



SOCIAL SERVICES CHARGING POLICY

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Lead Social Services Manager/s	Head of Strategic Joint Commissioning Head of Adult Care Head of Children's Services		

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1. INTRODUCTION

The Social Services and Well-being (Wales) Act 2014 [SSWBA] and the related Codes of Practice, set out duties and discretions for local authorities to charge for care and support services and preventative services; in particular Parts 4 and 5 of the SSWBA and the related regulations. Some of these requirements have been inherited from previous legislation and while it no longer applies in Wales; precedents exist for some discretionary charges. For details on the relevant legislation please refer to Appendix 1. The SSWBA provides a framework for charging for both residential and non-residential care and support services. This charging policy will, allow for a consistent approach to charging for services that will remove variation in the way that people are charged.

2. ASSESSING AND MEETING NEEDS

Part 3 of the SSWBA - Sections 19, 21 and 24 – imposes duties on a local authority to assess an adult's needs for care and support, a child's needs for care and support and a carer's needs for support.

Part 4 of the SSWBA stipulates that Local Authorities have a duty to meet needs identified as part of a care and support assessment, on condition that the person is ordinarily resident in the local authority's area or of no ordinary residence and within the authority's area. This assessment will determine which needs must be met by the Local Authority and which needs will be met by the person or through services and support available in the community. How much a person will pay for a service will sometimes depend on a choice made by the person. Where applicable, if a person is provided with a choice of two or more services that meets the assessed needs at the standard rate that the Local Authority pays and the person chooses a more expensive option; then the additional amount, over and above the charge levied by the Local Authority, will have to be paid by the person or a third party. For more details on these circumstances please refer to individual services further below.

3. ORDINARY RESIDENCE

Section 194 of the Social Services and Well-being (Wales) Act 2014 makes provision for establishing a person's ordinary residence.

Where an adult has needs for care and support which can be met only by living in accommodation of a specified type and is living in accommodation of a specified type in Wales, the adult is to be treated as ordinarily resident in the area in which the adult was ordinarily resident immediately before the adult began to live in the specified type of accommodation. If the adult was of no settled residence immediately before beginning to live in a specified type of accommodation, the adult is treated as ordinarily resident in the area in which the adult was present at the time.

4. SELF FUNDING

4.1 Residential

Those who have had a financial assessment that determines they have sufficient funds to pay for their own care; will be responsible for all charges related to their residential needs, if it is reasonably practicable for the assessed person to pay. This will continue until their financial resources fall below the level set in regulations. People who self fund their care can ask their local authority to arrange their care and support for them if they choose; under s35 of the SSWBA. If the local authority arranges their care home placement; the local authority will hold the contract and the person will need to reimburse the local authority for the full cost of the placement.

4.2 Non-residential

People who have above the capital limit will be charged up to the weekly maximum in accordance with the result of their financial assessment. However, if they choose a more expensive option or additional care over and above that which meets their assessed needs; and where there or two or more standard rated options are available that meet their needs; they will pay the additional cost in addition to paying the charge levied by the local authority.

5. CHARGING FOR SERVICES

5.1 Information and Advice

Information, advice and assistance services are in place to provide access to information on maximising income, the financial assessment and the charging policy. This will be provided in a format consistent with a person's communication needs. Advocacy services are also available for those who require it.

5.2 Financial Assessments

The local authority has a duty to carry out financial assessments in certain circumstances. Financial assessments will be offered to everyone who is in receipt of a chargeable service that is not charged at a flat rate; to determine how much they can afford to pay. Assessed charges will be determined in accordance with the Financial Assessments regulations and as approved by the Council, council tax and mortgage or rent liability will be taken into account.

A person who lacks capacity will be charged for care and support; where applicable, as determined through application of the financial assessment process. A person who has been assessed as lacking capacity will be provided with information, advice and assistance, appropriate to their assessed needs. This will include consultation with family members where applicable and/or the appointment of an advocate or application to the Court of Protection, if required.

A person will only be assessed as part of a couple where it is financially more advantageous to the person being assessed. The partner of the person in receipt of assessed services can decline to provide their own financial information.

If a person needs a suitable person to make financial decisions on their behalf, because they lack capacity, but there is no such person; then an application to the Court of Protection may be required, if the person lacks capacity.

