Norfolk County Council

Your guide to residential and nursing home care charges

April 2024

Your guide to charges for residential and nursing home care

Deciding to go into a residential or nursing home can be difficult and planning to pay for care can be complicated.

This booklet will help you through the process. It gives information about getting help with paying for residential/nursing care, as well as advice for people who can pay for themselves.

Contents

Do I need a residential home or a nursing home?

It might be time to consider a care home if you are struggling to live alone even with the help of carers, friends, and other relations.

Our social worker will talk to you about what you find difficult to do and will assess your needs. With your permission, they will also talk to other people, such as your relatives, other carers, hospital staff, district nurse and your doctor or hospital consultant.

If you think you have health needs which can only be met by a nurse, then you may need nursing care in a home. We will help you find a nursing home. Otherwise, we will help you look for a residential home. Sometimes, people do not need either and then we can help them stay in their own home.

Do I have a choice of home?

If you need us to help with the cost of your residential care, we can usually only pay up to a set amount of money. Our staff will let you know how much this is as it changes from year to year. If you choose a home which costs more, then someone else will have to pay the difference. This can be a relative or a friend (see section on third-party top-ups on page 11).

We also need to be sure that the home you choose will be suitable for your needs and that it complies with our terms and conditions for providing that care.

If the home you choose is full, you may have to choose another one. You can also go to another home while you are waiting for a place in the home you want.

How much will the home cost me and can I get help to pay?

This will depend upon your financial circumstances. You will need to tell us about your income, savings, bonds and other money or property you have. We can work out how much you will have to pay towards the fees. We call this your ‘contribution’.

We will pay the home for your care, and you will need to pay your contribution to us. **You should only pay money to the home directly if you have capital (money, savings, stocks/shares, bonds, etc.) above £23,250.**

If you have more than £23,250, you will have to pay all the care fees. Some types of capital are disregarded – for example, Japanese Prisoner of War payments and certain types of investment bonds that include life insurance. These won’t count when working out how much money you have, but you still need to tell us about them. If you have income which covers the cost of the home, you will have to pay all the care fees regardless of how much capital you have. Find out more about paying for all your own care fees, also called self-funding, on page 14.

If you have less than £23,250 and your income is less than the cost of the home, you will get some help towards the fees.

Remember, we will usually only pay up to a certain amount of money. We work out the amount you pay towards the fees by using national regulations which are updated every year.

The way we work out the amount you will pay is based on your own income and capital.

However, we will make sure that your husband, wife, or partner still has enough to live on, so will usually ask for details of their income and capital, too. If your stay is for respite or temporary care and you have most of the money, we may ask you to pay less towards your care so that your partner has enough money to live on.

If you are going to be staying in residential care on a long-term basis, our financial assessment staff will make sure that your partner gets all the state benefits they are entitled to.

To find out what would happen in your situation, please contact our Financial Assessment Helpline on 01603 222133, Option 2.

Income

Income includes state benefits such as State Retirement Pension, Employment and Support Allowance, Universal Credit, Pension Credit, annuities, occupational pensions, rental income, etc.

It is important that you apply for all the benefits you are entitled to get. This is because we will assume that you are getting them and include them as part of your income when we work out your charges. We can help you claim benefits.

We take most income fully into account, but there are certain types of income that we completely ignore and others where we only take a part of the income into account.

We ignore:

- £10 a week of a War Widows/War Widowers Pension

- 50% of an occupational pension, if the half share is paid to a partner who stays living at home

We also ignore:

- War Disablement Pension (except Constant Attendance Allowance)

- Disability Living Allowance / Personal Independence Payment - Mobility component

- War Widows Special Payments – introduced in April 1990 for ‘pre-1973 War Widows’

- Christmas bonuses

- Charitable and voluntary payments that are paid regularly

You keep £30.15 every week for your personal needs in the home.

If you receive Pension Savings Credit or you have qualifying income above the minimum income level for Pension Guarantee Credit, you can also keep up to an extra £6.95 per week for your personal needs.

Capital

Capital includes money in bank and building society accounts, stocks, shares, bonds, National Saving Certificates, Premium Bonds and cash. In some cases, houses, property and land can also be included.

