**Policy on Charging for Adult Social Care Services**

Knowsley Metropolitan Borough Council

**April 2024**

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1. Overview of charging in Knowsley MBC

## Introduction

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

* Background to charging
* Regulations and guidance used
* Aims and principles
* Who is charged
* The services charged for
* How charges are calculated
* What to do if a person’s circumstances change
* Obtaining advice
* What happens if a person fails to pay charges; and
* What if a person has a dispute and would like to make a complaint.

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

1. Overview of charging in Knowsley MBC
2. Financial assessments for residential based services
3. Financial assessments for community services
4. Further information

* 1. Background to charging

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

Any costs covered by the NHS (either under Continuing Health Care or Funded Nursing Care) are not subject to this policy. However where it has been agreed that a care package will be jointly funded between the Council and the NHS, the Council will determine a person’s charge on the basis of 100% of the cost to the Council of providing that support.

* 1. Legislation, regulations and guidance used

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

* Care Act 2014
* The Care and Support (Charging and Assessment of Resources) Regulations 2014.
* Care and Support Statutory Guidance chapter 8, chapter 9 and Annex A-E
* Knowsley MBC Direct Payments policy.
	1. Aims and principles

A key principle applied in this policy is that charges will be based on the full cost of the services being received and a person will pay 100% of this charge where they have been assessed as being able to do so.

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

* Individual financial assessments will ensure that a person contributes in line with their ability to pay. This will be calculated using national guidelines and this policy.
* The full financial assessment will ensure that a person will retain some income. This level is set by the Department of Health and is known as the Personal Expense Allowance (PEA) when in residential care and the Minimum Income Guarantee (MIG) when receiving non-residential care. Further information about these rates can be found on line at [www.gov.uk/government/collections/local-authority-circulars](http://www.gov.uk/government/collections/local-authority-circulars)
* A person can receive a benefits check as part of their financial assessment to check they are receiving what they are entitled to.
* A person has the right to decline a full financial assessment. If they do they will be required to pay the full cost of their care.
* Where a person does not provide the Council with sufficient information to determine how much they can pay towards their care, they will be required to pay the full cost of their care.
* Where a person fails to pay the charges incurred by the Council for their care, debt recovery processes will be followed to obtain payment from the person, after consideration and the offer of a deferred payment agreement in appropriate circumstances.
* Where disputes arise a Review and Appeals process is in place. See section 4.11 for further information.
* Complaints will be addressed via the authorities Corporate Complaints Procedure.
	1. Who is charged

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

* Individuals with Creuzfeldt Jacob Disease (CJD) in accordance with the Care Act 2014
* Individuals with services provided under section 117 of the Mental Health Act (1983) will not be charged for services that relate to their section 117 status
* Any services funded by the NHS for example Funded Nursing Care. However where it as agreed that a care package will be jointly funded between the Council and the NHS, the Council will determine a person’s charge on the basis of 100% of the cost to the Council of providing that support.
* Intermediate care and reablement, which must be provided free of charge for a period between 0 to 6 weeks. Following this period any ongoing care and support will be chargeable in accordance with the Charging Policy
* Community equipment (aids and minor adaptations). Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less. Any ongoing cost for the monitoring service of equipment may be chargeable in accordance with the Charging Policy
* Knowsley MBC recognises the importance of the caring role and the contribution carers make to care provision. Where a carer has eligible support needs of their own, the local authority has a duty, or in some cases a power, to arrange support to meet their needs. Where a local authority is meeting the needs of a carer it has the power to charge the carer. Knowsley MBC will not charge carers for support to look after their own health and wellbeing and to care effectively and safely. However any services provided direct to the cared-for person e.g. respite, would be chargeable as part of the cared-for person’s chargeable services.
	1. Financial assessments

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

* 1. Providing information to the Council

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

|  |  |
| --- | --- |
| * Email
 | a person may be emailed an electronic form to give information |
| * Post
 | a person may be sent a form to give information and return by post |
| * Telephone
 | a person may be given an appointment and information isgiven over the telephone |
| * Face to face