Service users will be given a form to complete which will provide the information needed for the financial assessment. This form together with the relevant supporting documentary evidence will be used to calculate the assessed charge. Anyone choosing not to complete the form or provide the necessary supporting documentation within the timescales given; will be charged full cost in accordance with regulations. **See APPENDIX 3 FINANCIAL ASSESSMENTS.**

5.3 Those Who Will Not Be Charged

The SSWBA and/or regulations require that the following people are not charged:

- A child; for care and support they receive; as a service user or a carer.
- A parent or guardian of a child or a child who is a carer in receipt of care and support. The SSWBA allows for charges but current regulations preclude it.
- A person who has Creutzfeldt-Jacob Disease.
- A carer will not be charged for services provided to or arranged for the person they are caring for.

The above list also applies to seeking contributions or reimbursement towards direct payments.

Other local authorities who use PCC facilities and services to meet the needs of children will be charged the appropriate rate. Parent of children who choose service options over and above what is required to meet the assessed needs of those children will be charged in line with the Additional Cost Contribution regulations.

5.4 Services That Will Not Be Chargeable

- Transport to access day opportunities where the transport is identified as a need and the person is not in receipt of a mobility component as part of any relevant benefit payments.
- Reablement and equipment provided as part of reablement will not be charged for up to a maximum of 6 weeks.
- Intermediate Care could be provided at no charge, where there is an assessed need, for up to 6 weeks.

- A person who is provided with an assessment bed as part of an integrated assessment to determine needs, will not be charged. Charging will commence once the assessment bed service ends and the appropriate assessed service begins
- Employment Programmes.
- After-care services/support provided under section 117 of the Mental Health Act 1983.
- Provision of information and advice; assessment of needs; care planning; care plans and undertaking a review of a determination of a charge or independent professional advocacy.
- Services provided or arranged to meet the assessed needs of a child are disallowed in regulations for 2016/17. [The Care and Support (Charging) (Wales) Regulations 2015]

The above list also applies to seeking contributions or reimbursement towards direct payments.

5.5 Fees and Charges

Fees and Charges are governed in part by legislation and local financial policies. These will be set at a level that will allow for the recovery of the full cost to the local authority. These will be reviewed as part of the budget process each year. Charges for services will not exceed the cost of providing or arranging the care and support or what can be sourced through direct payments.

Charges will apply:

- from the date the service started; or
- if the service has changed the new charge will apply from the date the service changed.

The charge to the service user will be determined using the agreed rate; and charged at the amount that is determined as part of the financial assessment. The charge will apply from the date the service started but will only be collected after the person has had an opportunity to complete a financial assessment and has been provided with a statement for the charges. For a list of service charges and rates please see: **SOCIAL SERVICES FEES AND CHARGES.**

For non-residential services the Welsh Government sets a weekly maximum that a person may be charged. However, flat rated charges are allowed for some services such as meals on wheels, community alarms, and meals provided in residential settings, day centres, social activity centres; whether provided or commissioned by the Local Authority. This list is not exhaustive.

5.6 Flat Rate Charges for Statutory Services

Flat rate charges will be set for statutory low level, low cost care and support, such as community alarms, meals on wheels and assistive technology solutions. These flat rate charges will also apply when people opt for direct payments option for these services.

Flat rate charges will not exceed the cost incurred to arrange or provide the related care and support. For flat rate charges, financial assessments will only be offered and undertaken where it is considered that; either separately or together with other care and support charges; the flat rate charges will have an adverse impact on a person's income.

5.7 Chargeable Services

Additional Costs for Non-Residential services

There may be additional costs relating to activities that take place during the provision of some of the services listed below. These could include costs such as entrance fees, meals out etc. These costs will be paid by the service user or another person, such as the service user's personal assistant; at the time of purchase and will not be included in statements. Direct payments will not be provided to cover these types of costs as they do not relate to a service user's assessed needs.

Additional Cost (Third Party) Contributions

In some instances a service user may choose a more expensive option that is over and above what is required to meet assessed needs. In such cases, it may be possible for a service user or third party to pay the difference between what PCC will pay and the cost of the service. The service user/third party will need to be willing to pay the additional cost for the term that the service is required. A Statement of Means will have to be completed so an assessment can be done on the affordability and long term sustainability of this payment.

Direct Payments are provided to meet a range of needs. However, most are used to employ personal assistants or to procure day opportunities. Some direct payments will be determined on individual circumstances. See the rates and fees appendix for details.

