

Cheshire West & Chester Council

# Charging Policy for Non-Residential Care



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Cheshire West  
and Chester

REVIEW SHEET			
<b>Version:</b>	4	<b>Date Reviewed:</b>	01-01-2026
<b>Next Planned Review:</b>	3 yearly, or sooner as required		
<b>Reason for this review:</b>	Scheduled review		
<b>Were changes made:</b>	Yes		
<b>Summary:</b>	This policy sets out the principles used by Cheshire West and Chester Council (CW&C) when assessing eligibility for any Council financial assistance and any assessed charges payable by service users for the cost of their Non-Residential care services.		
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<b>Date Approved:</b>	10-03-2026		
<b>Action/s following approval:</b>	<ul style="list-style-type: none"> <li>• Encourage sharing the policy through the use of team meetings and supervisions</li> <li>• Ensure relevant staff are aware of the content of the whole policy</li> </ul>		
<b>Location of Document:</b>	Tri.X   Council Website		

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## 1. INTRODUCTION

- 1.1 The aim of this Non-Residential Charging policy is to provide a consistent and fair framework for charging all service users who receive either temporary or long-term Non-Residential care, following an assessment of their individual needs, and their individual financial circumstances. The policy sets out the principles used by Cheshire West and Chester Council (CW&C) when assessing eligibility for any Council financial assistance and any assessed charges payable by service users for the cost of their Non-Residential care services. This policy replaces existing provisions from the date of approval.
- 1.2 The policy applies to older people, adults with learning disabilities, adults with physical disabilities and adults with mental health needs who are assessed as having 'eligible needs' within the meaning of the Care Act 2014. For the purposes of this policy an adult is a service user aged 18 and above.
- 1.3 Cheshire West and Chester Council have a duty to meet eligible care and support needs of people who require Non-Residential care where they meet the threshold for financial assistance and are either ordinarily resident in Cheshire West and Chester or are present in its area but of no settled residence.
- 1.4 This policy uses the term 'Service User' as a broad phrase to refer to those who are in receipt of services provided by Adult Social Care.
- 1.5 This policy will be reviewed annually and be updated to take best practice guidance and changes in statute.

## 2. CHARGING FOR CARE - LEGISLATIVE FRAMEWORK

- 2.1 Cheshire West and Chester's Non-Residential charging policy correlates with the statutory guidance on charging for care and support under the Care Act 2014 provided in the Department of Health Care and Support Statutory Guidance (CASS) published in October 2014. The Care Act came into force on 1 April 2015.
- 2.2 Section 14 of the Care Act 2014 gives Local Authorities the power to charge adults for care and support. This applies where adults are being provided with care and support to meet needs identified under Section 18, Section 19, or Section 20 of the Care Act 2014. These needs are sometimes referred to as 'identified or assessed needs'. Further information relating to the Care Act 2014 can be found by following the links below to the Government website:

[Care Act 2014 \(legislation.gov.uk\)](http://legislation.gov.uk)

- 2.3 Section 17 of the Care Act requires Local Authorities to undertake an assessment of an individual's financial resources to determine their eligibility for any Council financial assistance, and any assessed charges payable by service users for the cost of their care.
- 2.4 Local Authorities must follow the regulations and guidance issued under the Care Act 2014 and ensure policies on charging and financial assessment comply with 'The Care and support (Charging and Assessment of Resources) Regulations 2014' which sets out:
  - how a Local Authority is to carry out a financial assessment if the Local Authority is to charge for care and support.
  - rules on minimum allowances to be given within a financial assessment.
  - the power to charge the costs of putting arrangements into place in specific situations.
  - rules on treatment and calculation of income and capital within a financial assessment (including notional income and notional capital where a person has deliberately deprived themselves of an asset)



### 3. PRINCIPLES OF THE NON-RESIDENTIAL CHARGING POLICY

- 3.1 Revenue received from service users' assessed charges for the cost of the services provided, is reinvested to enable the Council to provide care and support for more people within the Borough. Income from charging is an essential contribution to Adult Social Care's budget to support the delivery of services to help people live and age well.
- 3.2 The Council's approach to charging individuals for Adult Social Care is laid out in the following:
- the Council's Non-Residential Charging Policy (with reference to the separate Disability related Expenditure Policy and Direct Payment Policy)
  - the Council's Residential Charging Policy (approved July 2024)
  - the Fees and Charges report and Scheme of Delegated Charges (SoDC) which is updated annually and provides details on the annual Care Provider rates and the basis of charging service users.
- 3.3 As service user charges are intrinsically linked with care provider rates, this Non-Residential charging policy sets out the relationship between those two elements. The Scheme of Delegated Charges (SoDC) sets out the Care at Home provider agreed contract rates – this forms the basis of charging in that the service user is assessed against, and the financial means testing will determine how much they pay. Following a financial assessment, the service user's assessed charge is based on the lower of the actual charge rate payable or what the user can afford to pay.
- 3.4 The Council operates a gross payment scheme for Non-Residential care i.e., the Council will pay the care provider the total (100%) amount for care and then, if the service user is financially assessed to pay a charge towards the cost of care, the Council will then invoice the service user to recoup their charge.
- 3.5 Local Authorities must follow the regulations and guidance issued under the Care Act 2014 and ensure policies on charging and financial assessment comply with 'The Care and support (Charging and Assessment of Resources) Regulations 2014' which sets out how a Local Authority is to carry out a financial assessment if the Local Authority is to charge for care and support, and also the rules on the treatment and calculation of income and capital within a financial assessment (including notional income capital).
- 3.6 Although Adult Social Care (ASC) is a chargeable service, service users may be eligible for some financial assistance from the Council towards the cost of their care which will be determined through a financial assessment. The financial assessment is a means tested assessment which is undertaken to determine financial assistance eligibility and any assessed charges payable by the service user for their care. As part of this, the Council needs to look at all of the individual's income and expenditure against the Government's set upper and lower capital threshold limits to make that determination.
- 3.7 The financial assessment and charging process is undertaken by the Client Finance Team (CF) within the Finance Service. Adult Social Care (ASC) make referrals to Client Finance when it has been identified that the service user is likely to receive a chargeable service from ASC. Client Finance will undertake financial assessments – encouraging the use of the Online Financial Assessment tool, but may also by telephone, email and visit as required and appropriate. Client Finance Financial Assessment Officers will also identify any missing welfare benefit entitlement.
- 3.8 The overarching principles of the Council's Non-Residential charging policy are to:
- ensure that people are not charged more than it is reasonably practical for them to pay.



- be comprehensive and equitable, to reduce variation in the way people are assessed and charged so those with comparable needs or services are treated similarly.
- be clear and transparent, so people know what they will be charged.
- Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice, and control.
- be sustainable for the Council in the long term.
- ensure people receiving Local Authority arranged care and support in their own home retain a certain level of income to cover their living costs. Under the Care Act 2014, charges must not reduce people's income below a certain amount. This is a weekly amount and is known as the Minimum Income Guarantee (MIG). This is set by central Government, is updated annually and varies depending on specific circumstances.
- any charge for care and support services will not exceed the cost that the Council incurs in meeting the assessed needs.

## 4. SCOPE AND EXCLUSIONS

### 4.1 Services covered by the Non-Residential Charging policy:

4.2 All Non-Residential Care at Home and Community services that fall within the scope of this policy include:

- Care at Home (also known as domiciliary or community care)
- Supported Living
- Extra Care Housing
- Shared Lives
- Day Care Services
- Outreach and Complex Care
- Direct Payments and Personal budgets
- Technology Enabled Care (TEC)
- ASC Transport
- Administration fee for money management
- Joint funded services (e.g. joint funding with ICB (e.g. Section 117) or any other joint funded packages)
- Carers
- Reablement Care

### 4.3 Services not covered by the Non-Residential Charging Policy:

#### 4.3.1 Continuing Health Care

Continuing Health Care (CHC) funded packages – this is a service funded by NHS and is the responsibility of the local Integrated Commissioning Board (ICB) and guidance can be found [NHS Continuing Healthcare - NHS Cheshire and Merseyside](#). If a decision is taken to backdate CHC services, then any charges collected will be reimbursed from the date CHC was awarded.