Online  | a person may be given an appointment and an officer will visit to collect information where there are complex circumstances or customers would have substantial difficulty in using other forms of assessmenta person may use the Online Financial Assessment Portal to submit information - not currently live, expected May 2024 |

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

* 1. Failure to provide information

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

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

* Does not agree an appointment to allow the Council to obtain necessary information for an assessment or review despite there being two requests to do so.
* Fails to keep a pre-arranged appointment for the purpose of obtaining information for an assessment or review.
* Fails to provide satisfactory proof of income, capital, expenditure or other information following a written request from the Council.
* Fails to complete and return a financial form either by post or email where requested to obtain necessary information for an assessment or review.
	1. Light touch financial assessments

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

* Where a person owns capital that is included as an asset for financial assessment purposes and this is clearly worth more than the upper capital limit.
* Where a person confirms that they do not wish to undergo a full financial assessment.
* Where an individual is in receipt of certain benefits and they clearly demonstrate that they would not be able to contribute towards their care and support costs.
* Where a person has a period of respite or short term residential care, and they do not have capital above the upper capital limit, the local authority will charge a nominal amount for the respite or short term care, based on minimum income amounts set by the Department for Work and Pension, as carrying out a full financial assessment would be disproportionate for short term or temporary care arrangements.

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

* 1. Financial representatives and mental capacity

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

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

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

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

At the time of the assessment of care and support needs, the local authority must establish whether the person has the capacity to take part in the assessment. If the person lacks capacity, the local authority must find out if the person has any of the following as the appropriate person will need to be involved:

* Enduring power of attorney (EPA)
* Lasting power of attorney (LPA) for property and affairs
* Lasting power of attorney (LPA) for health and welfare
* Property and affairs deputyship under the Court of Protection
* Any other person dealing with that person’s affairs (for example, someone who has been given appointeeship by the Department for Work and Pensions (DWP) for the purpose of benefits payments)

People who lack capacity to give consent to a financial assessment and who do not have any of the above people with authority to be involved in their affairs, may require the appointment of a property and affairs deputyship. Family members can apply for this to the Court of Protection, referral may be made to external agencies to apply for this or in some instances the local authority may apply. While this takes some weeks, it then enables the person appointed to access information about bank accounts and financial affairs.

When an external agency applies for deputyship a charge may apply for this service. This may be considered as Disability Related Expenditure in a persons financial assessment.

1. Financial assessments for Permanent & Temporary residential based services

Where a person is a short-term or temporary resident there is a degree of discretion or modified charging rules to take account of this.

* A short-term resident is someone provided with accommodation in a care home for a period not exceeding 8 weeks, for example where a person is placed in a care home to provide respite care. In these circumstances Knowsley MBC will complete a light touch assessment as explained in section 1.9 of this policy.
* A temporary resident is someone whose stay in a care home is unlikely to exceed 52 weeks or, in exceptional circumstances, is unlikely to substantially exceed 52 weeks. Because a temporary resident is expected to return home their main or only home is usually disregarded in the assessment of whether and what they can afford to pay. In addition, for example, certain housing-related costs can also be disregarded in the financial assessment.
	1. Calculating charges

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

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

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

Income LESS Personal Expense Allowance = **Charge**

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

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

* They are assessed to be able to afford to pay the full cost through their financial assessment.
* They choose not to disclose their financial details.
* They refuse to co-operate with a financial assessment.
* They have capital over the upper capital limit
	1. Capital

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

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

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

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

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

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

The levels of capital considered with a financial assessment can be found here at: [www.gov.uk/government/collections/local-authority-circulars](http://www.gov.uk/government/collections/local-authority-circulars)

* Capital **below the lower capital limit** will be disregarded (not included) for financial assessment purposes.
* Capital **between the lower capital limit and the upper capital limit** will be taken into account and a person will be required to pay £1 per week for every £250 or part thereof of capital owned between the lower capital limit and the upper capital limit.
* Capital **over the upper capital limit** will be taken into account and a person will be required to pay the full cost of the care home.
	1. Property

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

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

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

* 1. Deferred payments

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

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

Further information about deferred payments can be found at: [www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#Chapter9](http://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#Chapter9)

* 1. Income

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

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

* partially disregarded
* fully disregarded

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

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

Only the income of the cared-for person will be taken into account in the financial assessment of what they can afford to pay for their care and support. Where this person receives income as one of a couple, the starting presumption is that the cared-for person has an equal share of the income.