Adult Placement

Adult Placement services include, long term accommodation placements which are charged per week and will be offset by housing benefit, care and support which is charged per night and is subject to the weekly maximum and day opportunities charged per hour which is also subject to the weekly maximum.

Reablement

Reablement will not be charged for up to a maximum of 6 weeks, after this initial period reablement will be charged at the same rate as home and community support, per hour on a weekly basis; subject to the weekly maximum.

Home and Community Support is provided at home, which includes supported living settings. This support includes but is not limited to personal care, general support, shared hours for general support for those in supported living tenancies and replacement care which is provided to someone who usually receives care from an unpaid carer, in their own home. This is charged per hour on a weekly basis. This will be subject to the weekly non-residential maximum charge.

Short Term Residential Care [Often referred to as respite.] is a stay in a registered residential setting that does not exceed 8 consecutive weeks. A nightly rate will be applied based on the weekly rates of individual care homes. A person will be charged per night for the length of the stay, regardless of whether the stay falls across two weeks. This will be subject to the weekly non-residential maximum charge. The night care rate of any benefits the person is receiving will be used in the financial assessment to determine a charge for short term residential stays.

Temporary Residential Stay – If a person enters a registered residential placement on a temporary contract (where the stay is expected to last longer than 8 consecutive weeks) and the stay ends within 8 weeks, then this will be charged as non-residential up to the national weekly maximum. If it exceeds 8 weeks then the person will be charged under residential charging regulations. The service user will be liable for charge from the day the placement started.

Respite Services at PCC Care Homes [Havenhurst, Milford House and Hillside]

1. A person who is not ordinarily resident in Pembrokeshire will be charged full cost.
2. A Pembrokeshire resident who has been provided with a direct payment (DP) for respite services will be charged the full cost. This means that the person will need to pay any shortfall between the full cost and their DP amount.
3. A Pembrokeshire resident who is not known or has not been assessed, by social services for respite services will need to refer through the first contact team to establish eligibility for respite. If this assessment identifies a need for respite then non-residential charging will apply up to the national weekly maximum charge.
4. A Pembrokeshire resident who does not wish to be assessed by social services for respite services and wants to purchase this service privately will be charged the full cost.

Day Opportunities can include a range of services.

- Day opportunities provided in one of the Council's day/social activity centres will be charged at a daily rate. This will be subject to the weekly non-residential maximum charge.

- Day opportunities provided in other settings will be charged based on individual circumstances and will be subject to the weekly non-residential maximum charge.
- Training opportunities provided to meet assessed needs will be charged according to the programme being accessed; and will be subject to the weekly non-residential maximum charge.

Short Breaks is the continued provision of care and support in settings other than registered care homes; including but not limited to hotels. These services may be provided for those in receipt of care and support in the community who require a short break. These will not exceed one week in length. These are provided to meet assessed needs of service users and/or unpaid carers. These will be charged based on individual circumstances in accordance with non-residential charging regulations. For full details please refer to the Short Breaks Policy.

Meals provided in residential settings, in Day Centres and PCC Social Activity Centres are charged at a flat rate, per meal. This will not be subject to the weekly non-residential maximum charge.

Permanent Residential Care

A person who has been assessed as requiring a care home placement; will be financially assessed to determine whether they should fund the care home placement. Someone with capital at or below the capital limit will contribute to the costs as determined in the financial assessment. However, the person will be left with at least the minimum weekly income amount set out in regulations. Permanent residential care will be charged at the weekly rate agreed with the care home. Additional costs for options that the service user chooses; which are over and above what is required to meet assessed needs; will have to be paid by the service user, in certain circumstances, or a third party in addition to the assessed charge.

Please see **APPENDIX 3 FINANCIAL ASSESSMENT (CHARGES ASSESSMENT)**

Please see Ordinary Residence, Self Funding and Choice of Accommodation.

Permanent Residential Nursing Care

The nursing care portion of a residential placement will be paid by the local Health Board at the current agreed rate. Health and nursing related needs that result in Continuing Health Care (CHC) funding, will be paid by the local Health Board; either completely or jointly with the Local Authority.

Intermediate Care Beds

Just like reablement this care could be provided where there is an assessed need, for up to 6 weeks free of charge. A person may be eligible for an extension which will be based on a review of assessed needs on a case by case basis. After the initial agreed period,

non-residential charging will apply up to the national weekly maximum charge. If the person is subsequently assessed as requiring a residential bed then residential charging rules will apply.

