Charging policy for Adult Social Care services
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Purpose

1. This policy sets out Surrey County Council’s position on charging for adult social care services.

2. It is effective from 1 April 2015. This policy has been produced in accordance with the legal requirements set out in:
   - The Care Act 2014, Sections 14, 17, 69 and 70
   - The Care and Support (Charging and Assessment of Resources) Regulations 2014
   - The Care and Support Statutory Guidance 2014

3. The key elements that apply to charging for support services in the community and residential or nursing accommodation are described briefly within this document. There is a separate charging policy for the Council’s Universal Deferred Payment scheme.

4. This policy clearly states the Council’s position on areas where there is discretion within the legislation.

Background

5. The Care Act 2014 provides a single legal framework for charging for care and support. Where a local authority arranges care and support to meet a person’s eligible need, the local authority has a power to charge that individual, except where the local authority is required to arrange care and support free of charge.

6. Surrey County Council will make a charge for adult social care support services, with the exception of those services listed in paragraph 13.

Principles

7. The Council will apply a means test to ensure that people are not charged more than they can reasonably afford to pay, in accordance with the above regulations and guidance. This policy highlights the areas where it has used its discretion.

8. Information on charging will be clear and transparent to ensure people know what they will be charged. A written record of the financial assessment will be given to the person to explain how the assessment has been carried out, what it will be, how often it will be made and the reason for any fluctuations.
Policy Statement

9. This policy has been developed following a consultation with Surrey residents currently receiving care and support who may be affected by any changes. It has been developed with reference to The Equality Act 2010 and the Public Sector Equality Duty. The Equalities Act requires public bodies to have due regard to the need to prevent discrimination, advance equal opportunities and encourage positive relationships.

Charging for residential and nursing care

10. Surrey County Council will charge for residential and nursing accommodation provided under the Care Act 2014, unless it is prohibited from doing so. The Council will use the legislation and guidance referred to in paragraph 2 above to assess the level of the adult’s resources and the amount of any contribution the person is required to make.

Where a person has assets above the upper capital limit and the Council has a duty to make the arrangements for their residential or nursing care accommodation. The Council will apply an administrative fee to cover the cost of making the arrangements. The set-up fee from 1 April 2015 is £265 with an annual charge thereafter of £75 payable on 1 April each year. These figures will be reviewed annually.

Charging for care and support at home

11. The following services will be charged for:

Home care services. This includes, for example, help with personal care, practical tasks, shopping, bathing, night care and night sitting and support workers.

Attendance at day services

Housing related support such as warden assistance

Supported Living and Extra Care Housing

Direct Payments (with the exception of those paid to carers)

Major adaptations to property
Transport

Respite care (including in residential accommodation)

12. When a person receives more than one of the above services, charges will not be made for any one service in isolation. The impact of charges for one service on the user’s income will be taken into account in assessing whether a charge should be made for another service.

13. The following services **will not** be charged for:

Services for Carers

After-care services provided under section 117 of the Mental Health Act 1983

Services provided to a person suffering from any form of Creuzfeldt Jacob Disease

Equipment to help with daily living

Minor adaptations to property where the cost does not exceeding £1000

Intermediate Care services, including reablement, of up to six weeks

Providing information and advice, assessments of need and support planning

Any service or part of a service that the National Health Service (NHS) has a duty to provide, this includes Continuing Healthcare and the NHS contribution to Registered Nursing Care.

**Financial Assessment**

14. The financial assessment will determine the person’s ‘ability to pay’; that is whether they will be required to pay all of, part of, or none of the cost of their care and support.

15. ‘Ability to pay’ is assessed by taking into account the person’s capital, income, personal allowance, household expenditure, and disability related expenditure.

16. If a person declines a financial assessment it will be assumed that they can meet the full cost of their care and support from the start date of the service.
‘Light –touch’ financial assessments

In some circumstances the Council will consider that a financial assessment has already been carried out and there will be no need to go through the full process. *The main circumstances are:

- Where a person has significant financial resources and does not want to have a financial assessment
- Where the Council is satisfied that the person can afford the charges due because their savings are clearly above the upper limit, any property taken into account is above the upper capital limit, or they would have sufficient income to pay the full cost
- Where there is a small or nominal charge for a service which the person can clearly meet
- Where the person is in receipt of income support or Guarantee Credit.