For the purposes of this Policy, a couple is defined as:

1. two people who are married to, or civil partners of, each other and are members of the same household or,
2. two people who are not married to, or civil partners of, each other but are living together as a married couple
	1. Deprivation of income or assets

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

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

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

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

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

* 1. Personal Expense Allowance

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

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

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

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

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

Where a person has a deferred payment agreement (DPA) a person may choose to retain sufficient resources to maintain and insure the property up to a disposable income allowance and therefore increase the amount of debt they are deferring. The maximum disposable income allowance is set by the Department of Health and can be found at: [www.gov.uk/government/collections/local-authority-circulars](http://www.gov.uk/government/collections/local-authority-circulars)

* 1. Changes of circumstances

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

A person must notify the Council of a change to financial circumstances as these can affect a person’s financial assessment.

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

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

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

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

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

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

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

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

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

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

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

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

1. Financial assessments for community based services - this section applies when a person is receiving care in their own home and not in a residential or nursing care setting.

## Calculating charges

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

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

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

|  |  |  |
| --- | --- | --- |
| Income LESS | Minimum Income GuaranteeEligible Housing Costs & Expenses Disability Related Expenditure | **= Net Available Income for Charging** |

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

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

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

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

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

* They are assessed to be able to afford to pay the full cost through their financial assessment.
* They choose not to disclose their financial details.
* They refuse to co-operate with a financial assessment.
* They have capital over the upper capital limit
	1. Capital

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

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

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

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

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

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

The levels of capital considered with a financial assessment are:

* Capital **below the lower capital limit** will be disregarded (not included) for financial assessment purposes.
* Capital **between the lower capital limit and the upper capital limit** will be taken into account and a person will be required to pay £1 per week for every £250 or part thereof of capital owned between the lower capital limit and the upper capital limit.
* Capital **over the upper capital limit** will be taken into account and a person will be required to pay the full cost of the care.
	1. Property

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

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

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

* 1. Income

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

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

* Partially disregarded
* Fully disregarded

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

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

Only the income of the cared-for person will be taken into account in the financial assessment of what they can afford to pay for their care and support. Where this person receives income as one of a couple, the starting presumption is that the cared-for person has an equal share of the income.

For the purposes of this Policy, a couple is defined as:

1. two people who are married to, or civil partners ot, each other and are members of the same household or,
2. two people who are not married to, or civil partners of, each other but are living together as a married couple
	1. Deprivation of income or assets

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

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

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

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

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

* 1. Minimum Income Guarantee (MIG)

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

The level of Minimum Income Guarantee varies depending on a person’s circumstances and these amounts are determined and published by the Department of Health. Further information about these rates can be found at: [www.gov.uk/government/collections/local-authority-circulars](http://www.gov.uk/government/collections/local-authority-circulars)

* 1. Household costs/bills

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

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

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

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

This list is not exhaustive

* 1. Joint/shared costs

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

* 1. Other allowable expense commitments

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

Any other expenses not considered housing or disability related expense would not be eligible within the financial assessment.

* 1. Disability related expenditure

Disability related expenditure is considered as a necessary additional expense to meet needs that are not being met by the Council that a person incurs due to a disability or condition. This will be discussed as part of the Social Care Needs Assessment and Care and Support Planning process.

Any person who is in receipt of Personal Independence Payments (Daily Living component), Disability Living Allowance (Care component), Attendance Allowance, or have a Severe Disability Premium paid to them as part of their benefits will receive a disregard of either 10% of the value for those benefits or the evidenced cost of the additional expenditure if that is greater.