Interim Support Beds

A person who is medically fit for discharge but for whom domiciliary care cannot immediately be sourced, will be offered a bed in an appropriate care home. The charge applied for the first 8 weeks will be based on the assessed number of domiciliary care hours the person would need. After the first 8 weeks the case will be reviewed and the person may be charged according to the residential charging rules.

Changing Needs That Impact Charges

If a person's needs change part way through a planned period of service and a different service starts, then charges for the new service will apply from the date the new service starts. An example of this is where a person is receiving respite but within the agreed period the placement is changed to permanent because the person's needs have changed. The person will be charged under non-residential rules for the respite received and under residential rules from the date the permanent placement began.

5.8 Choice of Accommodation and Additional Cost Contribution

A person's assessment of needs will determine which accommodation will be most suitable. The choice of accommodation may impact on the charge to be levied. A person must be provided with two or more choices of residential setting at the local authority's standard rate; that meets the assessed needs of the person. If the person then chooses a more expensive option, they, in certain circumstances, or a third party will need to pay the additional cost. The additional cost will be paid over and above the assessed charge. The local authority may seek to recover any outstanding debt relating to the additional cost contribution, from the person responsible for paying it. The person applying to pay an additional cost contribution will need to provide a statement of means, so that it can be determined that the person can meet the additional cost over a sustained length of time.

5.9 Deferred Payments and Deferred Payments Interest Charges

It may be necessary for a person to sell their home to pay for their care costs in a care home. A deferred payment agreement will be offered to someone who wants to delay the sale of their home until a time that is more suitable, if they meet the criteria set out in the Deferred Payments regulations. The full Deferred Payments policy is available on request. Regulations allow discretion to charge admin fees and interest up to 0.5% in excess of the Market Gilt Rate as reported by the Office of Budget Responsibility in their Economic and Fiscal Outlook report. The Fees and Charges appendix will include details of deferred payment admin and interest charges that may be applied.

5.10 Charging Carers

An adult carer [Other than a parent or guardian of a child or a child who is a carer in receipt of care and support.] who has assessed needs in their own right and is in receipt of services or a direct payment, may be charged in accordance with this charging policy.

5.11 Appealing Assessed Charges

Service users who think an error has been made with the calculation of their assessed charge; or think they have additional needs related expenditure that was not taken into account in the financial assessment, can request a review of their assessed charge. Full details are included in the Appendix 4 Appealing Assessed Charges.

5.12 Recovery of Debt and Deprivation of Assets

Recovery of debt will be considered where it is clear that it is as a result of a person's deliberate non-payment. All other reasonable options will be considered before using debt recovery powers under section 70 (Recovery of charges, interest, etc.) of the Act, including but not limited to: engagement/consultation, negotiation, mediation and court action if this is considered appropriate. Social services case workers and managers will not undertake debt recovery to ensure no conflict of interest and so that social services maintain focus on meeting assessed needs. However, social services staff will be involved in the first stage of the debt recovery process to engage with the service user; to determine the circumstances for non-payment and possible early resolution. Social services staff will also be consulted with during the process where necessary. Each case will be considered on its merits so that specific circumstances such as health and well-being and any communication needs are given due consideration.

Deprivation of Assets applies to a person who has deliberately deprived themselves of assets to avoid or reduce charges. Assets mean capital and/or income. Only assets that would normally be considered as part of a financial assessment will be examined for deprivation. If deprivation of assets is suspected, further enquiries will be made to determine if it was deliberate and the reason for doing so. These enquiries will be led by PCC legal division.

Where it is clear deprivation has occurred and a decision is made to collect the debt which results from this, all other reasonable options to collect this will be considered prior to initiating the deprivation of assets process. The full policy on Recovery of Debt and Deprivation of Assets is available on request.