When we work out how much you will have to pay, we treat some of your capital as income. If you have capital of between £14,250 and £23,250, we add £1 a week to your income for every £250 or part of £250 you have. We call this ‘savings income’. We ignore capital of £14,250 or less.

If you have capital of £14,250 or less, you will probably still have to pay something towards your care as we also take your income into account when doing our financial assessment.

Property

For the first 12 weeks after you have moved into residential care as a permanent resident, we generally don’t take into account the value of the house you owned and lived in when working out how much you have to pay. We call this the ’12-week property disregard’.

You can’t get this 12-week property disregard if:

- You have other capital (apart from your property) that is worth more than £23,250.

- We know that you own a property, but you have not told us how much other capital you have.

- You were not living in the property before you moved into residential care.

- You own more than one property

- You are already living in a residential care home and have been funding your own residential care.

Once the 12 weeks is over, we include the value of your house when working out how much you have to pay.

However, there are some circumstances where we won’t include it. For example:

- If you go back to your home

- If your partner, former partner, or civil partner is still living there, unless you are estranged

• If a relative aged over 60 is still living there

• If a relative who receives disability benefits is still living there

• If a child under 16 maintained by you is still living there

• If a divorced/estranged partner who has a dependent child is still living there

There may be other reasons that you think the house value should not be considered. Please let us know about these.

Please note, if you own or partially own more than one property, we do take the value of these other properties into account.

Can I avoid paying for care if I give away my money or assets?

The financial assessment is designed so that we don't ask people to pay more for their care than they can afford.

However, as the costs of care can be quite high, we can understand why some people consider giving away their home or money, perhaps to relatives, friends, or charities, so that these won't be taken into account in the financial assessment.

Unfortunately, there are serious implications to 'gifting assets' in this way, for both the person giving away the assets and the person receiving them.

Where someone deliberately tries to avoid paying for care and support by reducing their assets - such as money, property, or income – we call this 'deprivation of assets'.

There are lots of different things that can count as a deprivation of assets, such as:

- giving away a lump sum of money
- suddenly spending a lot of money in a way which is unusual for your normal spending
- transferring the title deeds of your property to someone else
- putting money into a trust or tying it up in some other way
- using savings to buy possessions, such as jewellery or a car, which are not included in the financial assessment
- gambling the money away.

We know how important it is for people to give gifts to their family and to plan for the future and there may a very good reason why someone no longer has an asset. We therefore look very thoroughly at every case.

There are two things we look for:

- Whether avoiding paying for care and support was a significant reason for giving away your asset
- Whether you knew at the time that you needed or may need care and support.

If we have evidence that it's more likely that not that you have deliberately reduced your assets to avoid paying for your care, we can either include the assets you no longer have in the financial assessment or claim care costs from the person who now owns the asset.

If you're thinking about gifting any assets, particularly transfer of a property, please seek legal advice to make sure it's done properly.

Can I use the value of my home to help pay care costs?

If your property is included in the financial assessment and your savings are less than £23,250, you can apply to the deferred payments scheme. This lets people use the value of their home to help pay care costs.

- The deferred payments scheme can help if you have to pay for the full cost of your residential or nursing care each week but cannot afford to pay because most of your money is tied up in your home.

- How it works is that Norfolk County Council offers you a loan using your home as security. It doesn't work in the same way as a normal loan. Instead of giving you a fixed sum of money we pay part of your weekly care and support bill.

- We work out how much you can afford to pay each work towards your care, based on your income and savings. You then pay this amount towards your care, and we pay the rest. The bit we pay is your 'deferred payment' and we will carry on paying this until your house is sold.

- Most people will pay back the loan by eventually selling their home. You can also pay the loan back another way if you want to.

- However, you do not have to sell your home if you don't want to. You may, for example, decide to keep your home for the rest of your life and repay the loan out of your estate, or you may want to rent it out to generate income. If you do rent out your home, you will need to pay some of the rent you receive towards your care. This reduces the amount we have to pay and so, in turn, reduces the amount of loan that you have to pay back.

If we do decide to include your property in our financial assessment, we will give you full details of the scheme.

Other ways of funding your care while your home is being sold

You can rent out your property, which could give you enough income to cover the full cost of your care. There are advantages to this as you won't have to use a deferred payment and be in debt, you won't have to pay for interest and administrative charges on the deferred payment loan and your property will be occupied. Your tenant will be paying utilities and council tax, which will reduce your outgoings.

