Social Care and Support holds overall responsibility for waiving charges but has delegated some of the decision making tasks to relevant managers.

A person must explain the reasons for any disagreement or complaint, providing supporting information and evidence to enable consideration of matters raised. Where a person does not provide explanations or supporting documentation following a written request the request may be rejected.

4.13. How personal information can be used

The Council will work with partners to provide public services. To do this, information may in some circumstances be shared in a way that protects an individual's privacy in accordance with Warwickshire Full Privacy Notice.

The Council is under a duty to protect public funds and may use any of the information provided for the prevention and detection of fraud. This may also include sharing information with other bodies that are responsible for auditing or administering public funds.

A person has the right to know what information is held about them and the Council will try to make sure it is correct.

Date of policy implementation:	1 st November 2017
Policy Owner:	Liz Firmstone Service Manager for Finance

Appendix A - Disability related expenditure guide

- (applicable from 8th April 2019)

Warwickshire County Council policy for community services takes into consideration disability related expenditure within the financial assessment process. Disability related expenditure (DRE) is considered a necessary additional expense that a person has to meet needs, due to a disability or condition that is not being met by the Council.

The over-riding principles that govern the assessment of disability related expenditure are:

1. Where there is another adult residing in the home that would ordinarily have a responsibility for the maintenance and upkeep of the property, or benefits from a service that supports the household as a whole (for example, payments to a cleaner), the Council would expect them to assume an equal proportion of the costs incurred, unless we have information to show that a different way of sharing costs should be considered.
2. If a relative is residing with a person, then the Council would not normally accept payments to that relative as disability related expenditure.
3. Validation and verification of expenses form part of the financial assessment process. Claimed expenditure must be verifiable, for example with receipts, invoices or appropriate documentation. Where expenditure cannot be verified the expense may not be included, or may be restricted to a lower cost determined by the Council until future receipts can be provided. Where an amount of disability related expenditure requested is lower than discretionary amounts specified within this guide, decision makers may at their discretion not require evidence of expenditure.
4. Principles of reasonableness are to be applied and consideration given to whether claimed expenditure is likely to be necessitated by the person's disability or condition. The care plan can be a starting point for considering what is necessary disability related expenditure; however, flexibility is required and disability related expenditure may not be limited to what is recorded as necessary for care and support. Where there is any dispute or query additional information may be required that may include medical evidence, for example from a GP. Where reasonable alternatives are available at a lower cost or for free, the expense incurred by a person may be limited to the lower cost or considered ineligible.

No allowance will be made for any item or service that is required or used by the general population and would be considered normal expenditure. The exception to this is where an item or service is used specifically because of a person's disability or condition and would not otherwise be used and/or the item or service is not available at a lower cost. A person will be asked to provide evidence to support claims and should there be any doubt as to the appropriateness or amount of any item claimed as disability related expenditure, details will be referred to Adult Social Care for a decision.

5. Disability related expenses will not be awarded for expenses which could be considered a lifestyle choice e.g. satellite television, some purchases, loan and credit agreements, or purchasing things privately that are available for free on the NHS etc. In some cases a disability related expense could be capped as expenditure over and above this amount could be considered a lifestyle choice.

Process for allowing disability related expenditure

During the financial assessment process a person or representatives will be given the opportunity to advise if they have any additional expenses due to their disability or condition. This may involve, where necessary prompts and further questions to a person with examples of things that may be considered. A person must provide details and where appropriate evidence of identified costs. If evidence is not available at the date of the financial assessment a person may be given a period of time to obtain and supply documentation.

Where required evidence is not provided no expense will be included, and where evidence is provided after an agreed time any reduction will only be made from the date the supporting evidence is received.

In cases where a person is asking for a larger disability related expense than is usually allowed or is requesting an unusual disability related expense this may be referred to Adult Social Care for a decision.