If someone qualifies for NHS Continuing Health Care, whether in the community or in a residential/nursing care placement, the NHS is responsible for paying all of these fees and no financial assessment will be needed. Continued entitlement to CHC funding will be reviewed by the Integrated Commissioning Board (ICB).

In some circumstances your care package will be funded jointly by the ICB and the Council as you have health and social care needs. For joint funded packages of care, for the element funded by the Local Authority, this element will need to be financially assessed and will potentially be chargeable.

#### **4.4 Services we do not charge for:**

- 4.4.1 Assessments of needs and care are always provided free of charge, and Councils are not permitted to charge for any service or part service which the National Health Service (NHS) is under a duty to provide – this includes Continuing Healthcare and Funded Nursing Care.
- 4.4.2 The Council must not charge for the following services as they are legally exempt from charging under the Care Act 2014:
- any services provided as After Care Services under section 117 of the Mental Health Act.
  - Reablement service/Intermediate Care services – which are short term interventions to avoid inappropriate admissions to hospital or facilitate discharge from hospital - for a period of up to 6 weeks.
  - services provided to people suffering from Creutzfeldt Jakob disease.
  - providing any information and advice about the availability of services or for an assessment of need.
  - services for children and young people under 18 years.
  - Former Relevant Children may be exempt from some costs related to living near to where they work or are in continued education or training until they are 25 years old.
  - any services which the local authority is under a duty to provide through other legislation may not be charged for under the Care Act 2014
  - Aids and minor adaptations and community equipment costing below £1k are to be provided free of charge.

## **5. CONSENT TO SHARE FINANCIAL INFORMATION**

- 5.1 The Council has a data sharing agreement with the DWP and HMRC via a portal called Searchlight which enables the Financial Assessment team to access information relating to service user's personal, relationship (where relevant) and financial information for the purpose of:
- helping to ensure an accurate financial assessment of charging for care services
  - verifying HMRC income details held in Searchlight to determine what occupational/private pensions or income a person is in receipt of
  - supporting any application for DWP benefits
  - local Council Tax Reduction (LCTR) scheme
  - any other welfare provisions.
- 5.2 Searchlight also reduces the level of evidence needed from the service user.



- 5.3 In order to improve the quality and timeliness of social care financial assessments and in some cases carry out a light touch financial assessment, the Council will share information within its own systems regarding service users who are also in receipt of housing benefit or council tax reduction.
- 5.4 The Council is under a duty to protect the public funds it administers and may use the information provided from the financial assessment for the prevention and detection of fraud. We may share this information across the Council's services and also other bodies responsible for auditing and administering public funds.

## 6. MENTAL CAPACITY TO MANAGE FINANCES

- 6.1 The Mental Capacity Act 2005 sets out people's rights and what happens when a person has lost capacity to manage or make decisions about their finances. It also sets out how service users can plan ahead to appoint someone, while they still have capacity, to make decisions for them in the future if they lose capacity.
- 6.2 If a person is legally appointed to act for someone the Council is arranging care and support for, who lacks mental capacity to manage their finances, they must provide us with:
- Any financial information required to carry out a financial assessment for the person needing care and support.
  - Evidence of their legal authority to act as the financial representative for that person, such as a copy of:
    - registered Lasting Power of Attorney (LPA) for property and financial affairs; or registered Enduring Power of Attorney (made and signed before 1st October 2007; or a Court Order appointing them as Deputy for property and financial affairs.
    - any other person dealing with that person's affairs (for example, someone who has been given [appointeeship](#) by the Department for Work and Pensions (DWP) for the purpose of benefits payments).
- 6.3 The Council will then:
- send any correspondence addressed to the person(s) appointed for the person they represent. require the person(s) acting to sign any financial documents or contracts on behalf of the person they represent.
  - require the person(s) acting to settle any invoices for care charges raised in the name of the person they represent. This is not a personal liability of the representative but their duty to make payment from the service user's resources or to liaise with the Council where they may be difficulties realising assets.
- 6.4 If the application to be the financial representative is in process the Council will:
- give information about any potential charges for the care and support services arranged, the date these charges may start from and explain how the financial assessment is carried out to the person appointed.
  - where a financial assessment can be completed the Council will send the person appointed any invoices for assessed care and support charges but allow for payments to be delayed until legal authority is received to access the necessary accounts.
  - where a financial assessment is not able to be completed the Council will defer the financial assessment until a person is appointed as the legal financial representative and they can provide



the relevant information needed. The Council will backdate any assessed charges to the date of commencement of services.

- the Council can sometimes complete a financial assessment based on information available to them at that time.

6.5 Where the service user lacks capacity regarding financial decisions and there is no one appointed to make those decisions, where necessary and/or appropriate, financial decisions will be made following the guidance and best interest process set out in the Mental Capacity Act and Mental Capacity code of practice.

6.6 Where a service user has capacity, it is for them to make decisions and not anyone else. However, it is worth noting that a Lasting Power of Attorney (LPA) could be registered even where the service user still has capacity. Financial LPAs must seek consent from the service user to act in these circumstances. Health and welfare LPAs can only be used once the service user is deemed to lack capacity. Capacity is specific to the issue in question, therefore in determining capacity to undertake a financial assessment, the Client Finance Team will refer to and take advice from Adult Social Care and Legal Services as to the capacity/testing to make financial decisions where there is any doubt.

## 7. THE BASIS OF NON-RESIDENTIAL CHARGES AND CARE PROVIDER PAYMENTS

### Care Provider rates

7.1 The Fees and Charges annual report sets out the uplift to the standard fee rates paid to contracted care providers. The agreed contracted fee rates will be uplifted from the start of April each year to reflect inflationary pressures.

7.2 The report also provides for the corresponding increase in service user client charges and to authorise Client Finance to communicate the new charges to service users through the annual uplift process. All rates are set out in the Scheme of Delegated Charges (SoDC).

7.3 When securing Care at Home care packages with care providers, the Strategic Commissioning & Market Management Team (SC&MM) will endeavour to secure these at agreed Council contract rates, however, if these cannot be secured on agreed contract rates, then alternative off contract 'spot' purchase rates will be agreed. The use of off contract rates should be minimised wherever possible as these are generally higher than the agreed contract rates.

### Prime and Framework Providers

7.4 The Council will generally work with a number of larger prime or framework providers. The Council will agree specific rates with these Prime or Framework providers. Where care and support cannot be sourced from these providers, other non-framework providers will be sourced. As non-framework rate may vary – the Council aims to reduce the number of non-framework providers and rates being utilised.

### Rate Renegotiations

7.5 There are occasions where care providers will renegotiate their rates in-year with the agreement of the Strategic Commissioning & Market Management Team. As part of this process, SC&MM will negotiate the date from which the new rate will apply. If rates are to be backdated, then SC&MM should also consider the impact on service user charging. If the service user is charged at full cost, then any change to the rate would change the charge, and as such SC&MM are responsible for informing family members when rates are re-negotiated.



### Care Provider Payments Rates and Hours

- 7.6 For services commissioned by the Council as part of a care and support plan, the care provider is paid only for the care that is actually delivered, as set out in the contractual requirements.

