

Care and Support Charging Policy (Adults) Residential and Non-Residential Services 2016

Please note this may be subject to change in the course of the year.

LONDON BOROUGH OF EALING



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1.0 Introduction

- 1.1 Ealing Council's Care and Support Charging Policy (Adults) Residential and Non-Residential Services is designed to comply with the Care Act 2014, related regulations and the Care and Support Statutory Guidance.
- 1.2 Its aim is to produce a consistent and fair framework for charging and financially assessing all customers that receive care and support services, following an assessment of their individual needs, and their individual financial circumstances.
- 1.3 For the purposes of this policy, an adult is a customer aged 18 and above. This accords with the definition of an adult in the Care Act 2014
- 1.4 The underpinning principles of the Charging Policy are that you will receive a personal budget for your social care based upon your assessed needs. With a personal budget you will have greater choice and control over the services you need.
- 1.5 The personal budget is the total amount of money it would cost the council to meet your assessed eligible needs. This includes the cost of services the council commissions or provides directly (e.g. council day services). You will be expected to contribute to your personal budget according your ability to pay following a financial assessment.
- 1.6 If you choose a cash personal budget, the council's preference is that you will receive your budget net of any contribution you are required to make. If you opt for our preference, we will deduct your assessed contribution from your gross budget to provide your net budget. If you choose a council managed budget you will be invoiced for your contribution.

2.0 Legal Context for Charging and Financial Assessment

- 2.1 The Care Act 2014 provides a single legal framework for charging for care and support.
- 2.2 Section 14 of The Care Act 2014 provides local authorities with the power to charge for providing care and support to adults, where the local authority is permitted to charge for the service being provided.
- 2.3 Section 14 of The Care Act 2014 provides local authorities with the power to charge for providing support to carers.
- 2.4 Where there is a charge for meeting needs for care and support Section 17 of The Care Act 2014 requires local authorities to undertake an assessment of financial resources.
- 2.5 The financial assessment will determine the level of your financial resource, and the amount (if any) you may be likely to be able to pay towards the cost of meeting your needs through care and support services.

2.6 Section 14 of The Care Act 2014 instructs that local authorities are not permitted to charge for provision of the following types of care and support:

- Community equipment (aids and minor adaptations): a service which consists of the provision of an aid, or minor adaptation to property, for the purposes of assisting with nursing at home or aiding daily living. An adaptation is minor if the cost of making the adaptation is £1,000 or less;
- Intermediate care (including reablement support) services for up to 6 weeks;
- Any service or part of service which the NHS is under duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care;
- Aftercare services provided to people under Section 117 of the Mental Health Act 1982;
- Care and support provided to people with variant Creutzfeldt-Jacob Disease;
- Assessment of needs and care planning, including the cost of the financial assessment, as these constitute 'meeting needs'
- Provision of Information, Advice and Guidance

2.7 Ealing Council will refer to the Care and Support (Charging and Assessment of Resources) Regulations 2014 and Care and Support Statutory Guidance when applying this Policy.

3.0 Diversity and Equality

3.1 The council is fully committed to the broad principles of social justice and is opposed to any form of discrimination and oppression. It therefore willingly accepts not only its legal responsibilities but also wishes to embrace best practice in all areas of its work in order to secure equality of both treatment and outcome.

3.2 The council is committed to ensuring that no one is treated in any way less favourably on the grounds of personal differences such as age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or other personal beliefs.