There are also various equity release schemes which may be suitable for your personal circumstances. **Please get independent financial advice before entering into an equity release agreement.**

You can pay the full cost of your care from your available income and savings/assets - or a family member can choose to pay some or all of this for you.

You should take independent financial and legal advice to help you decide what will be financially better for you.

What to do if you do not own your home, but rent it

If you enter residential care on a short-term basis or for temporary care, you should maintain your tenancy. If you get Housing Benefit, your district council can continue to pay this to you for up to a maximum of 52 weeks, providing there is a realistic intention you will return to the property. The amount you get may change after the first four weeks and you should check this with your district council housing office.

If you enter residential care permanently, you will need to decide if you should carry on renting your home. If you get Housing Benefit, this will usually stop once you do not intend to return home. This means that you will start to become liable to pay the rent on your former home and, therefore, you may be unable to pay for both this and your care fees.

What about money for me?

Benefits

When you go into residential or nursing home care, some of your state benefits may change.

- **If you are under pension age**

  Disability Living Allowance (DLA (care)) / Personal Independence Payment (PIP(daily living)) will normally stop after four weeks unless we assess you as having to pay the full cost of your care. In some cases, it may stop sooner. This is usually the case if you stayed in hospital shortly before moving to residential care. You must tell the Department for Work & Pensions (DWP) if you are away from your home for more than 28 days, e.g. if you go into hospital, respite care etc. and you are in receipt of the care element of PIP or DLA.

  Disability Living Allowance / Personal Independence Payment/Universal Credit (mobility part) will usually still be paid. We don’t take this into account when working out how much you have to pay.

  If you are already getting Income Support or Employment and Support Allowance, this will continue when you go into residential care. However, the amount you are entitled to may change, for example, you may lose the Severe Disability Premium.

  You will continue to receive Universal Credit work capability or “health” element will continue to be paid.

  If we work out that you will have to pay the full cost of your accommodation because you own a property, you may continue to receive Universal Credit or Employment and Support Allowance for a period of time if your property is on the market. We will check that you are getting all the state benefits you are entitled to and help you to claim them where necessary.

  If you own a property and can get the 12-week property disregard, payment of Disability Living Allowance Care component / Personal Independence Payment daily living will stop after the first four weeks of this period. At the end of the 12-week period you can contact the Department for Work and Pensions to get it reinstated.

- **If you are over pension age**

  Attendance Allowance will normally stop after four weeks unless we assess you as having to pay for the full cost of your care. You must tell the DWP if you are away from your home for more than 28 days, e.g. if you go into hospital, respite care etc. and you are in receipt of Attendance Allowance.

  People above the state pension credit age should have income up to the Guarantee Pension Credit level of £218.15 per week. If you are not getting this amount, you should apply to The Pension Service to have your income brought up to this level. We can help you with this.

If we work out that you will have to pay the full cost of your care because you own a property, you may continue to receive Pension Credit if your property is on the market.

If you own a property and you are eligible for the 12-week property disregard, payment of Attendance Allowance will stop after the first four weeks of this 12-week period. At the end of the 12-week period you can contact the Department for Work and Pensions to get it reinstated.

Personal Expenses Allowance

When we work out how much you will need to pay towards your care, we make sure that you have a small amount of money left from your income each week. This is called a Personal Expenses Allowance and is currently £30.15 per week. This amount can change each year and is set by the Government.

This is to spend on personal things, such as toiletries, hairdressing, newspapers, etc and not things that we expect the home to provide for you.

You should not use your Personal Expenses Allowance to pay for the home’s fees if they are higher than our limits. This extra cost should be covered by a Third-Party Contribution Agreement. See section ‘What is a third-party top-up?’ below.

Disposable Income Allowance

If you enter into a Deferred Payment Agreement, we will leave you with an amount of up to £144 a week. This is called a Disposable Income Allowance, and you should use this to cover costs associated with your property such as maintaining and insuring it. It should also cover personal things as outlined above.

Our deferred payment officer will work out this amount with you.

What is a third-party top-up?