### Provider claims

- 7.7 All providers of Non-Residential services have access to the ASC system Provider Portal. This enables them to send messages to the Client Finance system, review provisioned CPLIs, check when payments have been made and to view their purchase orders.
- 7.8 Non-Residential provider invoices are produced by way of the provider submitting the information of care provided to each individual service user, in each payment period. On submission of this information the provider can submit their invoice. The detail of care provided to individuals must be submitted via the provider portal by a set date.
- 7.9 Once the care provider submits their invoice(s), these are checked by Client Finance and withstanding any queries, the payment is made to that provider. If the provider does not submit the care provision detail and invoices, then they are not paid during that pay period. If the provider submits the detail of care provided to individuals only, then charges can be issued however the provider would not get paid until an invoice is submitted.

### Care Provider Notice Periods

- 7.10 Providers of Non-Residential care services are bound by contractual terms & conditions. This includes notice periods for the termination of care packages and cancellation of care calls which relate directly to the charges issued to service users.

### Charging

- 7.11 Charges for services will apply unless a minimum of 1 weeks' notice is given to the provider by the service user or their representative. However, in extenuating circumstance for e.g., an emergency hospital admission or ill health the requirement to give 1 weeks' notice may be waived and a charge not applied. The exceptions to this are:
- when a person dies. The charges will be applied up to and including the date of death.
  - if ASC considers there to be serious risk to life, health, or wellbeing of a service user, by the levying all or part of a charge. A panel of senior social care managers will need to decide on this.

### Service User charging

- 7.12 Under Non-Residential charging arrangements, the service user's contribution is based on the cost of the care commissioned within their support plan based on the lower of the framework provider hourly rates.-residential charging arrangements, the service user's contribution is based on the cost of the care commissioned within their support plan
- 7.13 ASC Social Workers will agree the service user's support plan which will determine the level of Non-Residential support needed. Care Plan line items (CPLIs) are loaded by ASC teams and Care Connectors into the ASC system in a timely manner. This then integrates with the finance billing and charging system. Charges for services are generated on a four-weekly basis and service user invoices issued in line with the payment schedule.
- 7.14 If there is no CPLI, the service user cannot be charged for their care. If the CPLI loading is delayed, this will generate a backdated invoice to the service user.



7.15 Variations to planned services will occur from time to time and for a variety of reasons, this does not automatically mean that the weekly charge will be reduced. The assessed weekly charge will continue to be levied in all circumstances where the actual cost of providing any remaining services during a particular week is equal to or exceeds the assessed charge, regardless of any variations to planned provision.

## 8. CARE PACKAGES

The following Non-Residential care and support packages are included within this policy:

### 8.1 Care at Home

8.1.1 Care at home (domiciliary care) services are provided to people who have eligible care and support needs and wish receive these in their own home. These services are commissioned by the Council from independent care providers who deliver Older People (OP), Learning Disability (LD) and Mental Health (MH) home care. Where not available elsewhere, some care is provided by the Council which is also chargeable (i.e. post reablement in some circumstances).

8.1.2 Some care providers deliver care in more than 1 of the 9 care communities across the Borough. If a prime provider cannot be sourced to provide care, then another framework provider will be sourced if possible. In some cases, off framework providers have been used as required, with corresponding off framework higher rates being paid.

#### Charging

8.1.3 Where applicable, charges to service users will be based upon the hours commissioned by the Council at the Care at Home rate which is the lowest of the Council's prime provider rate. The service user's specific charge will then be determined by carrying out a financial assessment.

### 8.2 Supported Living

8.2.1 Supported Living is primarily used for Learning Disability and Mental Health cohorts. Service users have their own tenancy, usually within a house shared with other service users. Care is then provided on-site. A supported living package is often made up of several components:

- Hours shared between multiple service users
- Hours for 1:1 or 2:1 care for the service users
- Hours for overnight care or waking nights or sleep-ins (often shared across the property)

#### Charging

8.2.2 The level of support required will be discussed and agreed within the care and support plan following a Care Act assessment. Where applicable, charges for services will be based upon the hours commissioned by the Council and determined by carrying out a financial assessment.

8.2.3 Service users will be required to give their care provider one weeks' prior notice for cancelling a service otherwise full charges will be incurred. If visits are cancelled on a regular basis, or the visits are lasting longer or less time than the commissioned care package the social care worker may undertake a review of the Care Act assessment, and the financial assessment may also be updated to reflect the change in the care package. However, in extenuating circumstance for e.g., an emergency hospital admission or ill health the requirement to give 1 weeks' notice would be waived and a charge not applied.



- 8.2.4 Missed visits due to non-attendance of the carer are not chargeable. The service user must notify the relevant care provider as soon as possible so that a charge is not made incorrectly. They should also notify their social care worker who will investigate why the provider has not arrived.

### 8.3 Extra Care Housing Charges

- 8.3.1 Extra care housing provides self-contained accommodation for people over 55 years of age, who have care and support needs. The care and support is available onsite 24 hours a day and can be available on a more flexible basis to respond to the service user's changing circumstances.

#### Charging

- 8.3.2 Residents of extra care housing schemes who do not have eligible needs under the Care Act will be charged a flat rate fee per apartment. This is a wellbeing charge for an emergency response service provided by care staff within the scheme during the day or night, it is not a charge for care. This wellbeing charge is not covered in any financial assessment and therefore the full fee shall be payable by each apartment within the extra care schemes.
- 8.3.3 The flat rate charge will be applied for the duration of the period the resident(s) occupies an Extra Care apartment including periods that the apartment is temporarily empty, for example when a resident is on holiday or during hospital stays.
- 8.3.4 Residents who do not have eligible needs under the Care Act and have been assessed as requiring extra care housing will be financially assessed for commissioned services within their care and support plan. The commissioned service will include an emergency response service by care staff and any additional support required because of an emergency intervention.
- 8.3.5 For any services which have been commissioned by the Council within the care and support plan the provider will require a minimum of 1 weeks' prior notice to cancel a service otherwise full charges will be incurred. However, in extenuating circumstances for e.g., an emergency hospital admission or ill health the requirement to give 1 weeks' notice would be waived and a charge not applied.
- 8.3.6 All care provided to a service user within Extra Care Housing will be agreed between the service user and the Council and reflected in the care and support plan.

### 8.4 Shared Lives

- 8.4.1 Shared Lives is a scheme where approved carers (often called Shared Lives carers) share their home and family life with an adult who needs support. This could be someone with a learning disability, mental health needs, physical disabilities or older people needing companionship or support.
- 8.4.2 The person in receipt of a Shared Lives service will either live full time with their carer (this is known as Long Stay Shared Lives), stay with a carer for a short break, and/or receive day care in their own home or in the Shared Lives carer's home.
- 8.4.3 Any person needing Shared Lives care will undertake a Care Act assessment and their needs will be identified within the care and support plan.

#### Charging

- 8.4.4 Long Stay - The level of support for the service user will be agreed within a care and support plan following a Care Act assessment. Where applicable, charges for services will be based upon the level of support required and identified within the care and support plan and determined by carrying out a



financial assessment. Any housing costs will be claimed through benefit entitlement through either Housing Benefit or Universal Credit housing costs, normally based upon the Local Housing Allowance rates. The person requiring care will also be asked to contribute towards their own board and lodging costs from their benefit entitlements. The recommended rate quoted is based upon the Department for Works and Pension benefit rate for a single person over 25 years of age.

- 8.4.5 Short Breaks - This is charged as a respite service – please see the [Residential Charging Policy](#) for further information on this.
- 8.4.6 Day Care - Charges for day care services will be identified in the commissioned care and support plan and calculated within the financial assessment.

## 8.5 Day Care Charges

- 8.5.1 Day care is commissioned for older people, people with dementia, or people with learning disabilities, mental health issues or a long-term health condition. As well as being commissioned from the independent sector, a significant amount of day care is provided in house by Adult Social care (mental health) and Vivo Care Choices (older people and learning disability).