17. Evidence of these circumstances will be required.

As part of the ‘light-touch’ assessment the Council must be satisfied that the person is willing to pay for their care and support as long as that care is needed.

The Council will make it clear to the person when it carries out a ‘light-touch’ financial assessment and of their right to request a full assessment.

Capital

Capital taken into account, capital disregarded and the value of capital and assets is as defined within the Care Act 2014 regulations, with additional guidance provided by the Care and Support Statutory Guidance 2014.

A person with capital or assets of more than the upper capital limit, other than the value of their main home, will be required to pay the full cost of their care and support. The upper capital limit for care and support at home is £24,500.

18. Tariff income from capital will be calculated in accordance with the regulations for those in residential or nursing accommodation. Tariff income from capital will be disregarded in full for those people receiving care and support at home.

19. Income taken into account, and income that is to be disregarded, is defined in the Care Act 2014 regulations, with additional guidance provided by the Care and Support Statutory Guidance 2014, with the exception of;
• Tariff income, which will be calculated as stated as above

• The night element of higher rate Attendance Allowance (the difference between the lower and higher rate) will be **disregarded** for care and support at home.

• The night element of the higher rate Disability Living Allowance Care component (the difference between the middle and higher rate) will be **disregarded** for care and support at home.

• The night element of the Enhanced rate of Personal Independence Payment Daily living component (the difference between the standard and enhanced rate) will be **disregarded** for care and support at home.

20. The total of all income to be assessed is known as ‘available income’.

**Personal Allowances**

21. A personal allowance will be calculated for the individual.

22. The personal allowance will equal the level of Guarantee Credit (GC) or Income Support (IS), plus a 25% buffer for community based services and will equal the amount set out in regulations for those in residential or nursing accommodation.

**Household expenditure**

• An allowance will be made for the following household expenditure for care and support at home.

  • Mortgage repayments - net of payments from the Department of Work and Pensions or a mortgage protection scheme

  • Rent payments - net of housing benefit

  • Council tax payments - net of council tax benefit

  • Water rates and metered water charges

  • Buildings insurance

23. Allowances will be made in respect of Maintenance Orders determined by the Court or Child Support Agency (CSA).
Disability related expenditure

24. Allowance will be made for disability related expenditure (DRE) for care and support at home. Reasonable expenditure needed for independent living by the person, where they have little or no choice other than to incur that expenditure, will be allowed. This policy will ensure that assessed charges do not result in a person being left without the means to pay for any other necessary care, support or for other costs arising from their disability.

25. The council recognises that some people may not wish to discuss additional expenditure incurred due to their disability. A £20 disregard will be applied to all people in respect of these costs, regardless of whether or not the costs are actually incurred. This will ensure that the process of assessment is not made unduly complex for people.

26. The minimum £20 disregard will not prevent proper consideration of person’s full disability related expenses. Everybody will be given the opportunity to identify costs in excess of the £20 disregard and will be supported and given personal assistance in claiming such costs where applicable.

27. A list of possible disability related costs and examples of reasonable evidence requirements are found in Appendix A. The list is neither exclusive nor exhaustive and will be reviewed as part of the monitoring of the implementation of this policy. Discretion will need to be given on the level of costs claimed taking into account an individual’s particular circumstances.

28. The Council may verify that items claimed for have actually been purchased, particularly for unusual items or where there is a high cost. Evidence of DRE will be requested at the Council’s discretion. Where evidence is not available, the assessment will take into account the person’s views and a request will be made for future receipts to be retained. If, despite a request to keep receipts, a person does not do so, and there is doubt about the expenditure, the cost will not be included in the assessment.

29. Costs claimed which arise from personal choice for a higher quality product or service than that provided by the council will not be taken into account. Where a reasonable alternative is available for a lesser cost, an amount equal to the lesser cost will be allowed for.

Assessing Ability to Pay

30. The person’s net available income (NAI), upon which a charge can be made, will be calculated as follows for care and support at home:

Total of ‘available income’
less
Guarantee Credit or Income Support level+ 25%
Household expenditure
Disability related expenditure
= Net available income

31. The Council seeks to ensure that a person’s independent living is not undermined by its charging policy. The Council, in ensuring that people have some income that is not taken in charges, will assess the charge to be 90% of NAI.