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

More information and examples of disability related expenditure can be found in Annex C to the Care Act Guidance, paragraphs 39 to 41 [www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance](http://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)

It should be noted however that the examples in the guidance are not exhaustive and that all requests for Disability Related Expenditure will be considered on an individual basis with regard to the persons care plan.

Further information on the process for consideration of Disability Related Expenditure can be found at Annex A.

* 1. Changes of circumstances

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

A person must notify the Council of a change to financial circumstances as these can affect a person’s financial assessment.

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

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

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

A person will be notified of the date on which any change of circumstance affects their financial assessment. If a person does not notify the Council within the required time they may apply for an extension to the time limit if there are good reasons why that change was not reported on time.

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

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

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

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

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

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

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

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

1. Further Information
	1. Policy

In this policy charges will be based on the full cost of the services being received and a person will pay 100% of this charge where they have been assessed as being able to do so. Further details regarding charges can be found on the Council’s website at: <https://www.knowsley.gov.uk/adult-social-care/paying-care>

* 1. Residential and residential nursing care

Under this policy, the cost of residential or nursing care includes the care and support provided and the accommodation and living costs in the care home. The full cost of the service can vary due to the type of care and care home.

* 1. Community services

Under this policy, the full cost of non-residential care services can vary due to the type of care service.

* 1. **Summary of Charges**

Details of services – residential and community based – and the basis of charges are given below:

| **Service**  | **Explanation of the charge** |
| --- | --- |
| Home Care (Including care provided in Extra Care premises) | The charge will be based on an hourly rate and is reviewed annually. Home Care will be charged in blocks of 15 minutes and charges will reflect this e.g.; if a call lasts for 10 minutes, a minimum 15 minute call will be charged, if a call lasts for 40 minutes, a minimum 45 minutes call will be charged.The Care Agency will invoice the local authority and charges will be applied reflective of the invoices received. A person who fails to provide 48-hours’ notice to cancel or change care arrangements for any individual hours; will be charged in accordance with planned/proposed service activity.The charge will not exceed the assessed maximum contribution |
| Supported Living | The charge is based on an hourly rate. Care is provided based on a model of core hours for the property as well as any personal hours based on a persons social care needs assessment.Where there are shared hours, the charge must be paid towards any shared hours even during periods of non-residence.A person who fails to provide notice to cancel or change care arrangements for any individual hours; may be charged in accordance with planned/proposed service activity. The charge will not exceed the assessed maximum contribution.  |
| Day Services | Charges are usually applied based on sessional attendance. For example ½ day or full days. The charge may be based on planned attendance whether a person attends or not. This is dependent on the policy of the individual provision. In order to keep a placement at a day care provision a person may need to continue to pay even when they do not attend. This is dependent on the policy of the individual provision. The charge will not exceed the assessed maximum contribution.  |
| Transport | The charge is based on a fixed cost per single journey. A journey can be defined as getting from one place to another.The charge will not exceed the assessed maximum contribution.  |
| Technology Enabled Care (TEC) | There will be no charge for equipment. However any ongoing remote monitoring or response service supported through TEC may be subject to an ongoing charge. This will be dependent on the service providers rates. For some TEC services the charge may be paid directly to the provider rather than through the local authority. The charge will not exceed the assessed maximum contribution.  |
| Community Network Scheme | The charge is based on a tiered banding system depending on whether a person is a full or associate member of the scheme and is charged on a weekly basis. The charge will not exceed the assessed maximum contribution. |
| Direct Payments | The approach to charging for direct payment will be determined based on the type of service provision being purchased through a direct payment and whether this falls under the residential or community-based charging rules. Direct payments will usually be paid net of any assessed maximum contribution. Contributions must be paid directly into the Direct Payment bank account by the individual in receipt of services.The charge will not exceed the assessed maximum contribution.  |
| Respite or Short Term Care (in a residential setting) | The charge is based on minimum income amounts set by the Department for Work and Pension less Personal Expenses AllowanceThose with savings above the upper limit must self-fund respite. |
| Residential and Nursing Care | The charge is made up of care costs and accommodation (bed and board) costs and is usually charged on a weekly basis. The charge for the service can vary due to the type of care and care home. Those who reside in long term care must continue to pay their maximum assessed charge even during periods spent away from the residential or nursing care setting, this could include hospital stays or holidays. |