### Charging

- 8.5.2 Charges for day care services will be identified in the commissioned care and support plan and calculated within the financial assessment.
- 8.5.3 Day care places are pre booked and the cost of the service is still incurred if a service user does not attend. Therefore, charges will apply for non-attendance for a period up to 4 weeks, if prior notice is not given. However, if prior notice is given the day care place will be held open for up to 4 weeks and will not incur a charge. After this 4-week period the day care place will be cancelled, and a discussion will take place between the social care worker and the service user about how the service users assessed needs will be met.
- 8.5.4 Where a service user gives prior notice of non-attendance or wishes to cancel a day care place, then one weeks' notice is required, and a service user will not be charged. However, in extenuating circumstance for e.g., an emergency hospital admission or ill health the requirement to give 1 weeks' notice would be waived, and a charge not applied. There is no charge made to service users when the service is not available for example on bank holidays when the centre will be closed.
- 8.5.5 The provision of meals and refreshment will vary between day centres however charges for meals and refreshments are outside the scope of the financial assessment. This is in line with the Care and Support Statutory guidance issued by the Department of Health which considers this a substitute for ordinary living costs.

## 8.6 Outreach Support and Complex Care

- 8.6.1 Outreach Support and Complex Care is commissioned for people with learning disabilities, mental health issues or a long-term health condition. This service is commissioned from the independent sector.

### Charging

- 8.6.2 The level of support required will be discussed and agreed within the care and support plan following a Care Act assessment. Where applicable, charges for services will be based upon the hours commissioned by the Council and determined by carrying out a financial assessment.



- 8.6.3 Service users will be required to give their care provider one weeks' prior notice for cancelling a service otherwise full charges will be incurred. If visits are cancelled on a regular basis, or the visits are lasting longer or less time than the commissioned care package the social care worker may undertake a review of the Care Act assessment, and the financial assessment may also be updated to reflect the change in the care package. However, in extenuating circumstance for e.g., an emergency hospital admission or ill health the requirement to give 1 weeks' notice would be waived and a charge not applied.
- 8.6.4 Missed visits due to non-attendance of the carer are not chargeable. The service user must notify the relevant care provider as soon as possible so that a charge is not made incorrectly. They should also notify their social care worker who will investigate why the provider has not arrived.

### 8.7 Technology Enabled Care (TEC)

Technology Enabled Care (TEC) is commissioned by the Council with the aim of enabling adults to live more independently, safely, and confidently, whether at home or in supported living. It uses modern technology to support care, by giving people more control over their daily lives and helping services respond more efficiently. This covers items such as falls alarms, lifeline pendants etc i.e. equipment installed by this council via our commissioned provider.

#### Charging

The council reserve the right to impose charges for this service as it is permitted to do in the future.

### 8.8 Transport Charges

- 8.8.1 Within the Care Act assessment, all relevant transport options will be considered (if required) as a provision to meet an identified need and any offer by the Council to provide transport will be made only where there are no suitable alternative transport options available or in rare circumstance where transport itself is identified as an eligible need. Where transport is provided by the Council, or in the rare instances where transport is an eligible need, then the charge for this will come within the financial assessment.

#### Charging

- 8.8.2 A rate per journey will be charged for Council Transport provision. Whether a charge is payable will be determined by completion of an individual financial assessment. The service user will be required to give one weeks' notice to the transport service if they wish to cancel a planned journey otherwise full charges will be incurred. However, in extenuating circumstance for e.g., an emergency hospital admission or ill health the requirement to give 1 weeks' notice would be waived and a charge not applied.
- 8.8.3 Where the Council signposts service users to community transport or a public bus when other personal forms of transport are not available, individuals will be charged a fare for using this form of transport which they are required to pay directly to the service provider. These charges are not subject to financial assessment and the full cost levied by the transport provider is to be paid by the individual.
- 8.8.4 The Council retains the discretion to organise transport, even where this is not required to ensure provision of services to meet any assessed eligible need and support. Any such request will be considered on an individual basis. Further information and detail may be found in the Councils Adult Social Care Transport Policy.



## 9 DIRECT PAYMENTS AND PERSONAL BUDGETS

- 9.1 A personal budget is an amount of funds that is judged by ASC to be sufficient to meet the identified needs of a person who is eligible for care and support. A personal budget for those people receiving care in a community setting can be taken as a direct payment. Direct payments are an option for people who would like to arrange their own care and support at home or in the community instead of receiving services commissioned and arranged by the Council. A personal budget or a portion of a personal budget will be paid into a bank account held separately by the service user or an authorised 3<sup>rd</sup> party, to commission the care and support to meet their needs.
- 9.2 The Council will offer the option of a prepayment card. This is where the main account is held by the Council, who will provide online access to an individual account. Each service user will have a card linked to their own account which can be used to pay for services. Information and evidence of expenditure can also be uploaded into their online account in real time.
- 9.3 The Council will discuss the option of Direct Payments during the Care Act assessment and care planning process and if required, can signpost the service user to an organisation that will support them with advice about becoming an employer.
- 9.4 Where the service user lacks capacity, the person acting in their best interest, or an authorised individual can request a Direct Payment on their behalf.

### Charging

- 9.5 Where a person chooses to receive a Direct Payment, their charge will be determined through a financial assessment in accordance with this policy. The Council will pay the Direct Payment, less any charge the service user is assessed to pay, directly into their designated Direct Payment account. The service user is also expected to pay their weekly charge into their Direct Payment account to ensure that there is sufficient money available to meet their care needs. The payment of this charge will be monitored through regular audits.
- 9.6 The Direct Payment will be discontinued when a service user no longer needs the support for which the direct payments are made. This will follow an updated Care Act assessment and revised care and support plan, within which the service user will be consulted. If the Local Authority is considering discontinuing the Direct Payment due to a change of needs in all cases the individual will be consulted to explore the options.
- 9.7 Where a service user chooses to access a combination of support arranged by the Council and a Direct Payment and has an assessed charge to pay for their care, this will be deducted before the Direct Payment is paid. If the assessed charge exceeds the amount of the Direct Payment, then an invoice will be sent for the remaining amount due.

## 10 MONEY MANAGEMENT CORPORATE APPOINTEESHIP CHARGES

- 10.1 An Appointee can deal with the Department for Work and Pensions benefits of someone who cannot manage their own affairs because they are mentally incapable or severely disabled.
- 10.2 The Council can become an Appointee for a person who is in receipt of care services where they are incapable of managing their benefit income themselves and have no family or any other person close to them to support them. This appointment is made by the Department for Work and Pension (DWP) and is called a Corporate Appointeeship.



10.3 The Council can be an Appointee where a person:

- Is mentally incapable or severely disabled.
- Is incapable of managing their benefit income.
- There is no other close family member or suitable person able to take on this role.

10.4 The Council will open an account in their name and manage any benefit income. The Council will make sure that the person receives the benefits they are entitled to. The Council will also work with the person to establish a budget for paying bills and enable the person to make choices about personal expenditure.

### Charging

10.5 There is a charge per week for this service the rate of which is decided by whether the person lives in a residential or nursing home setting or in their own home. This is reviewed on an annual basis.

10.6 The Council can also become a Deputy for a person where appropriate. The Court of Protection will appoint a Deputy to act on behalf of a person and provide a court order setting out what authority a person has when acting for an individual. Part 19 of the Court of Protection Rules 2007 sets out the fixed costs that may be claimed by public authorities acting in Court of Protection proceedings. These fixed costs are payable from a person's account in line with this practice direction.

## **11 CARERS**

11.1 Support services for carers that are provided by a direct payment or commissioned by Adult Social Care, are free. This includes information, advice, and preventative services. There is no charge to carers for any services provided directly to them to support them in their role as a carer. However, the Care Act 2014 provides Local Authorities with the power to charge for support for carers, where they have an eligible support need in their own right.