4.0 Policy Objectives

4.1 The principles underpinning this policy are:

- Where the authority is required to arrange care and support for free, it does so;
- That customers will only be required to pay what they can afford;
- That financial support towards care costs will be determined through financial assessment;
- To provide clear and transparent information so customers know what they will be charged;
- To apply the rules consistently, to avoid variation in the way people are assessed and charged;

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- To promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
- To support carers to look after their own health and wellbeing and to care effectively and safely;
- To be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet customer's needs;
- To apply charging rules equally so those with similar needs or services are treated the same and to minimise anomalies between different care settings;
- To ensure that the charge to the customer for services provided is no greater than the cost of that service being delivered to the council;
- To encourage and enable those who wish to stay in or take up employment, education or training, to plan for the future costs of meeting their needs to do so;
- To ensure that the rights of those who lack capacity to manage their financial affairs or who are losing the ability to do so are respected e.g. by involving a suitable person such as a person with an 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 or any other person dealing with that person's affairs (e.g. someone who has been given Appointeeship by the Department of Work and Pensions (DWP) for the purpose of benefits payments).
- To be sustainable in the long term.
- We are also committed to ensuring that the Council and/or its partners' offers suitable information and guidance on financial affairs to those with care and support needs, this may be in the form of welfare benefits advice or signposting to information on independent financial advice. The Council is not registered to give financial advice itself, but can signpost to other sources of information such as the Financial Conduct Authority's Register, the government hosted Money Advice Service, The Society of Later Life Advisers and our Age UK and Citizens Advice partners. Advice can be both independent and selective. Advice can also be free as well as chargeable by organisation. The information and advice that is given by the council is free.

Personal Budgets

4.2 You will have a Personal Budget which sets out the total amount it would cost the Council to meet your eligible needs, your contribution to the cost, based on your financial assessment and any contribution to the cost made by the Local Authority.

4.3 Light Touch Financial Assessments

A light touch assessment is one where the Council is satisfied on the basis of evidence provided by a customer that they can afford, and will continue to be able to afford, any charges due. The Council may offer to perform a light touch financial assessment:

- a) Where you have significant financial resources, and do not wish to undergo a full financial assessment for personal reasons, but wish nonetheless to

access local authority support in meeting your needs. In these situations the local authority may accept other evidence in lieu of carrying out the financial assessment and consider you to have financial resources above the upper capital threshold limit.

- b) Where the local authority charges a small or nominal amount for a particular service (e.g. for subsidised services – such as the Alarm Monitoring Service) which you are clearly able to meet and would clearly have the relevant minimum income left, and carrying out a financial assessment would be disproportionate.
- c) When you are in receipt of benefits which demonstrate that you would not be able to contribute towards your care and support costs. This might include income from Jobseeker's Allowance.

5.0 Services for which the Council Chooses not to Charge

- 5.1 Section 14 of The Care Act 2014 provides the Council with the power to charge for services provided to a carer to meet their assessed needs. The Council has reasonably decided not to exercise its power to do so and services provided to carers will continue to be free of charge from 1st April 2016 This decision will be kept under review and following further consultation in the future.
- 5.2 When, in order to meet the needs of a carer, we provide services to the adult they care for we will financially assess the 'cared for' person's ability to pay for those services and require them to pay in accordance with this Charging Policy.
- 5.3 Section 2 of The Care Act enables the Council to charge in certain circumstances for preventative services to ensure affordability. Prevention is a consistent focus for Ealing Council in undertaking its care and support functions, as it is key to helping individuals live well and maintain their independence or caring roles for longer.
- 5.4 Prevention services, facilities or resources may not involve local authorities directly providing or commissioning a service. Some effective forms of prevention result from partnerships with other public services, voluntary and community organisations and other providers and can be strongly associated with the wellbeing principles, maintaining your independence and having a more fulfilling life.
- 5.5 Following consultation, the Council will exercise its power to charge for the Alarm Monitoring Service (Telecare) under section 2 of the Care Act from 1st April 2016. Where applicable the Council will use a **light touch financial assessment** in order to determine whether a customer who only meets section 2 of the Care Act should pay for their Alarm Monitoring Service or not. If the Council also has a duty to meet needs for care and support under section 18 or is exercising its power under section 19 of the Care Act, then the cost of the Alarm Monitoring Service will be added to their Personal Budget and financially assessed under a Non-Residential Care setting. Full details can be found in Charging for Alarm Monitoring Service – Telecare.

6.0 Charging for Care and Support

6.1 Charging for Care and Support is different depending on whether you are receiving care in a care home, or in your own home, or another setting.