We will offer you a place in a care home which charges our usual rates. You can choose to go into a different home, which costs more than we will usually pay, if the home meets your needs. However, someone will need to agree to pay us the extra amount for as long as you live there. This could be a relative, a friend or a charity. This is called a third-party contribution agreement. This extra amount, known as a ‘top-up’, needs to be paid on top of the contribution that you pay. We will send a separate invoice to the third party for this extra amount.

The third party has to agree to pay the top-up, every four weeks. They must pay this from their own resources and not from your money. If they do not pay it, we may have to ask you to move to a home within our fee limits.

The third party also has to agree to pay any increase in the home's fees unless we have increased our fee limit, and our increase covers this.

We will only agree to this arrangement if we are sure that the third party can pay this money now and for as long as needed. We will check with the third party to make sure they can afford to pay the top-up.

Remember: the third-party top-up is paid by the person who agrees to this, and it is on top of the contribution you pay towards your care costs.

Please note that a third party will be asked to top up any fees that are more than we are able to pay, even if you have enough resources to pay the full cost yourself, i.e., you have more than £23,250. This is because the charging rules say that you cannot top up your own fees except in certain circumstances. Where you can top up your own fees it's called a resident's top-up

What is a resident's top-up?

You can top up fees from your own resources for the first 12-week period when your property is not counted in the financial assessment, but only if you enter into a Deferred Payment Agreement with us. If you do not enter into a Deferred Payment Agreement, someone else will need to act as a third party for the first 12 weeks.

You can also top up your fees:

- If you own your property and you have entered into a Deferred Payment Agreement

- If you are receiving accommodation provided under S117 of the Mental Health Act

You can't use your Personal Expenses Allowance or money that we consider as part of your financial assessment to top up your fees.

Remember for any top-ups:

- Top-ups are in addition to what we work out you will need to pay for your care.

- You must not use your Personal Expenses Allowance to pay for fees.

- Any top-up should be paid to Norfolk County Council, not to the Home.

- The difference between what the home charges and our usual fee limits is likely to increase every year. It is difficult to predict how much this increase will be.

• You can’t have a 12-week property disregard if you have been funding your own residential care before Norfolk County Council agreed to pay.

How and when do I pay you?

When we have worked out how much you need to pay, we will send invoices to you or the person who helps you with your finances. The first bill may be a large one as it will be back-dated to the date you moved to residential care. After that, we will send you invoices every four weeks. We will tell you how much you must pay.

Remember: do not spend your money (except your £30.15 Personal Expenses Allowance) before the first bill comes in.

When we have worked out how much you need to pay for your care, we will send invoices to you or the person who helps you with your finances. The first bill may be a large one as it will be back-dated to the date you started to have the care. After that, we will send you invoices every four weeks. We will tell you how much you must pay.

A simple way to pay is to ask the Department for Work and Pensions (DWP) to pay your pension and other benefits directly into your bank account. You can then arrange a direct debit from your bank account to pay us. We can send you this form. Payment will usually be every four weeks. You will continue to receive invoices if you choose to pay by Direct Debit. Payment is taken from your bank account 14 days after you receive the invoice.

Alternatively, you can ask the Department for Work and Pensions to pay us directly from your benefits. Please contact the Financial Assessment Team on 01603 222133 option 3 to talk about this.

You will need to arrange for your weekly £30.15 Personal Expenses Allowance to come to you at the home. For more about this, see section ‘What about money for me?’ on page 9.

The amount you must pay may change each year in line with fees and benefits.

If there is any change in the amount of money you have – if you inherit some money, for example – please let us know straight away. This is so we don’t charge you too much or too little.

What if I have difficulty with money?

Managing money is complicated and many people will find it difficult to understand it all. If you are not sure about something or would like to see what it all means for you, we suggest that you go to see a financial adviser or a solicitor. They can help you work out what would suit you best.

If you would rather that someone else sorted things out for you, there are several ways of doing that.

You can ask someone to get your pension for you. This person will need to be an agent or appointee. To find out about which would be the right thing for you, please talk to the Department for Work and Pensions.

Our Client Hardship Service team can help you with budgeting advice and support, managing your debt, and benefit entitlement. You can contact them by email chs@norfolk.gov.uk or telephone 01603 306131 Option 1.