### Charging

11.2 Where services are provided directly to the service user to meet their eligible care needs, in order to provide the carer with support, the service user will be charged in accordance with this policy.

## **12 REABLEMENT CARE**

12.1 Reablement Care is a Council operated service which aims to support people to regain skills of daily living and to live active healthy lives in the community through short term intervention which has a focus on rehabilitation. This is a time limited service which is designed to last no more than 6 weeks. Should the person regain their independence within the 6-week period the service will be ended.

12.2 During the time reablement are involved, a person's progress is closely monitored and reviewed. If ongoing support is required following the period of reablement, support will be transferred to a Care at Home provider that supports people in their own home on a longer-term basis.

### Charging

12.3 Reablement Care is a free service until the point that long term assessed needs are identified within the 6-week period. The service will become chargeable from the point these needs are identified.



- 12.4 Where applicable, charges to service users will be based upon the hours commissioned by the Council at the Care at Home rate which is the lowest of the Council's prime provider rate. The service user's specific charge will then be determined by carrying out a financial assessment.

### **13. FINANCIAL ASSESSMENT**

- 13.1 The financial assessment will determine if the service user is eligible for any Council financial assistance and any assessed charges payable by service users for the cost of their Non-Residential care, based on their capital and assets. The assessment is the basis for deciding how much, if anything, the service user can afford to contribute towards the cost of their services. In all cases the service user will always retain the statutory weekly Minimum Income Guarantee (MIG) after they have contributed to the weekly cost of their care. This amount is reviewed annually by the government.
- 13.2 This can also include the value of any property assets that the service user owns or has a share in however their main home will be excluded from the financial assessment.

#### **Full Financial Assessment**

- 13.3 Service users will be offered the opportunity to have a full financial assessment to calculate their eligibility for any Council financial assistance and any assessed charges payable by service users for the cost of their care. It is the individual's responsibility to provide information to complete the financial assessment.
- 13.4 Where a service user has savings of more than the upper capital limit, they should declare this to ASC prior to the financial assessment and will be required to pay the full cost of service (i.e. self-fund). without providing further details.
- 13.5 Where a service user is in receipt of a means tested benefit which indicates that they have savings below the upper capital limit, and if they decline or refuse a financial assessment, Client Finance will utilise the data sharing agreement with the DWP and HMRC via Searchlight (see section 5) to access information relating to service user's financial information. This will assist in determining and calculating an assessed charge amount and potentially reducing the requirement to invoice service users at full cost. It is important to try to reduce the production of invoices at full cost as this is seen as a contributory factor in leading to outstanding unpaid invoices and increasing the ASC debt burden.
- 13.6 In cases where Searchlight cannot be used or does not provide sufficient information on which to base an assessed charge, then the service user will be required to pay for the full cost of their services.
- 13.7 If a service user subsequently provides the relevant financial information, and the financial assessment determines a new assessed charge amount, then this may result in system credits being generated to amend the invoices generated from the previous charge. In instances where the service user has paid the higher invoice amounts, this may also result in a refund being issued.

#### **Benefits Check**

- 13.8 A benefits check will be offered to all service users who are subject to a financial assessment under the Non-Residential charging policy. The benefits check may be undertaken during a phone call, by post, by a visit or by any other means deemed appropriate and effective by the Council in agreement with the service user.
- 13.9 The benefits check will consider the service user's income to calculate whether they may be entitled to any means tested or non-means tested benefits based on their individual circumstances.



- 13.10 The benefits check will only consider the service user's circumstances at the time of the benefits check; the accuracy of the advice given will be dependent on the information given by the service user. A check will also be completed to identify possible entitlement to other means-tested awards e.g., Council Tax Reduction Scheme (CTRS).
- 13.11 Service users will be advised of any potential entitlement to benefits and encouraged to complete the appropriate claim forms. Information on how to complete the claim forms will be offered to the service user along with information on organisations who may be able to assist with the completion of forms.
- 13.12 Where service users have been advised that they are entitled to receive benefits they will be deemed to be in receipt of those benefits from four weeks after the benefits check was completed.
- 13.13 If a benefit overpayment is identified the service user will be advised of the probable overpayment and be signposted to the relevant department of the Department for Work and Pensions to correct any overpayment. Each organisation is responsible for the quality and accuracy of the personal information it obtains, uses, and shares. If it is discovered that information held is inaccurate the Council's representative will ensure that their records are updated accordingly.
- 13.14 Service users must notify the Client Finance team of any changes in benefit income and/or a change in circumstance which is likely to affect their income as soon as it occurs. The service user's financial assessment will then be reviewed to take into account these changes and any revised calculation will be backdated to the start of the benefit payment or the date of the first financial assessment, whichever is the latter.

### Assessable Income and Benefits

- 13.15 The financial assessment will be calculated on the basis that the service user is receiving all the benefits that they have been identified as being entitled to i.e., if the service user is entitled to receive welfare benefits but is not claiming those benefits the financial assessment will assume that those benefits are in payment at the correct amount four weeks after they have been advised to make the claim.
- 13.16 Service users (or their representatives) must inform the council when applications to receive further benefits are successful or declined as this will affect their level of assessed income and further support a rise in the level of assessed charges that the council receives from service users.
- 13.17 If a service user fails to inform the council of any increase in their assessed charge, due to receipt of the benefit, the financial assessment will be backdated to the date the benefit was awarded from.
- 13.18 The financial assessment will consider income from the following disability benefits. For a full list of income considered within a financial assessment see:  
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#AnnexC>



Benefit	Treatment in Financial Assessment
Employment & Support Allowance (ESA), Pension Credit, Industrial Injuries Benefit.	These benefits are considered within your financial assessment. If you have a partner and or children, we may make an allowance within the financial assessment for this.
Attendance Allowance (AA) including Constant Attendance Allowance (CAA) and Exceptionally Severe Disablement Allowance	The higher rate of these benefits are only considered when care services are provided either on a 24-hour basis or during the day and during the night.
Disability Living Allowance (DLA) Care Component.	If higher rate of AA, CAA or DLA care is in payment and services are provided only during the day or the night, the difference between the higher rate and the middle rate is disregarded. The Mobility Component of DLA is not included in the financial assessment. This also applies to the Mobility Supplement of a War Pension.
Guaranteed Income Payments made to veterans under the Armed Forces Compensation Scheme War Pension Scheme payments made to veterans (except for Constant Attendance Allowance payments)	Both incomes are ignored within the financial assessment.
Severe Disablement Allowance (SDA)	SDA is a legacy benefit which was replaced by ESA. If you reached State Pension age, you may have continued to get Severe Disablement Allowance, SDA is considered within the financial assessment.
Personal Independent Payment (PIP) daily living component.	If PIP is in payment no distinction is made between day and night care, therefore PIP is taken fully into account in the financial assessment. Where PIP is in payment and day, or night care is not being arranged by the Council this may be considered as part of the disability related expenditure.  The Mobility Component of PIP is not included in the financial assessment. This also applies to the Mobility Supplement of a War Pension.
Universal Credit	Universal Credit is considered within your financial assessment. If you have a partner and or children, we will make an allowance within the financial assessment for this.
War Widow/Widower Pension	Service Users in receipt of War Widow/Widower Pension are given a £10 disregard. War Veteran Pensions are disregarded in full.  Any War Supplementary Payments are also disregarded.

Within the financial assessment:

- Income is assessed net of any Income Tax
- Housing costs are net of any Housing Costs paid under Universal Credit or Housing Benefit
- Council Tax is net of any Council Tax reduction.
- Earnings are ignored within the calculation.
- Other bespoke income arrangements may also be considered depending on an individual's specific situation.