* 1. Advice about benefits

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

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

* 1. Independent financial advice

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

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

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

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

There are also more formal ‘independent financial advisers’ (IFAs), who charge for advice on financial matters and can recommend suitable financial products.

The Council cannot recommend specific IFAs or provide a list.

**Advocacy Services**

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

An independent advocate can support or advocate on a person’s behalf to help support and represent their well-being and interests. This may help a person get the most out of any independent financial advice.

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

If you think this would be helpful you can contact the advocacy hub on 0300 3030 624.

* 1. Paying for care

Any charge will start from the day that service commences.

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

Community based Services will be invoiced four weekly and in arrears. Payment can be made by a variety of methods and information about methods of payment are available on the invoices.

Residential and Nursing care services are paid net where it is agreed that the care provider will collect the client contribution.

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

* 1. Non-payment of contribution

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

* 1. Cancellation of services

If a person wishes to cancel services or direct payment due to the level of the charge they should contact the First Response Team on 0151 443 2600 to discuss the matter. Services cannot be cancelled through the Financial Assessment and Income section.

#

* 1. Reviews, Appeals or complaints

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

* A review of the financial assessment, for example if there has been an error in the calculation, there is new information that should be taken into account or a change to the type of care service.
* An independent review by a senior/manager within the Financial Assessment Team; for example after a review a person still believes that the financial assessment has not been calculated correctly or that a person believes there are exceptional circumstances that should be considered as a special case.
* A complaint or representation against policy; for example where a person believes the Council has not acted appropriately or that the policy is wrong will be considered under the Council’s corporate complaints procedure.

The Adult Social Care Statutory Complaints Procedure has two stages.

* + Stage One: Investigation undertaken by a Team Manager.
	+ Stage Two: A review undertaken by a Service Manager / Head of Service.

If you remain dissatisfied, you can refer your complaint to the Local Government Ombudsman.

A person can submit complaints, comments and compliments through a number of channels to the Customer Liaison Team.

* Complete the online form at: <https://www.knowsley.gov.uk/contact-us/have-your-say/make-complaint-about-council>
* Write to Customer Liaison Team, Knowsley Council, Huyton Municipal Buildings, Archway Road, Huyton, L36 9YU.
* By phone 0151 443 3231.

A person must explain the reasons for any review or appeal, including;

* Why the applicant believes the decision is incorrect
* Details of any exceptional financial or social factors which apply.
* Any other information considered reasonably necessary in connection with the application.
* Providing supporting information and evidence to enable consideration of matters raised.

Where a person does not provide explanations or supporting documentation following a written request the request may be rejected.

* 1. How personal information can be used

The Council will work with partners to provide public services. To do this, information may in some circumstances be shared in a way that protects an individual’s privacy in accordance with the Adult Social Care Privacy Notice. Further details regarding this can be found on the Council’s website at <https://www.knowsley.gov.uk/privacy-notices/adult-social-care-privacy-notice>.

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

A person has the right to know what information is held about them and the Council will adhere to it’s Data Protection requirements in ensuring information is accurate and up to date. Details on how a person can request what information is held about them is provided within the privacy notice.

**ANNEX A**

**Disability Related Expenditure Guidance**

## 1. Introduction

Disability related expenditure (DRE) are financial costs incurred specifically because a person may be disabled or have health problems. The local authority must take this expenditure into account as part of the financial assessment process to make sure that people who pay towards their care and support have enough money to live on.