If you would like someone to manage all your financial affairs for you, then you can ask a solicitor to set up a Lasting Power of Attorney for you, or you can set this up yourself at www.gov.uk. This means that the person or people you choose, will then manage all your finances for you.

However, you cannot use a Lasting Power of Attorney if you are not able to give instructions to the person who is managing things for you - i.e., if you are confused and cannot legally agree to this.

Finally, you should be aware that if you become unable to manage your own affairs, your relative or solicitor could apply to the Court of Protection for a Deputyship Order.

The appointed Deputy will be able to look after all your finances on your behalf. This might be the case if, for example, you had Alzheimer's disease.

Paying for my own care (self-funding)

You will have to pay the full cost of your care if your capital is over £23,250 (excluding any Japanese POW payment) or your income covers the cost of the home minus any payment from the NHS if nursing care is needed. We call people who pay for their own care 'self-funders'.

This will change if your capital falls below £23,250 or your income drops. Because homes are expensive your capital may not last long. We therefore suggest you talk to our Customer Service Centre on **0344 800 8020** eight weeks before you think your savings will fall below £23,250 or your income will fall below the cost of your care. This will give us time to look at your care needs and, if appropriate, make arrangements before you need help with your care costs. **Please continue to pay the Home until we confirm the date that you can have public funding from.**

What should I do if I am paying for myself?

If you are going to pay for care yourself, it might help to take independent financial advice.

Here is some other information that might help:

- Make sure the residential or nursing home is the right place for you.

- Consider choosing a home which does not charge you more than our usual care fee now and isn't likely to in the future. Our staff will be able to tell you what this is. This is because if you need help with paying in future, we will only pay up to a fee limit. This means that unless someone else, known as a third party, can pay the difference between our fee level and the charges for the home, you may have to move to another home within our limits. (See Section 'What is a third-party top-up?' on page 11.)

- Claim **Attendance Allowance** or a **Personal Independence Payment (PIP)** from the Department for Work and Pensions. Remember you can only claim this if you are paying the full cost of your care.

- Contact us eight weeks before you need help with your fees. Some homes may charge more for people who pay for themselves. If you are in this situation and you then need us to help you, we will not be able to pay that much. Check that the Home would reduce its fees if Norfolk County Council were to take over the contract.

What happens when my capital or income reduces?

When your capital falls below £23,250 or if your income reduces and you do not have enough money to pay all the fees, we will help towards the cost of the home.

This is as long as everything falls within our rules and limits and that our care assessment confirms that you need to remain in care. If the cost of your care home is above the amount we can pay, then you will need to see if someone like a relative, friend or charity is able to make up the difference – see the section on page 11 called "What is a third-party top-up".

You will need to do the following:

• Contact us eight weeks before you think that your savings will fall below £23,250 or your income will fall below the full cost of your care.
This is so we have time to sort things out. We can arrange to carry out a financial assessment so that you will know how much you must pay towards the cost of your care. **Continue to pay the home until we can confirm your public funding.**

• You will need to tell the Department for Work and Pensions about your change in circumstances as you will no longer be able to get Attendance Allowance when you are not paying the full cost of your care.

• Make arrangements to send us your payment every four weeks when we have told you what to pay. The previous sections of this booklet will give you full information on what happens when we are helping to pay the cost of your care in a home.

Short term care or respite care

It may be possible for you to go into a residential or nursing home for a short time. This is usually if your carers need a break or are going on holiday. You could also go to a short-term home after leaving hospital or while you are waiting for permanent services to start.

This type of care is usually arranged beforehand and is for a maximum of eight weeks. The financial assessment rules which are used for long term care also apply to short term care with the following exceptions:

• We don't take Attendance Allowance, Disability Living Allowance or Personal Independence Payments into account when working out how much you would have to pay for your care. However, these benefits stop four weeks after we start paying for your care. We will make sure you are able to maintain your home, whilst you are in short term or respite care once these benefits have stopped.

• The amount of Income Support or Pension Credit will usually remain the same. However, any severe disability premium or enhanced disability premium that may have been included will no longer be paid if the Disability Living Allowance or Attendance Allowance or Personal Independence Payment has stopped. The severe disability premium is included as income in the financial assessment.

• There are special rules for Income Support and income related Employment Support Allowance where one member of a couple enters a care home for a temporary period. We will take this into account when working out how much someone can afford to pay.