32. Following a change in circumstances, a reassessment of ability to pay can be requested by the person or their representative at any time.

33. If the council has reason to believe that a person has access to means held by a partner or spouse, other than those disclosed, the council may make a request for the partner or spouse to disclose his or her relevant resources. If there is no such disclosure, the council may consider that it is not satisfied that the person has insufficient means to pay for the service. In such circumstances the council will consider the case in the light of legal advice.

34. When assessing one member of a couple, that person will be assessed on their own resources:

- 100% of solely owned and 50% of all jointly owned capital will be taken into account
- All assessable income appropriate to the service user will be taken into account. Where benefits are paid at the couple rate, the benefit will be apportioned
- 50% of the couple’s total joint household expenditure will be allowed for
- The ‘basic’ level of Guarantee Credit or Income Support will be that of a single person
- Disability Related Expenditure relating to the individual will be allowed for.

The Assessed charge

35. The assessed charge will be equivalent to the person’s ability to pay; that is 90% of the Net Available Income, or the actual cost of the care and support, whichever is the lower amount. The assessed charge for respite care will be in accordance with the regulations for those in residential or nursing accommodation, allowing for household expenditure plus an additional £20 pw.
36. Parents and other members of an adult’s family will not be required to pay the charges – except in certain legal circumstances, for example, where a family member may be managing the service user’s own resources, or where a service user has died and money is owed to the council from the estate.

**Direct Payments and paying charges**

37. Direct payments are money paid to people to meet their eligible support needs. The amount of the direct payment depends on their needs and the outcome of the financial assessment. They allow people to have more independence, choice and control by enabling them to arrange their own care and support.

38. If a person has eligible needs and, following a financial assessment, is entitled to funding to help them meet those needs, that funding will be via a direct payment unless the person does not want this or cannot have one for reasons stated in the legislation.

39. Our preferred arrangement is to pay Direct Payments net of the assessed charge.

40. If the Council arranges care and support for somebody and they are required to pay for some or all of their care and support charges, the Council will tell them about this clearly and will collect the amount owed.

41. The charge will apply from the service start date, or the date the person was notified of the charge in writing; whichever the latter. Where a person is found to have in excess of the upper capital limit after the service start date, full charges will backdated to day 1 in all cases where the Council is satisfied the person was made aware of the upper capital limit before the service commenced.

**Welfare benefits check**

42. An integral part of the financial assessment will be to offer welfare benefits advice. Advice will be offered about entitlement, assistance with the completion of claim forms and follow-up action.

43. Advice will not be limited to benefits directly affecting charges. Equal emphasis to benefit entitlements will be given, irrespective of the impact on income to the council.

44. People who prefer to obtain welfare benefits advice from an independent source will be offered this choice.
Information and advice

45. The Council will, as a minimum, provide information and advice throughout the financial assessment process and refer people for independent financial advice where needed, in line with its legal duties.

Reviews, Appeals and Complaints

46. People will be informed of their right to ask the council for a review of the charge which has been assessed, if he or she considers that they cannot afford to pay it.

47. The council will ensure the facility for a review is accessible to all and will ensure consistency on decisions. Information leaflets and correspondence notifying charges will include reference to the facility to ensure good practice.

48. People will be made aware of their right to an appeal if, following the outcome of a review, he or she still considers they cannot afford to pay.

49. People will be made aware of their right to make a formal complaint.

50. Services to meet assessed needs will not be refused or withdrawn if a person refuses to pay their assessed contributions. If a service user refuses to pay, the council will continue to provide services and the debt will be pursued, if necessary through the civil courts.

51. Complaints about the financial assessment process or Adult Social Care can be made through the Adult Social Care complaints procedure in the following ways:

Online: fill in our online customer feedback form

Post: fill in our printable Adults Complaints form attached below.

You can also request a form from the Adult Social Care helpline by phoning 0300 200 1005 and post it to the team that provides you with a service, or

Write to:
Adult Social Care Customer Relations Team
Surrey County Council
Millmead House
Millmead
## Appendix A

### Examples of disability related expenditure and reasonable evidence requirements:

This list is neither exclusive nor exhaustive and will be reviewed as part of the monitoring of the implementation of this policy. Discretion will given on the level of costs claimed taking into account an individual’s particular circumstances. Evidence will be sought, where reasonable, at the council’s discretion.

