Thinking about charges for home care and other non-residential care services
Money Matters

April 2018 (v1)

This leaflet replaces all other information produced before April 2018
Norfolk County Council charges service users for their non-residential care services, in line with guidance in the Care Act 2014.

This booklet explains how we charge for non-residential care. These services are explained as follows:

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Other useful information:
- About how the contribution is worked out
- Paying the invoice
- State benefit entitlements
- Where to find more information

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If you have more than £23,250 in savings and investments, you will be charged the full cost of your non-residential care. You may also be charged a one-off fixed rate arrangement fee to cover the costs of us arranging your care.

If you have less than £23,250, you will have a means-tested financial assessment based on your income, including benefits, savings and investments.

In working out how much you must pay for your non-residential care, we will make allowances for the basic income levels, as set out by the Government. We will also allow for some costs arising from your disability and for some housing costs, less any housing benefit you get.

If you have income below the minimum levels set by the Government, you will not be required to contribute towards the cost of your non-residential care services.

We have a team of staff who will be able to give you welfare benefit advice and can check if you are getting all the benefits you are entitled to get. If you are not getting all the benefits, we can help you make a claim.

We can help you fill in a financial assessment form if you are getting a chargeable service. We will:
- Explain our charging policy and how it will affect you
- Tell you how much you will pay towards the cost of the service
- Answer your questions about the amount you must pay towards the cost of the service
- Share any relevant information with the Department for Work and Pensions
Please note all information gathered will be held in accordance with the Data Protection Act 1998.

If you feel the amount you are being asked to pay is too high, or that you have special circumstances that have not been considered, you can ask us to look again at how we have worked out how much you must pay. This may reduce your contribution.

If at any time your financial circumstances change, you must tell us, as this could affect the amount you must pay.

We reserve the right to reassess and backdate charges, if we discover any undeclared assets or income

Care and support at home and day services

Our Non-Residential Charging Policy applies to you if you receive care in your home or attend day services provided or arranged by Norfolk County Council, either through direct services or a direct payment.

It does not apply to you if you are living in a residential or nursing home or getting residential respite services. This is covered by a separate charging policy for residential care.

The financial assessment

How we work out how much you will have to pay

If you have **more than £23,250** in savings and investments, we will not generally contribute to the cost of your care which, under normal circumstances, will need to be arranged privately. However, if you want us to arrange this care, we can and you may be charged a one-off fixed rate arrangement fee to cover the costs of us arranging your care. You will also be charged the full cost of your non-residential care.

If you have savings and investments of **less than £23,250**, we will carry out a financial assessment based on your income, savings and investments. We will use this information to work out how much you will have to pay towards the cost of your care

- Allowances are made for your normal living costs, housing costs and costs arising because of your disability

- The weekly allowance made for normal living costs for all service users who are not paying the full cost of their care is currently £189.00 per week. This amount is set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014 and is known as the Minimum Income Guarantee.
• You should always be left with this amount after you pay towards the cost of your home support.

• If you do not have all the details of your income, savings and investments etc. when we work out how much you will have to pay, you may be charged a provisional amount. You will be asked to pay this provisional amount until we have all the relevant details we need to work out your actual charge.

**Any changes to your actual charge will be backdated to the date your care started.**

• For home support, there is a minimum charge of 15 minutes for any visit. After this, the carer’s time is recorded and charged in 15-minute blocks.

• You will have to pay for all meals and refreshments provided to you, either in your home or at a day centre.

• If you choose not to give us any information so that we can work out how much you will have to pay towards your care, you will be charged the full cost of your care.

**Income considered in the financial assessment**

• All DWP benefits, including your state retirement pension, benefits, allowances and premiums are considered when working out your contribution.

• The law does not allow us to take the Mobility Component of the Disability Living Allowance/PIP into account when we work out how much you will have to pay.

• Some of these benefits have an allowance, which is disregarded in our calculations. This is defined by the Department for Work and Pensions and will be confirmed and explained to you when we work out how much you will have to pay.

• All occupational/work pensions will be considered. This includes those pensions that are inherited by the partner on the husband’s or wife’s death. Sometimes the holder of an occupational/work pension is a permanent resident in a residential or nursing home. In these cases, 50% of their pension is not considered for residential care charges, but is passed to the husband or wife who remains living at home.