Examples of DRE include additional costs for heating if someone feels the cold because of their impairment and needs extra heating to keep warm and additional laundry costs for someone who is incontinent

## 2. Eligibility for Disability Related Expenditure

To qualify for DRE the person must be in receipt of the care component of Disability Living Allowance, Personal Independence Payment (Care) or Attendance Allowance.

The assessment and care and support plan should also identify disabilities or medical conditions which demonstrate the person’s need for DRE.

The local authority should assess the person’s DRE as part of their financial assessment.

## 3. Financial Assessment

At the financial assessment meeting the person or their carer needs to be able to:

* Tell staff the costs they have due to being disabled or having a health condition;
* Tell staff how much these costs are;
* Provide receipts or any other evidence of these costs

When considering DRE, the local authority will:

* look at the information provided, including the receipts and any other evidence;
* check to see if the costs provided relate to their care needs as specified in their care and support plan (see Care and Support Plan);
* check to see if any income the person receives already covers these costs.

The person can provide the evidence within 14 days, when any reduction in charge will be backdated to the date of the assessment. If the person provides the evidence after 14 days, any reduction will only be made from the date the last supporting evidence was received.

The local authority will let the person know, in writing, the outcome of the assessment, including explanations of:

* how the assessment has been carried out;
* what the maximum charge will be;
* how it should be paid and the reason for any fluctuation in charges
* what disability related expenditure has already been taken into account as part of the financial assessment

All service users who are in receipt of Disability Living Allowance (Care), Attendance Allowance, Personal Independence Payments or have a Severe Disability Premium paid to them as part of their benefits will receive a disregard of **either** 10% of the value for those benefits **or** the evidenced cost of the additional expenditure if that is greater.

Guide amounts for DRE will be allowed when costs incurred to the service user are in excess of the 10% disregard amount.

## 4. Examples of Disability Related Expenditure, amounts and evidence

|  |  |  |
| --- | --- | --- |
| **ITEM** | **AMOUNT** | **EVIDENCE** |
| Community Alarm System | Actual cost, if reasonable  | Bills from or payments to provider |
| Privately arranged carePrivate domestic support | Actual cost where this is not provided as part of the care plan but the amount is reasonable and necessary for their care and support. This must also be identified as a need as a result of the persons illness or disability.  | Evidence of employment arrangement and/or legally correct payments to an employee under UK employment and tax law. Where agency arranged evidence of billing and payment. |
| Specialist washing powder or laundry | £4.74 per week | The assessment or care and support plan may identify a need. If not evidence from other sources and consideration of the nature and impact of any health problem or disability may provide a guide.Identify more than 4 loads per week |
| Special clothing or footwear/additional wear and tear to clothing and footwear.Additional cost for bedding | Reasonable amount for extra cost caused by disability  | The assessment or care and support plan may identify a need. If not evidence from other sources, which may include medical evidence, and consideration of the nature and the impact of any health problem or disability may provide a guide.Evidence of purchase and payment. |
| Transport costs necessitated by illness or disability | Reasonable amounts over and above the mobility component of PiP or DLA.Where support with costs are available from other sources but have not been used this can be taken into account in considering reasonableness. For example transport to hospital appointments or council provided transport to a day centre.Allowances and benefits for mobility vehicles are the jurisdiction of the DWP and the Motability scheme and therefore eligibility decisions for mobility vehicles are determined through this route. | Evidence of payment and purchase |
| Special dietary needs  | Reasonable amount where demonstrated above average dietary costs | The assessment or care and support plan may identify a need. If not evidence from other sources, which may include medical evidence, and consideration of the nature and the impact of any health problem or disability may provide a guide.Details of special purchases, including evidence of payment |
| Gardening | Based on individual costs of garden maintenance | As privately arranged care |
| Wheelchair | £4.94 per week manual£12.00 per week powered | Evidence of purchase. No allowance if equipment provided free of charge |
| Powered bed | Actual cost divided by 500 (10 yr life) up to a maximum of £5.46 per week | Evidence of purchase if available |
| Turning bed | Actual cost divided by 500 up to a maximum of £9.55 per week | Evidence of purchase if available |
| Powered reclining chair | Actual cost divided by 500 up to a maximum of £4.33 per week | Evidence of purchase if available |
| Stair-lift | Actual cost divided by 500 up to a maximum of £7.71 per week | Evidence of purchase without DFG input |
| Hoist | Actual cost divided by 500 up to a maximum of £3.79 per week | Evidence of purchase without DFG input |