APPENDIX 1 - LEGISLATION

The following legislation in relation to the Social Services and Well-being (Wales) Act 2014 [SSWBA] applies to this charging policy:

SSWBA

Part 4 – Meeting Needs

Part 5 – Charging and Financial Assessment

Sections 194 and 195 of the 2014 Act Ordinary Residence and Disputes on Ordinary Residence and Portability of Care

Codes Of Practice

Part 4 and 4 & 5 Codes of Practice (Meeting Needs, Charging and Financial Assessment)

Regulations

Care and Support (Charging)(Wales) Regulations 2015

Care and Support (Financial Assessment) (Wales) Regulations 2015

Care and Support (Review of Charging Decisions and Determinations) (Wales) Regulations 2015

Care and Support (Choice of Accommodation) (Wales) Regulations 2015

Care and the Support (Deferred Payment) (Wales) Regulations 2015

The Care and Support (Direct Payments) (Wales) Regulations 2015

Welsh Government Guidance

The Code of Practice 4 and 5 set out requirements when charging interest on Deferred Payments. The Market Gilt Rate plus at most 0.15% can be charged. The rate to be used will be set out by the Office of Budget Responsibility in the Determinants of the fiscal forecast table which is table 4.1 within the published Economic and Fiscal Outlook report as located via the link <http://budgetresponsibility.org.uk/>

APPENDIX 2 – 2017/18 FEES AND CHARGES

APPENDIX A
<u>CHARGING FOR NON RESIDENTIAL SOCIAL SERVICES SERVICES FOR CONSULTATION</u>
(A) Service Delivery Falling Under Non-Residential Charging - to a collective maximum of £70 per week per client.

		Curren t	Proposed	
Description	Unit	Charge	Charge	Justification
		£	£	
Home and Community Support Personal Care and general support at home and in the community.	Per Hour	14.60	16.00	Charge takes account of relevant inflationary and legislative changes.
Day Opportunities This includes attendance at PCC Day and Social Activity Centres and day opportunities in the community.				There will be no charge for transport to access day opportunities where it has been identified as need in the service user's integrated assessment.
Procured from external providers.	Per Day	23.70	31.30	Increase to ensure consistency with other services that are charged at full cost.
Delivered in PCC facilities.	Per Day	23.70	26.53	
Bespoke services, including community based.	Per Day	-	Bespoke	Bespoke packages are provided to meet complex assessed need.
Short Breaks This is to provide care and support for short breaks in settings other than registered care homes.	Per Day	-	Bespoke	To ensure consistency with charge levied to those who have short breaks in registered homes.
Adult Placements/Shared Lives				These are provided as part of a Regional Scheme and should
	Per Night	-	10.29	

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		Curren t	Proposed	
Description	Unit	Charge	Charge	Justification
		£	£	
(i) Care and Support in Adult Placement (Short Term) (ii) Day Opportunities	Per Hour	-	2.10	be implemented to ensure consistency with the charge levied to those with the same service across the Region.
Direct Payments Home and Community Services (This includes personal care and support and personal assistants provided in the community.) Day Opportunities	Per Hour Per Day	6.20 -	10.55 35.90	Charges will be consistent with direct payments rates paid.
(B) Flat Rated Charges				
Meals Meals on Wheels and Meals provided in Social Care Day Services	Per Meal	4.34	4.77	To increase costs to take into account of the impact of national living wage increase and other inflationary factors.
(C) Deferred Payments				

		Curren t	Proposed	
Description	Unit	Charge	Charge	Justification
		£	£	
Deferred Payments Interest When a property is taken into account in client's financial assessments, they can defer/delay paying for some or all of their care costs. Therefore not requiring to sell their property on entering care home. <u>Interest Charged:</u> Based on March 2017 Fiscal Forecast Market Gilt Rate = 1.5%	Per Annum	-	1.65%	To implement in line with discretionary powers in the Act, a maximum allowed interest rate of 0.15% above the Market Gilt Rate. Rate will change every 6 months on 1st January and 1st June. At present we are not considering the implementation of an administration fee for setting up deferred payments.

<u>CHARGING FOR RESIDENTIAL SOCIAL SERVICES SERVICES FOR CONSULTATION</u>				
(D) PCC Residential				
Permanent - PCC Residential Charges for a PCC Residential Home	Per Week	395.00	445.51	Increase the charge to ensure consistency with external provision.

<u>CHARGING FOR NON RESIDENTIAL SOCIAL SERVICES SERVICES NOT FOR CONSULTATION</u>				
(E) Service Delivery Falling Under Non-Residential Charging - to a collective maximum of £70 per week per client				
Day Opportunities	Per Day	38.90	38.90	

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Charges to other Local Authorities, Private Residential Home Providers accessing day services				
(F) Flat Rated Charges				
Community Alarms	Per Week	2.20	2.64	To include 20% VAT to current charge.
Pendant Alarms linked to monitoring service				This charge can be zero rated if client meets the eligibility criteria.