• We won't count any Housing Benefit as part of your income. This is because you will still be responsible for meeting any costs associated with your main or only home.

• We don’t count the value of the property in which you normally live, but we will count any other property which you own as an asset.

• We won’t include any money that you need to maintain your home during your stay. This includes things such as ground rent, service charges, standing gas and electricity water rates and insurance premiums.

• We might reduce the amount you have to pay if your husband or wife are remining at home and most of the family income and assets are in your name.

Funded nursing care

NHS Funded Nursing Care, also called the Registered Nursing Care Contribution, is a benefit paid by the NHS to people who don’t qualify for free NHS Continuing Healthcare but need nursing care, as opposed to just residential care.

If you qualify for this benefit, it will be paid by the Integrated Care Board (ICB). The rate from April 2024 is £235.88 per week.

A Registered Nurse Assessor employed by Norfolk Integrated Care Board (ICB) will decide whether your care needs include registered nursing. If they do, Norfolk County Council will pay the funded nursing contribution to the care home and reclaim this from the ICB.

Please note that you will still have a financial assessment to see if you have to pay for your other care costs, because the ICB is only responsible for the registered nursing care part.

If you have made private arrangements for residential care in a care home with nursing (self-funding), or we have made the arrangements for you but have worked out that you will need to pay the full cost of your care, £235.88 per week of the costs will be paid through the NHS Funded Nursing Care.

If we are contributing to the cost of your care, we won’t count your Registered Nursing Care contribution when we carry out your financial assessment.

What happens when someone dies?

This is often a distressing time and there are several things that must be done if you are dealing with the affairs of someone who has died.

There are three things you must do in the first few days after someone dies.

1. Get a medical certificate from a GP or hospital doctor. You’ll need this to register the death.

2. Register the death within five days (Eight days in Scotland). You'll then get the documents you need for the funeral.
3. Arrange the funeral - you can use a funeral director or arrange it yourself.

You can also use the Tell Us Once service that reports a death to most government organisations in one go.

The Department for Work and Pensions (DWP) publishes useful information on its website which will help guide you through the things that must be done. The website address is www.dwp.gov.uk

We also need to know when a person in residential care has died so that we don't send any more invoices. When we are told that someone has died, we will ask for details of the person who is administering their estate, so that we can send the final invoice to the right person.

These checklists set out what happens in simple steps:

If Norfolk County Council pays for your care as you have capital below £23,250, and income below the care home fee level

Social worker assesses your need for a residential or nursing home ✓

You choose a registered home within our usual fee limits (unless there is a third-party agreement) ✓

You provide us with details of your income and capital so we can do our financial assessment ✓

We make sure you are getting all the state benefits you are entitled to ✓

We enter into a contract with the Home ✓

We charge for four weeks care at a time. You can pay by direct debit from your bank or when you get an invoice ✓

If you are in our Deferred Payment Scheme you keep the weekly Personal Expenses Allowance or Disposable Income Allowance ✓

If you are paying for your own care (self-funding) as your capital is over £23,250, but your capital is nearing £40,000:

You choose a registered home within our usual fee limits, unless you will never need financial help from us ✓

You apply for Attendance Allowance ✓

You talk to us eight weeks before you need help with your fees ✓

If you are of working age, and if your income is less than the amount the Government says you need to live on, you claim Income Support or Employment and Support Allowance as soon as your capital gets down to £16,000 ✓

If you are pension age, you may be able to claim Pension Credit. There is no capital limit applied to this benefit. Please contact the Pension Service who can advise you on this ✓

You cancel Attendance Allowance when we take over paying the home ✓

If you are paying for your own care (self-funding) and your capital is over £40,000:

You can move to a registered home of your choice ✓

You apply for Attendance Allowance ✓

You talk to us eight weeks before you need help with your fees*

If you are of working age, and if your income is less than the amount the Government says you need to live on, you claim Income Support or Employment and Support Allowance as soon as your capital gets down to £16,000 ✓

If you are pension age, you may be able to claim Pension Credit. There is no capital limit applied to this benefit. Please contact the Pension Service who can advise you on this ✓

*If the home you are in does not accept our usual fee limits a 3rd party may need to pay the additional cost or you may have to move. Each case will be reviewed on an individual basis.