<table>
<thead>
<tr>
<th>Item of expenditure</th>
<th>Limitations</th>
<th>Evidence of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private domestic help</td>
<td>Actual cost where Care Manager confirms requirement as part of care plan and Surrey supported care is reduced accordingly. In accordance with Direct Payment rulings, payment to family members is not allowed. Max of 2 hours care where not a requirement of the care plan</td>
<td>4 weeks of signed receipts using a receipt book</td>
</tr>
<tr>
<td>Privately arranged care</td>
<td>As per private domestic help</td>
<td>4 weeks of signed receipts using a receipt book</td>
</tr>
<tr>
<td>Gardening</td>
<td>Basic lawn cutting and gardening</td>
<td>4 weeks of signed receipts using a receipt book</td>
</tr>
<tr>
<td>Service Description</td>
<td>Description</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td><strong>Special dietary needs</strong></td>
<td>Discretionary; noting that special dietary needs may not always be more expensive than a standard diet. Meals-on-wheels will not be taken as DRE - this cost subsidises for ordinary expenditure</td>
<td>Details and frequency of special purchases.</td>
</tr>
<tr>
<td><strong>Special clothing or footwear</strong></td>
<td>Actual cost where the disability is likely to incur this cost, noting that standard replacement clothing or footwear is relatively infrequent</td>
<td>Receipts. Request for future receipts to be kept if unavailable.</td>
</tr>
<tr>
<td><strong>Frequently replaced bedding</strong></td>
<td>Actual cost where the disability is likely to incur this cost as normal, noting that replacement of bedding is relatively infrequent</td>
<td>Receipts. Request for future receipts to be kept if unavailable.</td>
</tr>
<tr>
<td><strong>Additional laundry</strong></td>
<td>Additional electricity and water will be identified in fuel costs and water in water rates</td>
<td>Care plan identifies incontinence</td>
</tr>
<tr>
<td><strong>Medical and chemist items</strong></td>
<td>NHS provides incontinence items. Consider items that should be made available via prescription. Allow cost of annual season ticket divided by 52wks or actual cost, whichever the less</td>
<td>Receipts. Request for future receipts to be kept if unavailable.</td>
</tr>
<tr>
<td><strong>Chiropody</strong></td>
<td>6 weekly visits, noting that diabetics receive free chiropody via the NHS</td>
<td>Unable to do for self and unavailable form NHS</td>
</tr>
<tr>
<td><strong>Treatments</strong></td>
<td>Alternative therapy e.g. acupuncture, homeopathy etc</td>
<td>Receipts. Request for future receipts to be kept if unavailable. Input from care manager.</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Required Documentation</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td><strong>Transport</strong></td>
<td>Transport costs where they are greater than those incurred by an able bodied person. Where DLA Mobility component is in payment, only those costs over and above the Mobility in payment and available to meet these costs will be allowed</td>
<td>Care plan will identify mobility difficulties.</td>
</tr>
<tr>
<td><strong>Mobile phone</strong></td>
<td>Lowest monthly rental charge and emergency calls only</td>
<td>Phone bill and care manager to confirm essential need</td>
</tr>
<tr>
<td><strong>Disability equipment</strong></td>
<td>Essential equipment required and maintenance cost. Mobility aids over and above DLA Mobility in payment and available.</td>
<td>Receipts. Care manager or OT to confirm essential requirement</td>
</tr>
<tr>
<td><strong>Community alarm system</strong></td>
<td>Actual cost if not met by Housing Benefit or Supporting People</td>
<td>Bills from provider</td>
</tr>
<tr>
<td><strong>Additional fuel</strong></td>
<td>Additional fuel, only where incurred due to disability, over and above Family Expenditure Survey guidelines</td>
<td>Annual receipts for all fuel types</td>
</tr>
<tr>
<td><strong>Breakages</strong></td>
<td>Actual cost where caused by disability</td>
<td>Receipts. Request for future receipts to be kept if unavailable</td>
</tr>
</tbody>
</table>