Where this happens, you must tell us about this income when you give us details about your financial situation.
• Income from annuities, trust funds and care related policies will be included in full, unless there are any specific limitations within the fund’s regulations. In these circumstances, the capital value of the investment may be discounted and not treated as savings

• Income from employment, i.e. earnings, will not be considered in the financial assessment

• Pension Savings Credit is also excluded from the financial assessment

**Capital included in the financial assessment**

• If you have more than £23,250 in savings and investments, we will not contribute to the cost of your care. Under normal circumstances, your care will need to be arranged privately. We will still provide advice and support with making these arrangements

• If your savings or investments are between £14,250 and £23,250, income from this source will be calculated at £1 for each £250 or part £250 and will be considered as part of the financial assessment. For example, if you have savings of £15,000, we will include £3.00 per week as income, when working out how much you will have to pay

• Savings and Investments of £14,250 or less will not be included in the financial assessment

• The value of the property you live in will not be included in the financial assessment. However, if you own or partially own other property or land that is valued at more than £23,250, it will be classed as a capital asset and you will be charged the full cost of your care

**What allowances are made for basic living costs?**

An allowance is made in the financial assessment for ordinary living costs. This allowance is currently £189.00 per week as set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014.
Disability Related Expenses (DRE’s)

You may be allowed Disability related expenditure (DRE) as a disregard (i.e. a reduction of the assessed charge) for receiving care in Housing with Care. For us to consider a DRE, the expense must be:

- Directly related to your disability/illness
- Greater than the national average spends for the same thing (NCC uses the Office of National Statistics “Detailed household expenditure by gross income decile group” as a guide to the average household expenditure.)
- Supported by receipts, doctor’s letter, etc that shows how much money is spent on the item

Such DREs could include the following:

(a) Costs of any specialist items needed to meet the person’s disability needs, for example:
   i. Specialist washing powders or laundry;
   ii. Additional costs of special dietary needs due to illness or disability (the person may be asked for permission to approach their GP for evidence);
   iii. Special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability;
   iv. Additional costs of bedding, for example, because of incontinence where they are not provided by or available from the NHS, where not included in the person’s care and support plan;
   v. Any heating costs, or metered costs of water, (not already discounted) above the average levels for the area and housing type, occasioned by age, medical condition or disability;
   vi. Reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual’s disability and where this is not included in the person’s support plan;
   vii. Personal assistant’s costs, including any household or other necessary costs hygiene costs arising for the personal assistant in line with their care duties, where not included in the person’s care and support plan;
   viii. Internet access for example for blind and partially sighted people or where internet access has been identified in the care and support plan as a critical need for social contact.
Housing with care and supported living

Charges for housing with care and supported living are worked out from Monday to Sunday on a weekly basis. Care is available 24 hours a day, seven days a week.

The amount you are charged does not depend on the amount of care you receive. If your care needs change, your charge will remain the same.

Where couples are both assessed as needing housing with care or supported living, each person will have to pay for their own service.

We strongly recommend that you do not sign a tenancy agreement with the housing provider until you have been advised of the amount you will have to pay for your housing with care or supported living service.

Please see the separate leaflet “Thinking about moving to Housing with Care – Money Matters” for more details about housing with care.
An example of an assessment calculation (for the financial year
beginning 9th April 2018):

Service User age 70 with capital of £4,920 and receiving High Rate Attendance
Allowance (AA)

<table>
<thead>
<tr>
<th>Weekly income</th>
<th>Weekly amount</th>
<th>Assessable income</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Retirement Pension</td>
<td></td>
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<tr>
<td>Private Pension</td>
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<tr>
<td>Attendance Allowance</td>
<td></td>
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<tr>
<td>Guarantee Pension Credit</td>
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<tr>
<td>Savings Credit</td>
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**Sub-total**

Tariff income on savings of £4,920

<table>
<thead>
<tr>
<th><strong>Total</strong></th>
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Non-residential charging assessment

Service user is receiving full Housing Benefit (HB) and Council Tax Reduction (CTR), so no additional housing expenses allowed.

<table>
<thead>
<tr>
<th>Weekly disregarded income/allowances</th>
<th>Weekly assessable income</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings Credit</td>
<td></td>
<td>Savings Credit not included</td>
</tr>
</tbody>
</table>

Minimum Income Guarantee             -£189.00                  Individual Disregard

**Sub-total**

High Rate Attendance Allowance disregard

Disregard as no night time care provided

**Sub total**

Allowable Housing Cost

In receipt of HB + CTR

**Assessed charge**

Maximum Charge/Contribution per week
(This is the most you will have to pay)
Useful information

Change of circumstances

What happens if there are any changes to your income or personal circumstances?

Please note:

We reserve the right to reassess and backdate charges, if we discover any undeclared assets or income. You must tell us if your income changes as this may affect the amount you must pay for your service.