APPENDIX 3 - FINANCIAL ASSESSMENT (CHARGES ASSESSMENT)

The SSWBA, regulations and codes of practice set out a series of requirements that a local authority must take account of, when undertaking a financial assessment of a person's ability to pay a charge, or when setting a contribution or reimbursement for a person receiving direct payments.

These establish:

- What information a local authority must provide to a person before undertaking a financial assessment.
- The timescale for a local authority to request and obtain information from a person, and the processes to follow.
- Circumstances where there is no duty to carry out a financial assessment.
- The treatment and calculation of income and capital; with schedules that identify specific forms of capital assets and forms of income and stipulate how each should be treated in a person's financial assessment.

Service users and/or their advocate or representative will be provided with a form to complete; which will also specify any supporting documentation required. Those who choose not to comply with this request will be charged full cost in accordance with regulations.

The financial assessment shows what information has been used to calculate the amount payable for the care and support that is provided.

The date at the top of the financial assessment is the date from which the assessed charge will apply.

If the charges assessment is completed for new or changed services/support then the charge will apply from the date the new or changed services/support started.

If the charges assessment was done because of a change in the person's financial circumstances it will apply from the date the person notified us.

If someone has appealed their assessed charge and it was decided that the charge should be changed, based on the outcome of the appeal; then the amended charge will apply from the date that the appeal was received.

Capital limit

The level of the capital limit is set in the Charging Regulations and this level may change from time to time. The financial limit, known as the "capital limit", exists for the purposes of the financial assessment. For non-residential charges it will inform the level of charge up to the legislated weekly maximum. For residential charges it will determine at what point a person is entitled to access local authority financial support to meet their eligible residential needs.

Sections of the assessment:

Money coming in - this shows information that has been provided by the service user or their representative. It will list all the benefits that the person receives. There are abbreviations that are used in this section. For example:

AA = Attendance Allowance

DLA = Disability Living Allowance

PIP = Personal Independence Payment (this replaces DLA)

ESA = Employment Support Allowance

For AA and DLA the person may receive higher, middle or low which depends on the level of disability needs.

Expenses you have – This shows the amount we have allowed for any council tax, rent or mortgage that the person may be liable for. We do not allow top up fees. Where the person is jointly liable with their partner for council tax, rent or mortgage then that amount will be split 50/50. This section used to include a disability disregard which was stopped by the Council at the end of 2014/15. The heading disability related expenses still appears on the statement but is no longer used; so no amount will appear next to it. Please ignore this heading.

Income you have which we do not take into account – Government regulations set out the portion of some benefits that cannot be used to pay for community care and support. This support includes day opportunities, home care, short breaks, respite (temporary residential home placements) and supported accommodation support.

Treatment of benefits:

- ❖ For some benefits the whole amount is used; for example, employment support allowance.
- ❖ For some benefits the whole amount is NOT used; for example, mobility related components of benefits.
- ❖ Some benefits are partially disregarded such as war pension.
- ❖ Some benefits are treated slightly differently depending on whether the service is residential or non-residential.

When an appeal is requested against a care charge; and the person wants to claim disability related expenses; we will add the previously unused disability related income amounts, into our calculation for the appeal. This is because we did not previously use those amounts when we were only calculating the cost of community care and support; the person should pay.

Outgoings you have which we do not take into account – this section is not used currently, but is part a generic charges assessment included in the software that we use.

Allowances deducted from income - Government regulations set out the basic amount of income everyone should receive every week. The Government regulations also set out what percentage of the basic amount should be disregarded (not taken into account). The Government allows this because they know that; apart from any care and support charges; everyone has ordinary living expenses and general disability related expenses each week. Therefore we use the 'disregard' percentages that are set out in the Government regulations and apply this to the basic income amount that is also set out by the Government.

Calculation – this summarises the information in the previous sections of the charges assessment.

Money coming in – all the weekly income that has been advised.

Expenses you have – any rent, mortgage or council tax amount payable each week.

Income not accounted – portions of benefits that are not allowed to take into account.

Outgoings not accounted – NOT USED CURRENTLY

Allowances – the basic weekly income amount, plus 10% disability, plus 35% buffer (as per regulations).

Net assessable income – this is the amount of weekly income that is left and can be used to pay for care and support.

Your weekly amount payable – for non- residential this amount will be capped at the maximum weekly amount set out in regulations; for residential this will be capped at the cost of the service. This amount may be the same or less than the net assessable income amount. This is because if the net assessable income is less than either the non-residential weekly maximum or the cost of the service; then the person will only pay an amount equal to the net assessable income.