The following provides examples of common items for consideration. The guidance is neither exclusive nor exhaustive but represents items referred to within the Care and Support Statutory Guidance.

1. Fuel (Household Gas and Electricity)

Additional fuel costs are calculated by comparing a person's actual costs over a 12 month period with the average costs for a similar household for the West Midlands. The actual costs are then compared to the average and the difference (calculated to a weekly amount) is taken into account as disability related expenditure. West-Midland averages for the Financial Year 2017/18 are shown below:

Accommodation type	1 Occupant	2 Occupants	Each additional adult occupant
Flat or Terraced house	£1587	£2092	£505
Semi-detached house	£1686	£2221	£535
Detached house	£2053	£2703	£650

2. Community alarm scheme

The actual cost of a Community Alarm is taken into account as disability related expenditure as evidenced by invoices and costs can differ throughout the county dependant on the area and service provider.

3. Private care

Costs for private care where provided professionally may be taken into account where evidence is produced in the form of invoices or receipts (for at least 4 weeks) and it is confirmed by Adult Social Care that it is reasonably required.

Confirmation of requirements may also be required from Adult Social Care to determine whether current services are sufficient or need to be reconsidered to meet needs where

these may have changed, for example changing care hours to cover privately arranged care or whether privately arranged care is a personal choice rather than a care need.

4. Private domestic help

Costs of private domestic help may be taken into account where evidence is produced in the form of invoices or receipts (for at least 4 weeks), up to a maximum of 2 hours per week at £8.21 per hour. If a request is made for an amount greater than the maximum, or if there is any query about the level of need a decision will be made by Adult Social Care.

5. Laundry

A fixed price of £1.20 pence per load is allowable for each load in excess of 2 each week for a person and in excess of 4 loads each week for a couple. 2 loads each week is considered as the normal wash load for a person and 4 as the normal wash load for a couple.

Where there is no access to a washing machine at home the full launderette price can be allowed minus the price that is considered as the normal wash load. That is £2.40 for a person and £4.80 for a couple

6. Bedding

Where bedding must be replaced on a regular basis due to spillages or incontinence etc. and no provision is made for the person through the NHS, the reasonable cost of replacement may be attributed to disability related expenditure.

7. Diet

Disability related dietary expenses are at the discretion of the Council based on confirmation, for example provided by a GP/dietician of special dietary need.

Evidence must be provided of actual additional expenditure where those needs are likely to improve or maintain a person's health and are not available through the NHS. In cases where dietary requirements are agreed, details must be provided (from shopping receipts) as to the additional weekly cost of a person's diet.

8. Clothing

Additional costs for clothing or footwear, particularly where these are specially made, due to exceptional wear and tear caused by a person's disability or where they must be specially made may be allowed. This may also be due to tearing of clothing, staining or exceptional wear due to a person's particular circumstances. Additional costs of care should distinguish clearly between need based on disability as indicated in the care plan and "choice" where, for example, an individual may opt for "designer" rather than practical/functional items.

9. Water

Additional metered costs of water evidenced by a bill, above the average levels for the area and housing type can be attributed to disability related expenditure where water consumption results in higher costs due to the person's disability.

10. Gardening

Up to £8.21 per week can be allowed for basic maintenance with verification e.g. receipts or invoices. Consideration of whether the costs are reasonable would take into account the person, the circumstances and health of others living in the household, the availability of voluntary help and the size of the garden.

11. Wheelchairs

Where a person has had to purchase their own wheelchair as not available via the NHS the replacement cost, maintenance and service contract costs up to a weekly maximum of £4.01 per week (manual) and £9.74 per week (powered) may be allowed where evidenced for example by a receipt or invoice. An expense allowance will be calculated over a five year life expectancy from the date of purchase and where the purchase has not been through the Motability Scheme.