## Expenses

- 13.19 When calculating the assessed charge, the full list of Income that will be included in full in the assessment is contained in:  
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#AnnexC>
- 13.20 In line with the Care Act 2014 guidance, the financial assessment will ensure that the service user retains their weekly Minimum Income Guarantee (MIG). The purpose of the MIG is to leave enough money for service users to meet their day to day living expenses, for example the cost of food, clothing and utilities.
- 13.21 MIG is considered in the financial assessment to reduce the amount a person must pay for their Non-Residential care and is disregarded as available income therefore reducing the amount of assessed charge payable. In addition, where a person receives benefits to meet their disability needs that do not meet the eligibility criteria for Local Authorities care and support, the charging arrangements should ensure that they keep enough money to cover the cost of meeting these disability related expenditure costs.
- 13.22 Where care is provided by way of a Shared Lives Scheme or another form of supported living, further deductions may be taken from the MIG figure in order to meet these costs, or alternatively these costs may need to be paid by the service user to their carer from this sum.

## Disability Related Expenditure (DRE)

- 13.23 Disability Related Expenditure (DRE) is expenditure which service users incur in addition to their day to day living costs where the cost is more than normal expenditure and incurred due to disability rather than choice. Please refer to the Council's DRE policy for further details.
- 13.24 The amount of DRE is deducted from the financial assessment when determining a service user's charge.
- 13.25 The Council can award a standard weekly DRE allowance based on a service user's disability related benefit income. These standard allowances will be reviewed and revised, if necessary, on an annual basis as actual disability related expenditure information is gathered and may increase or decrease as a result.
- 13.26 Should a service user feel that the standard allowance they have been offered does not accurately reflect their disability related expenditure under this policy they may request an individual DRE assessment. This may involve a home visit by a member of staff from the Client Finance team, who will require supporting evidence of all expenditure. An individual assessment of DRE may result in a lower or higher assessment than the standard award as a result.
- 13.27 Types of expenditure made necessary by any disability might include:
- Payment for community alarm system.
  - Privately arranged care or domestic help.
  - Higher than usual fuel bills.
  - Additional costs due to a special diet.
  - Purchase of equipment such as a stair lift or electric wheelchair.
  - Additional laundry costs.
  - Additional cost of clothing, bedding and footwear.



- Basic garden maintenance.

13.28 The above list is not exhaustive, and any reasonable additional costs related to disability will be considered considering individual needs. Please refer to the Council's DRE policy for further details.

### Capital, Income and Assets

13.29 The value and treatment of Capital and Assets will be based on the definitions within the Care Act 2014, Care and Support Statutory Guidance Annex B and C. Where an individual's capital (excluding the value of their main home) exceeds the upper capital limit specified within the [Care Act 2014 Care and Support Statutory Guidance Annex B](#), they will be required to pay the maximum assessed charge towards the service. These are:

	Amount of Savings	Implications for Financial Assessment
Lower Capital limit	Below £14,250	If the total level of capital is below this amount, the financial assessment will not consider this within the financial assessment. There may still be an assessed charge from any income.
	£14,251 – £23,250	This is considered in full to calculate tariff income. Tariff income is calculated at a rate of £1 per week for every £250 (or part of) above £14,250.
Upper Capital Limit	£23,250 and above	Savings of more than this amount will mean the service user is not eligible for Council financial assistance until their total capital falls below this limit. The service user will have to pay for their own care services. However, they can still ask the council for a care assessment as it may still be able to help them in some capacity, for example with information and advice.

### Income

13.30 When calculating the assessed charge, the full list of Income that will be included in full in the assessment is contained in the [Care and Support Statutory Guidance \(CASS\) Annex B: \(Treatment of capital\) and Annex C \(Treatment of income\)](#).

### The Calculation

1. Consider Capital
2. Calculate total income including an amount for savings known as capital tariff. Some income and benefits are ignored for the purposes of calculating charges and these are taken away.
3. From the total income, deduct any allowable expenses and other specific allowances
4. Deduct Minimum Income Guarantee (MIG)
5. Deduct Disability Related Expenditure (DRE)
6. The amount that remains is the maximum a service user will be asked to pay
7. Work out the full cost of care and support, compare this cost to the maximum amount calculated. The service user will be charged the **lower** of these two amounts



- 13.31 The actual calculation in relation to any assessed charge payable by each service user will be the outcome of the individual assessed weekly amount calculated from the financial assessment or the actual cost of care, whichever is lower. There is no set maximum weekly charge.
- 13.32 The Council will make up the difference between what the service user can afford to pay (as determined by the financial assessment) and their contractual cost of the Care at Home package whether this is at the Council's agreed contract rate, or an individual 'spot' purchase rate agreed between the Council and the care provider.
- 13.33 When there is a delay in completing a financial assessment resulting from the service user failing to provide complete information, the Council may seek to recover backdated assessed charges payable from the start date of the service. Every effort will be made by the Council to undertake a financial assessment using available information to provide an accurate financial assessment.

## Couples

- 13.34 Every person is treated individually for the purpose of a financial assessment. This means that we will assess only the income and capital of the individual who is undergoing the financial assessment. This approach applies in all care settings. Jointly owned assets, income and expenses will be divided equally when assessing a service user's finances; unless the Council is informed otherwise on the form or via email/letter and appropriate evidence provided showing the service user's share.

## Light Touch Financial Assessments

- 13.35 The main circumstances in which the Council will carry out a light touch financial assessment are:
- Where a person has significant financial resources and does not wish to undergo a full financial assessment for personal reasons but wishes to access local authority support in meeting their needs.
  - Where there is a small or nominal amount charged for a particular service which a person is clearly able to meet and would clearly have the relevant minimum income left and carrying out a full financial assessment would be disproportionate.
  - When an individual is in receipt of income or benefits which demonstrate that they would not be able to contribute towards their care and support costs.
- 13.36 The Council will inform people that they have carried out a light touch financial assessment and a full financial assessment can be requested as an alternative.

## 14. NOTIFICATION OF ASSESSED CHARGES

- 14.1 The service user will receive a written breakdown of how the financial assessment has been completed, what their charge will be and from what date the charge applies. Charges will apply from the start of their services.
- 14.2 There may be instances where the care package has not yet been sourced. In these instances, the service user will receive a pre-assessment charge notification. This will tell them what their charge will be advance of the service starting.



## 15. REVIEWS OF FINANCIAL ASSESSMENTS

- 15.1 Where a service user or their financial representative considers that an incorrect assessed charge has been calculated, they have the right to a review of the amount of their assessed charge. They may, at any time, request an ad hoc review.
- 15.2 A service user's assessed charge will be reviewed on an annual basis and any change in charge will be communicated to the service user. This date is typically in line with the increase in state benefits at the start of the financial year in April. Changes to circumstances may also lead to a new financial assessment being undertaken. If requested, a service user's assessed charge can be reviewed at their request. This can be triggered by the service user completing and submitting their details via the Online Financial Assessment tool.

## 16. CHANGE OF CIRCUMSTANCES

- 16.1 Service users have a duty to notify the Council if there is a change to their financial or personal circumstances (e.g. changes to their income, capital, savings, sale of property, change in welfare benefits, marital status, house move or death of a spouse), as this may necessitate a need to complete another financial assessment, to review assessed charge amounts.
- 16.2 If the change in circumstance results in an underpayment of charges, this will be applied from the date of change. If the change in circumstances results in an overpayment of charges this will be applied from the date of change if the Council is notified within 28 days of the date of the change otherwise a re-assessment will take place from the date notified.
- 16.3 If service users' financial circumstances change and they don't inform Client Finance; there may be a need to backdate charges to the date of that change.