There may be times when you need to tell us if your circumstances change. This includes the following changes:

- Your savings have increased above the upper capital threshold – currently £23,250
- Your savings have dropped below the upper capital threshold
- You have received extra benefits to help with your illness or disability
- Your income has gone up or gone down
- There has been a major change in your life that may affect your entitlement to benefits, e.g.:
  - Your husband, wife or partner has moved into residential care or a housing with care unit
  - Your husband, wife or civil partner has died
  - Someone else has moved in or out of your house in the last year

How do I pay my charges?

You will be sent a letter telling you what your charge is and how it has been worked out, along with information on how payments can be made.

You will get invoice every four weeks detailing your weekly charges. The back of the invoice tells you how you can pay.

For information on payment methods, please call 01603 495801 or visit our website at www.norfolk.gov.uk and click on the ‘Pay for it now’ icon.

Non-payment of charges

Charges raised under our Non-Residential Charging Policy are subject to Norfolk County Council debt recovery procedures.

If you do not pay your account, our credit control team will be in touch with you to discuss non-payment. Alternatively, if you are having difficulties paying your account, please call us on 01603 224446 and they will discuss payment options with you.
Financial assessment reviews

All financial assessments are reviewed on an annual basis. However, you can ask for a review of your contribution at any time, if you think that it is incorrect because:

- We do not have all the correct information or your circumstances have changed
- The charge has not been correctly calculated in accordance with our Non-Residential Charging Policy
- DRE’s or housing expenses have not been considered.

To ask for a review of your contribution, please ring 01603 222133 and ask for your financial assessment to be checked.

If you are not satisfied with the outcome of the review, you can then ask for the decision to be considered by the Appeals Panel.

Appeals

Everyone can appeal against the amount they have been assessed to contribute towards their non-residential service.

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 and let us know what you think is wrong.

We will then look at your charges again. If our original decision is found to be incorrect, we will correct 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.

You need to put your reasons for appealing in writing and send your letter to the Financial Assessment Manager or ring 01603 222133 for more information.

The appeal, with all the evidence available, will be presented to an Appeals Panel for their consideration. You will not be required to meet with the Appeals Panel and you will be told in writing about the outcome of the appeal.

The Appeals Panel will review the charge to make sure that:

- The charge has been raised in accordance with our charging policy for non-residential care
- We have followed the correct procedures for non-residential care
- Equity and fairness is maintained to other service users who have been assessed and charged in similar circumstances
You may be asked by the Appeals Panel to provide further information about your financial assessment and you will be given time to prepare this information.

While your appeal is being considered, you will continue to get 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 the Appeal Panel reduces or waives 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, you will be told the reasons why it was unsuccessful and your financial assessment will be based on the original information you have supplied.

If you are still not satisfied with the outcome of your Appeal, you do not have any further right of appeal through this local appeals system. However, you can complain to:

- 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

**State benefits – basic overview**

**Welfare Benefits**

Welfare Benefits such as Attendance Allowance, Disability Living Allowance and Personal Independence Payments are paid because of your care needs and not how much money you have, so even if you have a high level of income or savings it would be worth asking to have a Benefits Check.

- By law, we cannot include the Mobility Component of DLA in the financial assessment
- DLA is divided into two parts and is not means-tested or subject to National Insurance Contributions
- You do not need to have someone helping you to qualify. It is the help you need that matters, not whether you already get help
What are Personal Independence Payments?

Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term ill-health or a disability if you’re aged 16 to 64.

**PIP started to replace Disability Living Allowance (DLA) for people aged 16 to 64 from 8 April 2013.**

To qualify you must have a long-term health condition or disability and have difficulties with activities related to ‘daily living’ and or mobility. You must have had these difficulties for three months and expect them to last for at least nine months. However if you are diagnosed as being terminally ill (i.e. not expected to live more than six months), you do not need to have had the illness for three months.

PIP is usually paid every four weeks. It is tax-free and you can get it whether you are in or out of work. It is made up of two components (parts). Whether you get one or both of these depends on how your condition affects you.

- The first part is called daily living component and this is paid at two different levels
- The second part is called mobility component and is for help with getting around. This is also paid at two different levels
- Your claim will be assessed by an independent health professional to help the DWP work out the level of help you need. This may be a face-to-face consultation. You will get a letter explaining why and where you must go
- The DWP makes the decision about your claim based on the results of the assessment, your application and any supporting evidence you provide
Further help and Information

For further help or information on any of the information in this leaflet, please contact us on 0344 800 8020. We can give you:

- Information about the care and support we can provide
- Advice on how to access service
- 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

If you would like more information about our non-Residential Charging Policy for Home Care and other Non-Residential Care Services, please contact:

Client Exchequer Services:

Phone: 01603 222133
Email: FAB@norfolk.gov.uk
If you would like this document in large print, audio, Braille, alternative format or in a different language, please call us on **01603 222133** and we will do our best to help.