12. Powered bed

The actual cost of a powered bed where not available from the NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £4.43 per week based on a life expectancy of 10 years. Verification of the expense will normally be through receipts or an invoice, although in exceptional circumstances a visual confirmation that the item is "in situ" with confirmation from Adult Social Care that it is required may be agreed. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as disability related expenditure.

13. Turning bed

The actual cost of a turning bed not available from the NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £7.76 each week based on a life expectancy of 10 years. Verification of the expense will normally be through receipts or an invoice, although in exceptional circumstances a visual confirmation that the item is "in situ" with confirmation from Adult Social Care that it is required may be agreed. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as disability related expenditure.

14. Powered riser/recliner chair

The actual cost of the item where not available from the NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £3.52 per week based on a life expectancy of 10 years. Verification of the expense will normally be through receipts or an invoice, although in exceptional circumstances a visual confirmation that the item is "in situ" with confirmation from Adult Social Care that it is required may be agreed. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as disability related expenditure. Discretion may be required where an individual has had to obtain a customised chair to meet their particular needs which may require Adult Social Care confirmation.

If a manual reclining chair has been purchased life expectancy should be treated as 5 years.

15. Stair lift

The actual cost can be allowed up to a maximum of £6.27 per week where this has not been provided by NHS or under the Disabled Facilities Grant and based on a life expectancy of 10 years. Verification of the expense will normally be through receipts or an invoice, although in exceptional circumstances a visual confirmation that the item is "in situ" with confirmation from Adult Social Care that it is required may be agreed. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as disability related expenditure.

16. Hoist

The actual cost can be allowed up to a maximum of £3.07 each week where this has not been provided by NHS or under the Disabled Facilities Grant and based on a life expectancy of 10 years. Verification of the expense will normally be through receipts or an invoice, although in exceptional circumstances a visual confirmation that the item is "in situ" with confirmation from Adult Social Care that it is required may be agreed. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as disability related expenditure.

17. Holidays

Additional disability related costs in excess of normal costs for a similar holiday can be allowed usually based on 1 holiday per year where evidence is provided of the additional costs incurred e.g. increased costs of accommodation that specialise for people with disabilities demonstrated by an actual invoice and quote for a similar holiday cost not including specialist costs

Discretion may be required where therapeutic aspects are involved resulting in more than 1 holiday per year and/or where the costs of carers/companions are a requirement and these will be confirmed by Adult Social Care.

18. Prescriptions

Where the individual does not have an exemption from prescription charges the actual cost of items or the cost of an annual prescription prepayment certificate, whichever is the lower can be allowed as disability related expenditure. The annual prescription prepayment certificate fee is £104.00 therefore the maximum weekly amount allowed is up to £2.00 per week.

19. Transport

Transport costs are discretionary and may be included where necessitated by illness or disability, if they are considered reasonable and over and above the mobility component of Disability Living Allowance or Personal Independence Payments; they must also be evidenced by receipts and details. Transport provided by Warwickshire County Council (for example to attend day care) is a chargeable service based on a financial assessment and so not to be included as a disability related expense.

20. Communications

Additional costs of communications equipment due to a person's disability and established needs may be included, if not normally incurred by most of the public. For example telephone or internet access is often a normal part of everyday living and therefore evidence will be necessary to confirm that a cost is disability related. Receipts or invoices are required for verification of specialist equipment and the cost calculated over its estimated life expectancy.

21. Chiropody

The cost of services provided by a Chiropodist can be allowed up to a maximum of £29.03 per 6 weekly visits (£4.84 per week) where identified in the care assessment, evidenced by receipts and where the NHS does not provide this.

22. Disability equipment

Items such as frames, walkers, trolleys, specialised equipment, infra-red systems etc. including surgical and support wear that cannot be provided by the NHS may be allowed with the cost averaged over a 52 week period to provide an aggregated weekly amount of disability related expenditure.

23. Other items

Consideration may be where a person requires additional items due to their disability not detailed in this document. Decisions may be based on a person's need, support plan requires and with confirmation from Adult Social Care.