## 17. REFUSAL TO CO-OPERATE WITH A FINANCIAL ASSESSMENT AND NON-DISCLOSURE OF FINANCIAL DETAILS

- 17.1 If a service user with capacity or their representative, refuses to co-operate with a financial assessment, they will be required to pay the maximum charge applicable from the date the chargeable services commenced unless information as to their capital and income is already available to the Council in which case those figures may be used to inform the assessment.
- 17.2 Service users have the right to choose not to disclose their financial details. If this right is exercised, they will be required to pay the maximum charge applicable at the time the service was delivered. The council reserves the right to refuse to arrange a person's Non-Residential care where the person fails to co-operate or refuses to disclose financial details.

## 18. DEPRIVATION OF ASSETS

- 18.1 The Council can treat someone as 'possessing capital' if they find that person has 'deprived themselves' of it, 'for the purpose of decreasing the amount they may be liable to pay towards the cost of meeting their needs for care and support' (Care and Support (Charging and Assessment of Resources) Regulations 2014, Regulation 22). The value of the capital the person has deprived themselves of is called 'notional capital'.
- 18.2 As part of the financial assessment process, where the Council believes that a service user may have tried to deliberately avoid paying for care and support costs through depriving themselves of assets – either capital or income, it may charge the person as if they still possessed the asset or, if the asset



has been transferred to someone else, may seek to recover the lost income from charges directly from that person.

- 18.3 In determining deliberate deprivation, the Council must consider the motivation for any disposal of assets i.e., ‘was the service user significantly motivated to avoid paying for care costs?’. In addition, in line with Care Act Statutory Guidance 2014, the Council will consider and take a view on the 3 following questions and if at least one of these can be applied then, this will be used as an indication of deliberate deprivation:

1.	The Council should consider the timing of the disposal of an asset	The guidance tells a council to ask itself if, “at the point the capital was disposed of could the person have a reasonable expectation of the need for care and support?”.
2.	The Council should consider if the user of services ‘must have known that they needed care and support’.	This will be a case specific judgment. For example, many people live with chronic long-term health conditions but may never need care and support. While others may have conditions that will degenerate and where it is anticipated such needs will arise.
3.	The person must have a reasonable expectation they may need to pay towards that care and support at the time of deprivation.	The user of services does not need to have detailed knowledge of the law underpinning the charges for care or assessed charges, but they would have a reasonable expectation they ‘might’ be liable to contribute to care charges.

- 18.4 Cases of perceived deprivation are initially reviewed by the Client Finance Team and Legal Services staff. They are then presented to the Debt and Deprivation Panel, to be reviewed and decided upon by Directors and Senior Officers. The Council will base its decision on the facts of individual cases and consider all relevant circumstances available. Service users are then notified of this decision, and if necessary, of the requirement for them to fund their own care costs.

- 18.5 Service users have the right to appeal this decision and must provide additional information supporting their case, for the appeal to be heard as a reconsideration by the Debt and Deprivation Panel. Service users are advised that, as any reconsideration decision is final, no further right of appeal to the Council is available. The Council therefore urges service users to seek independent advice prior to the submission of a reconsideration request. Should service users remain dissatisfied with the actions of the Council, they may wish to register a formal complaint by accessing the Council’s complaints procedure and if they continue to remain dissatisfied can contact the Local Government Ombudsman. The Ombudsman can investigate written complaints about whether the Council has followed a proper decision-making process (but not the decision itself).

- 18.6 If Panel decides that a service user has deliberately deprived themselves of an asset to reduce or avoid a charge, they must decide whether to treat that service user as still having the asset for the purposes of the financial assessment and charge them accordingly. In line with CASS guidance, the Council will seek to charge the service user as if the deprivation had not occurred. This means assuming they still own the asset and treating it as ‘notional’ capital or ‘notional’ income.

## 19. RECOVERING CHARGES FROM A THIRD PARTY

- 19.1 Where the service user has transferred the asset to a third party or more than one third parties, to avoid the charge, each of the third parties is liable to pay the Council the difference between what it would have charged and did charge the service user receiving care. However, the third party is not liable to pay anything which exceeds the benefit they have received from the transfer.



- 19.2 As with any other debt, the Council will pursue the debt following our debt policy using the most appropriate methods. Recovery of charges from a third party, will be in line with CASS Annex D on debt recovery.
- 19.3 In cases where service users or the recipient of the gift / trust are refusing or unable to pay for care costs, if there are reported safeguarding issues (e.g. threatened termination of care by providers due to non-payment of care costs), then ASC have the discretion to temporarily fund the service user's care cost. It is understood that these would only be temporary arrangements, and a course of action would need to be agreed with the service user, or the recipient of the gift/trust for repayment to the Council of any care costs that have been incurred, and payment of on-going care costs.
- 19.4 Under these circumstances, formal arrangements and conditions of the funding agreement need to be set out and communicated to service users. Should the service user or recipient of the gift/trust fail to pay the charges, debt recovery proceedings will be instigated, and the Council will pursue the debt following our debt policy using the most appropriate methods. This could involve securing a charging order against a property.
- 19.5 ASC will also need to determine if the Office of the Public Guardian (OPG) should be notified of the safeguarding issues and concerns and take appropriate action accordingly.

## 20. SELF FUNDERS AND FULL COST PAYERS

### Self-Funders

- 20.1 Self-funders are individuals who have savings or capital assets above the upper capital limit of £23,250. Service users will be expected to make their own arrangements for non-residential care if any of the following apply:
- The service user has income or savings above £23,250 and is therefore a self-funder.
  - The service user is not eligible for Council support and chooses to arrange their own care.
  - The service user does not wish to ask the Council for support.
  - The service user fails to co-operate and/or does not provide a completed financial assessment form and the required evidence within 28 days of the start of care, without good reason (good reasons may include: the service user requires a Deputy, the service user is in hospital without access to documents, or the person managing their finances (often a spouse) is unwell).
- 20.2 Some individuals with assets above £23,250 may initially approach the Council for a care assessment but may decline to complete a financial assessment. They may then choose to arrange their own care independently. In these cases, individuals are responsible for contracting with and paying the provider directly at the rates set by the provider. These individuals are considered self-funders.

### Full Cost Payers

- 20.3 Under Section 8.56 of the Care and Support Statutory Guidance, individuals who have eligible care needs but financial assets above the upper capital limit may still request that the Council meets those needs. Local authorities must arrange community-based (Non-Residential) care for self-funders when requested to do so.
- 20.4 Where the Council is asked to arrange care for an individual with assets above £23,250, the Strategic Commissioning & Market Management Team (SC&MM) will seek to secure services at agreed Council contract rates. If this cannot be achieved, off-contract "spot purchase" rates will be agreed.



- 20.5 The Council will pay the provider on the individual's behalf. The Client Finance Team will then issue an invoice every four weeks to the individual for the full cost of the care. These individuals are known as full cost payers.
- 20.6 The Council is considering the introduction of an arrangement fee to recover costs associated with arranging care and setting up payment and invoicing processes.

## 21. FUNDING PICK UPS

- 21.1 Self funders whose assets are starting to fall below the upper capital threshold of £23,250 may be eligible for some council funding assistance. The Council will have to decide following a Care Act assessment, to confirm that an individual has eligible care needs. Following this, a financial assessment will be undertaken to determine the date the former self funder became eligible for Council funding. The financial assessment will also consider and review for any cases of suspected deprivation of assets (capital or income). Where the Council believes that a service user may have tried to deliberately avoid paying for care and support costs through depriving themselves of assets, the case will be dealt with under the deprivation of assets process. If this is determined, then funding pick requests will be denied and service users informed accordingly.
- 21.2 As it can take several weeks to complete these assessments, the Council will require a minimum of 12 weeks' notice to undertake the eligibility assessments before determining eligibility and from what date this begins. The Council will then assume contractual liability for funding the placement from either the date of the request for funding assistance, or the date at which funds fall below the upper capital limit, whichever is the later.
- 21.3 CW&C will become responsible for paying for care:
- If the Council assesses that there are eligible care needs.
  - AND a financial assessment has been completed and confirmed the individual is below the financial limit.
- 21.4 CW&C Council will not be responsible for debts incurred prior to the date the Council determines the person has become eligible for funding assistance. The Council strongly recommend that the service user or their financial representative continues to meet their contractual payment terms, until such time as the Council agrees to take over the funding and at an agreed rate.