Assessed Services – this section shows the COST of the care and support that is provided each week. It is NOT the amount that will be charged.

APPENDIX 4 - APPEALING ASSESSED CHARGES

Charging reviews may be requested for residential and non-residential care and support charges. These reviews will also extend to contributions or reimbursement for direct payments. Charging reviews may be undertaken in situations where it appears that someone has received an asset with the intention of avoiding or reducing charges for a person deemed to be liable for a charge.

Reasons to appeal an assessed charge:

- it appears that PCC have not complied with regulations and/or their charging policy
- the financial assessment does not include all the relevant information provided
- the calculations within the financial assessment are incorrect
- the care and support being charged has not been provided
- circumstances and/or care and support have changed but this is not reflected in the current assessed charge
- there are additional needs related expenses that have not been taken into account in the current financial assessment
- it is determined that an asset has been transferred to avoid care costs; and the person being charged does not agree with this determination.

A request for an appeal can be made in writing or orally and must include:

- the reason for the request
- details of additional needs related expenditure that should be considered (including the provision of supporting documentary evidence)
- details of the person's representative and/or advocate; together with the necessary permissions (This can be, for example, a friend or relative appointed by the person, or a formal advocate whom they wish to act for them.) PCC will confirm this in writing and inform the person that this permission can be withdrawn at any time during the appeal.

The person or their representative can withdraw a request for a review at any time while it is being considered, either orally or in writing. This will be confirmed in writing

The person designated by the Director of Social Services will consider all information provided and make a decision.

Acceptance of a request for a review

Requests for a review will be accepted if they meet the reasons listed above. If a request is received and it relates to a previous request that has been dealt with; but the circumstances remain the same; then the second request will be denied. (Regulation 9 -Acceptance of the request) This will be confirmed in writing and will set out the reasons for not accepting the request.

Written acknowledgement of a valid request will be made within 5 working days of receipt. This will include instructions for providing additional information and supporting documentation; and

information advocacy services. The acknowledgement will also include an invitation to request a home visit (usually by an advocate with the DEWIS advocacy service); and informing the person that they can appoint a representative to handle their appeal. This will include fact that the person does not have to pay the charge during the review but must inform the council within 5 working days of receipt of the acknowledgement. The person must be made aware that the liability remains; for the charges accruing while the appeal takes place. The person will be allowed to make an arrangement to repay the outstanding debt in instalments, alongside the weekly charge following the conclusion of the appeal. In the case of those who pay a contribution for direct payments so that they would normally receive direct payments net of this deduction, for the review period an authority **must** pay the direct payments gross without this deduction should the recipient elect not to pay the contribution during the period of the review

Additional information and supporting documentation must be provided within 15 working days. If this is not possible, the person requesting the review must request an extension. A reminder will be sent or made orally 5 days before the deadline and if an extension is required a person will be allowed a further 15 working days with the same reminder timescales. After the reminders, the person will be sent a letter advising them the appeal has been closed and inviting them to reapply when they are ready to do so. If an extension is not agreed the reasons for denying the extension will be confirmed in writing. If information is not provided within an agreed timescale and after a reminder is sent no further information is received the person will be informed in writing that the appeal has been closed. If there is a representative or liable transferee involved; then information will be sent to all as appropriate. If not all further information is provided then the person will be informed, as part of the reminder, that a decision will be made based on the information that has been provided thus far.

The Designated Person will be provided with the information within 4 days of receipt of all relevant information/documentation. This information will be considered and a decision made within a week following receipt. Any queries will be discussed with the relevant professionals and/or the service user and if not resolved; written confirmation of an extension and reasons why will be sent to the person requesting the review. The person will be notified of the outcome of the appeal within 10 working days of receipt of all relevant information. The person will be provided with a new statement reflecting the appeal decision. Any amount that accrues during an extension of the time it takes to make a decision; after receipt of all relevant documentation, will not be recovered.

If the person making the request for a review is a liable transferee, the acknowledgement **must** also indicate if the authority intends to request information or documentation from a person other than the person requesting the review and what information or documentation will be requested, if any.

Considering Additional Information Provided

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Only expenses that directly relate to assessed needs recorded as part of the care plan will be taken into account. Where possible, values of needs related expenses that may be taken into account will be based on those applied by the National Financial Officers' Forum.