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**Financial Considersations Regarding: Non-Residential Care**

This document is for Adult Care and Community Wellbeing only.

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# **KEY POINTS**

* Advise the person and / or representative of the financial implications of their care & support. Ensure co-operation with the individual and their families, making sure they have the relevant advice and information.
* Send out the financial assessment form at the earliest possible point and complete the Financial Assessment Referral.
* Detail all actions / discussions on the customer’s record and follow up any complex conversations in written form and send to the customer along with relevant factsheets.

# **Introduction**

This section should be read along with the [Adult Charging Policy](https://www.lincolnshire.gov.uk/directory-record/61699/adult-care-charging-policy).

All contributions to non-residential care (community care) are being assessed in accordance with the Non-residential Adult Care Contributions Policy.

Community care refers to care and support received in the home, and other adult social care services provided in the community, outside of a care home. There are many different types of services.

These services include, but are not limited to:

* home care (care in your own home);
* specialist autism services;
* day opportunities;
* community support;
* transport to services;
* supported living;
* telecare and pendant alarm;
* shared lives services;
* mental health day services;
* mental health housing support services;
* other services you may purchase directly e.g. personal assistant.

# **Charging for Community Care**

**2.1 Property**

The person’s home, the primary home they live in, is not taken into account during the financial assessment if they are receiving community services. However, any other land/property they own will be included as capital.

**2.2 Minimum Income Guarantee (MIG)**

Before any charges are made for their care, the council will ensure that the person’s income is not reduced below a specified level so they are able to keep enough of their income for their essential living costs such as food, utility costs and insurance. This amount is set and reviewed annually in Local Authority Circulars by the Department of Health and Social Care; it is also reproduced in our Annual Statement. This amount is known as the Minimum Income Guarantee (MIG), and varies depending on age, disability, relationship status and how many dependent children are living with the person.

In addition to the Minimum Income Guarantee, further allowance will be made for other expenses such as:

* rent not covered by housing benefit;
* Council Tax not covered by Council Tax Reduction;
* mortgages and endowments;
* service charges not covered by housing benefit.

**2.3 Household costs / bills**

The person will be asked about where they live and their regular housing costs. These include:

* rent – not met by housing benefit and under a formal tenancy agreement;
* mortgage – not met by DWP loan;
* service charges – not covered by housing benefit;
* Council Tax – not met by Council Tax Benefit;
* buildings insurance.

They should also tell us about any other regular expenses including compulsory payments for example court ordered payments.

**2.4 Collection of payment (contribution)**

The start date for any financial contributions should correspond with the start date for the associated Care and Support services unless a decision has been made otherwise through the financial assessment process.

This could include a temporary full cost charge while their form is returned and assessment undertaken.

The customer’s contribution will be collected, or will become payable, every 4 weeks according to a regular schedule. They will receive a statement every 4 weeks which shows how much is due.

Customers can pay their contributions by:

* direct debit;
* Allpay – payment card;
* cheque;
* or by phone with the Credit Control team.

# **Adult Charging Waiver Policy**

There may be circumstances where contributions can be waived. Any waived contributions will be considered using the [Adult Charging Waiver Policy](https://lincolnshirecc.sharepoint.com/sites/ACCW2/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FACCW2%2FShared%20Documents%2FAdult%20Care%20and%20Community%20Wellbeing%20content%2FDocument%20library%20%28AC%20Manual%20etc%29%2FForms%20Library%20%28AC%20Manual%29%2FAdult%20Charging%20Waiver%20Policy%2Epdf&parent=%2Fsites%2FACCW2%2FShared%20Documents%2FAdult%20Care%20and%20Community%20Wellbeing%20content%2FDocument%20library%20%28AC%20Manual%20etc%29%2FForms%20Library%20%28AC%20Manual%29) (Lincolnshire County Council intranet).

The overarching aim of the Adult Care Non-Residential Contributions Policy and Adult Charging Waiver Policy is to ensure that charges are reasonable under the terms of the Care Act 2014 and demonstrably fair and consistent with the overall objectives of Adult Care.

# **Disability Related Expenditure Allowance**

Disability related expenditure (DRE) is the additional expense that a person incurs, specifically because they are disabled or have health problems. The local authority must take eligible expenditure into account in financial assessments to make sure that people who pay towards their care and support have enough money to live on.

They are based on the benefits the person receives and the following apply:

|  |  |
| --- | --- |
|  | **Benefits Claimed** |
| Level 1 | Low Rate Disability Living Allowance \*+(DLA) care component |
| Level 2 | Middle Rate DLA care component, Personal Independence Payment (PIP), low rate Attendance Allowance (AA) |
| Level 3 | High Rate DLA care component, PIP, Enhanced Rate Daily Living Component, High rate AA |

If a customer feels their expenses relating to disability are higher than the banded allowance, they can appeal.  In order to appeal, the customer must provide receipts of all expenses they wish to claim.

NB: The newly assessed rate would be used even if this is lower than the original banded rate.

Please also note the DRE will be moving away from banded and will return to receipted expenditure in the near future. Guidance will be updated when the implementation date is known.

# **Cancelled Care and Refunded Cancelled Care**

**5.1 Cancelling care**

Customers are required to provide 72 hours’ notice where they wish to cancel any of their planned care. This helps the council to avoid unnecessary costs and enables providers to manage capacity efficiently and make the best use of available staff.

* the requirement to give 72 hours’ notice does not apply in the case of an emergency hospital admission;
* should customers need to cancel homecare calls they should the Adult Care Charges Team on 01522 555260.

**5.2 Refunding cancelled care**

Refunds will be managed by the Financial Assessment and Income Collection Team (FAICT) and customers should be referred to the team for further information and to request a review. However, practitioners should have a basic understanding of how refunds work to ensure they offer appropriate advice when working with customers who feel they may have over contributed to their care.

Cancellations in care will normally only affect a person’s contribution where the amount they contribute over the course of the year is more than has been spent on care over the course of the year.

If a customer cancels any visits within the required notice period or the care provider has missed calls, the person or their representative may ask the FAICT for their contributions to be reviewed to check whether any refund is due.

When a review takes place, the cost of care for the whole year will be compared to the total annual contribution that people have paid. A refund is only due if customers have paid more than the total cost of the services they have received.

**Example 1**

Personal Budget is £5,200 for the year; that is £100 per week. The person’s contribution has been assessed as £40 per week. They are going away for 2 weeks and give the required 72 hours’ notice and ask for a review at the end of the year.

* Full cost of care for the year is £5200 – £200 = £5,000.
* Total contribution paid is £40 x 52 = £2,080.

No refund is due as the total cost of care for the year is more than their total contribution for the year.

**Example 2**

Personal Budget is £5,200 for the year; that is £100 per week. The person’s contribution has been assessed as £90 per week. There are three times in the year when they cancel their care for two weeks and give the required 72 hours’ notice and ask for a review at the end of the year.

* Full cost of care for the year is £5,200 – £600 = £4,600.
* Total contribution paid is £90 x 52 = £4,680.
* Refund due: £80 – the amount paid over and above the total cost of care for the year.

This is because they have been assessed as being able to afford £4680 a year and the council funds the difference between what the person can afford and the total cost of their care for the year.

# **Direct Payments**

Information on direct payments can be found in the [Direct Payments chapter](https://lincolnshireadults.proceduresonline.antser.com/chapter/direct-payments).

Direct Payments are payments made to the person to meet some or all of their unmet, eligible care and support needs. Direct Payments gives the person more choice and control in choosing their care support.

If the customer chooses to have a Direct Payment, practitioners should ensure they provide them with copies of the Direct Payment Factsheet.