**HEATING ALLOWANCES**

Annual inflationary update based on RPI Fuel index for November 2023. At this date fuel prices had **decreased by 23.1**% in the last 12 months.

The figures are obtained from [Consumer price inflation tables - Office for National Statistics](https://www.ons.gov.uk/economy/inflationandpriceindices/datasets/consumerpriceinflation) from the download "consumer price inflation detailed reference tables”. The figures are found in Table 41 detailed reference tables - % change over 12 months.

|  |  |  |  |
| --- | --- | --- | --- |
| Figures for 2024/2025 | Standard |  N East / E Midlands |  N West / W Midlands  |
| Single person - Flat/Terrace  | £2,123.77 | £2,302.16 | £2,571.57 |
| Couple – Flat/Terrace | £2,801.99 | £3,034.24 | £3,389.15 |
| Single person – Semi Detached | £2,255.73 | £2,445.22 | £2,731.39 |
| Couples – Semi Detached | £2,977.92 | £3,220.12 | £3,597.26 |
| Single – Detached | £2,744.38 | £2,972.95 | £3,325.97 |
| Couples – Detached | £3,617.69 | £3,919.77 | £4,379.51 |

## 5. Examples of expenditure not usually considered to be disability related

|  |  |
| --- | --- |
| **Service / Item** | **Allowance** |
| Holidays | Costs are not usually allowed. |
| Social & Leisure (including spending money and entrance fees) | Costs are not usually allowed. If provision is made following a Social Care Needs Assessment either as a commissioned service or awarded as a direct payment this will not be considered.  |
| Cigarettes & Alcohol  | Costs are not allowed. |
| Chiropody | Costs are not usually allowed unless there are special circumstances as this should be provided under the NHS. NHS chiropodist allows between 2-3 visits per year. If paying privately allow up to 3 visits per year if there are exceptional circumstances preventing the customer from using the NHS e.g. a long waiting list. |
| Continence Products | This should be provided by the NHS. |
| Prescription Charges Medicaland chemist items | This should be provided by the NHS. |
| Communication Needs (including personal computers)  | The cost of a telephone or internet access is regarded as an everyday living expense. Standard computer equipment is also regarded as an everyday expense and therefore allowances will not usually be made unless it can be proved that additional costs have been incurred as a result of a customer’s disability. |
| Home Maintenance & Repairs  | The cost of home maintenance and repairs is regarded as an everyday living expense and therefore allowances will not usually be made unless it can be proved that additional costs have been incurred as a result of the customer’s disability. |
| Services provided over and above those provided by the local authority to meet a client’s eligible care and support needs | Costs are not usually allowed. |

## 6. Requesting a service review

If a person believes that they or the person they care for incurs additional disability related expenditure, over and above the allowances already applied and / or in relation to services or items where no disability related expenditure has been considered, they can request a service review.

The person should request the review from the financial assessment team who will refer to Adult Social Care.

Upon receiving the request, Adult Social Care will write to the person making the request and will request that a form is completed and returned along with supplementary evidence within 28 calendar days of receipt of the letter.

Please note, that at the point of service review, disability related expenditure has already been applied as part of the financial assessment process. In submitting a request to Adult Social Care therefore the person is requesting that additional disability related expenditure be applied in their case. To qualify for additional disability related expenditure the expenditure incurred must relate to care needs specified in the care and support plan, and it must not be possible for the costs to be covered through the income the person receives. They must be able and willing to provide evidence of the additional expenditure incurred and why this additional expenditure is required.