If you have a house to sell and capital below £23,250, and income below the fee level:

Social worker helps assess your need for a residential or nursing home ✓

You consider whether to choose a registered home within our usual fee limits ✓

We enter into a contract with the Home ✓

You provide us details of your income and capital so we can do our financial assessment ✓

We make sure you are getting all the state benefits you are entitled to ✓

We will explain the deferred payment scheme to you. If you become part of the scheme, it will start 12 weeks after you moved into permanent care. We will pay part of your weekly care and support bill, using your home as security ✓

When your house is sold, we will usually cancel the contract with the Home, and you will then make private arrangements with the Home to pay for your care ✓

What if I disagree with my financial assessment?

Everyone can ask us to look again at the amount we have asked them to pay towards the cost of their care.

You may wish to point out any mistakes that you think we have made. You may think we have made a wrong decision because we have missed some information, or we do not know something about your circumstances, including any exceptional expenses because of an illness or disability. If so, please contact us on **01603 222133, Option 2** and let us know what you think is wrong.

We will then look at your charges again and correct any errors where we can. If our original decision is found to be incorrect, we will update your contribution and tell you the revised amount. If our decision is found to be correct, we will tell you why. If you are still not satisfied with the decision, you can appeal against it.

Appeal process

The appeal process has two stages:

Stage 1

If you want to appeal against your financial assessment, you need to put the reasons you disagree in writing or email to the financial assessment team. A senior member of this team will then consider your request based on the evidence you provide.

We aim to complete this review in 14 working days from receiving your request.

If the senior member of the financial assessment team agrees to change your assessment, we will amend your financial details and write to you telling you what your new contribution will be and when it will start from.

If they disagree with your reasons for the appeal, we will write to you and pass your evidence onto Stage 2 of the appeal process. If you have an additional evidence to submit at this point, you can do so.

Stage 2

The financial assessment manager will give all the information you have provided to the complex case review panel (CCRP) for them to look at. The CCRP meets twice a month.

The CCRP panel are Senior Finance Managers, and, where required, representatives from Adult Social Services and NP Law.

You won't need to come to the CCRP meeting, and we will write to you to tell you the outcome of your appeal.

We aim to reply within 14 days of the date the group meets.

The complex case review panel will review your charge to make sure that:

- We have raised your charge in line with our charging policies

- We have followed the correct procedures when working out your contribution

- We are fair to other service users who we have assessed and charged in similar circumstances

During your appeal

The complex case review panel might ask you to give them more information about your financial assessment. If so, they will give you time to prepare this information.

While your appeal is being considered, we will carry on sending you invoices based on your original financial assessment. You should continue to pay any invoices to avoid running up any debts on your account.

If your appeal is successful and CCRP reduces all or part of your contribution, any overpayments you have made on your account while your appeal was being considered will be either refunded to you or credited to your account.

If your appeal is rejected, we will tell you the reasons why it was unsuccessful, and we will base your financial assessment on the original information you gave us.

If you are still not satisfied with your financial assessment after the appeal process, you can make a formal complaint to Norfolk County Council's compliments and complaints team.

- Web: www.norfolk.gov.uk/complaints
- Email: complimentsandcomplaints@norfolk.gov.uk
- Phone: 0344 800 8020 (local rate)
- Text: 07789 920916
- Letter: (or by filling in a complaints form) and posting it to: Compliments and complaints manager, FREEPOST IH 2076, Norwich NR1 2BR
- In person at County Hall, Martineau Lane, Norwich, NR1 2DH

More help and information

For more help or information on any of the information in this leaflet, contact us on 0344 800 8020.

We can give you:

• Information about the care and support we can provide

• Advice on how to access services

• Copies of this and other leaflets - including large print, tape, Braille and translations

• Urgent help at any time - not just office hours

If you are in hospital, please ask ward staff to contact the hospital social work team.

For community care information, you can also visit our website www.norfolk.gov.uk.

For more information on charging for residential care, contact the financial assessment team on:

Phone: 01603 222133 Option 2

Email: fab@norfolk.gov.uk

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communication for all

If you would like this document in large print, audio, Braille, alternative format or in a different language, please call **01603 222133 or Textphone: 01603 763585**

and we will do our best to help.