## 22. PAYMENT ARRANGEMENTS

- 22.1 Whether the service user is assessed to pay the standard charge or an assessed charge towards the cost of their services, Client Finance will issue an invoice for payment, once every 4 weeks to the service user or care of their financial representative. Invoices are issued 4-weekly in arrears, this delay is necessary as care providers must verify the care has been provided before an invoice is issued.
- 22.2 The Council has 13 billing periods throughout the year, starting in April and ending in March. As the bill is sent every four weeks and not every month, the service user will receive thirteen bills in a twelve-month period.
- 22.3 The Council's preferred payment method is **Direct Debit**. Payments are due within 21 days of the invoice being sent and if payment isn't made by the due date, recovery procedures will commence in line with the Council's standard debt recovery process and policy. Non-payment of invoices could, in some cases, result in court action. Reminders for non-payment are issued promptly in accordance with the debt-recovery cycle.



### 23. NON-PAYMENT OF CARE CHARGES

- 23.1 Where a service user refuses to pay their financially assessed charge, and if payment is unreasonably withheld, the Council may pursue the debt owed by the service user, which may include use of court proceedings. Service users will be referred to the Council's Debt Recovery policy.

### 24. CANCELLATION OF SERVICE DUE TO A FINANCIAL CHARGE

- 24.1 If a service user/carer wishes to cancel their service due to the level of the charge, the Client Finance team will advise the designated social care worker, who may undertake a risk assessment to ascertain any risks due to unmet needs. If risks are identified these will be discussed with the individual and wherever possible measures put in place to minimise these.

### 25. EXCEPTIONAL CIRCUMSTANCES

- 25.1 The Council retains discretion to depart from any aspect of this policy where appropriate (provided it complies with the law). If a service user or their representative feels that the Council should depart from this policy in their case, they can make a request.



APPENDIX A – GLOSSARY OF TERMS

Term	Explanation
<b>Adult Social Care (ASC)</b>	The Council service responsible for assessing, commissioning, and arranging care and support for adults with eligible needs.
<b>Arrangement Fee</b>	A fee the Council may charge self-funders for arranging or managing care on their behalf.-funders for arranging or managing care on their behalf.
<b>Assessment (Care Act Assessment)</b>	A statutory assessment to determine an adult's care and support needs and whether they meet eligibility criteria under the Care Act 2014.
<b>Care at Home (Domiciliary Care)</b>	Personal care or support provided in an individual's own home.
<b>Care Plan Line Item (CPLI)</b>	A system entry specifying the type and amount of commissioned care, used for billing and charging.
<b>Care Provider</b>	An organisation delivering commissioned care and support services. <i>(Included for policy clarity.)</i>
<b>Continuing Healthcare (CHC)</b>	NHS funded care for individuals with primary health needs; not subject to local authority charges.-funded care for individuals with primary health needs; not subject to local authority charges.
<b>Corporate Appointeeship</b>	When the Council is appointed by the DWP to manage the benefits of someone unable to do so themselves.
<b>Deprivation of Assets</b>	When a person intentionally reduces their capital to avoid or reduce care charges, leading to notional capital being applied.
<b>Direct Payment</b>	A payment made to a service user (or representative) to arrange their own care instead of receiving Council commissioned care.-commissioned care.
<b>Disability Related Expenditure (DRE)</b>	Additional costs a person incurs due to disability that can be deducted from their financial assessment.
<b>Eligible Needs</b>	Care and support needs that meet the threshold defined by the Care Act 2014, requiring the Council to consider support.
<b>Extra Care Housing</b>	Self-contained accommodation with onsite 24hour care available for people, typically over 55, with eligible needs.-contained accommodation with onsite 24-hour care available for people, typically over 55, with eligible needs.
<b>Financial Assessment</b>	A means-tested assessment of income, capital, and allowable expenses to determine a person's contribution towards care costs.
<b>Framework Provider</b>	A provider approved by the Council as part of an agreed set of contracted suppliers.
<b>Full Cost Payer</b>	A self-funder who asks the Council to arrange their care; the Council pays the provider and invoices the individual.
<b>Integrated Commissioning Board (ICB)</b>	The NHS body responsible for commissioning healthcare services, including CHC funding decisions.



<b>Light Touch Financial Assessment</b>	A simplified financial assessment used when a person's financial situation clearly shows they can or cannot contribute.
<b>Lower Capital Limit (LCL)</b>	The financial threshold (£14,250) below which a person's capital is disregarded in the financial assessment.
<b>Minimum Income Guarantee (MIG)</b>	The minimum weekly income a person must retain after paying care charges, set by central government.
<b>Non-Residential Care</b>	Care provided in a person's home or community rather than in a residential or nursing home.
<b>Notional Capital</b>	Capital that the Council treats a person as still having if they are found to have deliberately deprived themselves of assets.
<b>Ordinary Residence</b>	The legal test determining which local authority is responsible for a person's care and support.
<b>Outreach Support / Complex Care</b>	Community support for individuals with higher-level or specialist care needs.
<b>Personal Budget</b>	The total amount allocated to meet a service user's assessed eligible needs, including any user contributions.
<b>Prime Provider</b>	A contracted main provider operating as a primary supplier within a geographical area.
<b>Provider Portal</b>	The Council's online system used by care providers to submit service delivery information and invoices.
<b>Reablement</b>	A short-term, time-limited intervention (up to 6 weeks) to help individuals regain independence; free until long-term needs are identified.
<b>Self-Funder</b>	A person with capital above £23,250 who pays the full cost of their care.
<b>Service User</b>	An adult (aged 18+) receiving care or support services arranged or funded by the Council.
<b>Shared Lives</b>	A service where approved carers share their home life with an adult who needs support, either long-term or for short breaks.
<b>Spot Purchase Rate</b>	A non-contracted price used when care cannot be secured at the standard contract rate.
<b>Supported Living</b>	Housing where individuals have their own tenancy and receive onsite care and support.
<b>Tariff Income</b>	A weekly assumed income applied where capital is between £14,251–£23,250 (£1 per £250).
<b>Technology Enabled Care (TEC)</b>	Assistive technology such as falls alarms or lifeline pendants that support independence and safety.
<b>Upper Capital Limit (UCL)</b>	The financial threshold (£23,250) above which a person must pay the full cost of their care.
<b>Wellbeing Charge</b>	A flat-rate, non-means-tested charge in Extra Care schemes for onsite emergency response services.



## RELATED DOCUMENTS / APPENDICES

The following documents are related to this policy:

Title	Area	Created by
Glossary of Terms	<a href="#">Appendix A – Glossary of Terms p29</a>	CWaC Client Finance
Residential Charging Policy	<a href="#">Residential and nursing care   Cheshire West and Chester Council</a>	



## Accessing Cheshire West and Chester Council information and services

Council information is also available in audio, Braille, large print or other formats. If you would like information in another format or language, including British Sign Language, please email us at:

**[equalities@cheshirewestandchester.gov.uk](mailto:equalities@cheshirewestandchester.gov.uk)**

إذا أردت المعلومات بلغة أخرى أو بطريقة أخرى، نرجو أن تطلب ذلك منا.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

Pokud byste požadovali informace v jiném jazyce nebo formátu, kontaktujte nás

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

ਜੇ ਇਹ ਜਾਣਕਾਰੀ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦੀ, ਤਾਂ ਇਹ ਸਾਥੋਂ ਮੰਗ ਲਓ।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

**Türkçe bilgi almak istiyorsanız, bize başvurabilirsiniz.**

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھیے۔

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