6.2 The Care and Support (Charging and Assessment of Resources) Regulations 2014 sets out how the council can charge for care and support in each of these settings.

6.2 There are some common elements of the charging policy which include the capital limits.

6.3 When financially assessing for all care settings the financial limit known as the “upper capital limit” sets out the point at which you will be required to pay for the full cost of your care.

6.4 If your capital is below this upper capital limit then you can seek a means tested financial assessment to determine your ability to pay from the Council. This will mean the Council undertaking a financial assessment of your assets and make a charge based on what you can afford to pay.

6.5 If your capital is below the “lower capital limit” you will not be required to contribute to your care costs from your capital, though you may still be required to contribute from your income.

6.6 Where your capital is at or below the upper capital limit but more than the lower limit you will be charged £1 per week for every £250 in capital between the two amounts this is called tariff income.

6.7 A full detail of capital to be taken into account in the financial assessment is listed in Part 5 and Schedule 2 of the Care & Support (Charging and Assessment of Resources) Regulations 2014 (SI 2014/2672).

6.8 The capital threshold limits are updated annually by the government. These are noted in the Schedule of Charges, Rates and Allowances document.

6.9 Capital will include all forms of cash savings. The valuation method will be updated annually. Examples of cash savings will include:-

- Money in the bank / building society current and deposit accounts
- Post Office / National Savings and Premium Bonds
- Individual Savings Accounts (ISA's), Personal Equity Plans (PEP's) or Tax Exempt Special Savings Accounts (TESSA's)
- Money owed by third parties
- Any other cash savings

6.10 In order to determine your financial contribution, documentary evidence of income, savings and assets and where applicable expenditure will be required. Examples of documentary evidence that could be required:-

- Bank/Building society statements
- Stocks, shares, bonds and trusts
- Department of Work and Pension letters
- Earning from employment
- Rental income
- Land registry legal title
- Rent book
- Council tax statement
- Mortgage statement

7.0 Charging and Financial Assessment for Care and Support in Care Homes on a Permanent Basis

- 7.1 The council will charge for care and support delivered in a care home on a permanent basis.
- 7.2 If you are assessed as requiring permanent accommodation in a care home you will be asked to complete a financial circumstances form in order to carry out a financial assessment to determine how much you should pay towards the cost unless a Light Touch Financial Assessment is agreed.
- 7.3 On completion of the financial assessment you will be notified in writing of the financially assessed weekly charge and how it has been calculated.
- 7.4 The financial assessment will take into account income, savings and the value of any assets. The charging methodology will take into consideration any mandatory disregards of income, capital and property as defined in the Care and Support (Charging and Assessment of Resources) Regulations 2014.
- 7.5 The financial assessment process will take into account statutory amounts required to be retained by you from your income. These are known as 'Personal Expenditure Allowance' (PEA) and 'Disposable Income Allowance' (DIA). The PEA is reviewed annually by the Department of Health and the DIA amount is dependent upon your financial circumstances and guidance from the Department of Health.
- 7.6 Financial assessments will be updated annually and will start from the day of admission to the care home.
- 7.7 If you would like to live in a care home that costs more than the Council would expect to pay to meet your needs in certain circumstances you can do so or a third party can meet the additional cost. This additional cost (known as a 'top-up') must be sustainable and the local authority may decline to agree to such an arrangement if not satisfied that it is sustainable.
- 7.8 Where you choose more expensive accommodation than the Council would expect to pay and the top-up is to be paid by a third party, the third party must confirm they are able to meet the costs of the top-up for the duration of the agreement, including any

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price changes that may occur. Both you and the third party will be made aware of the cost and to whom payment is to be made, together with the frequency, as well as provision for reviewing the agreement on an annual basis, the consequences of failing to maintain payment and the effect changes in any parties' financial circumstances will have on the agreement. The payer of the top up will be asked to enter into an agreement. Details of the Policy are available on the Council website.

7.9 If you own a property or other valuable asset, over which security can be taken, you may be eligible to defer care costs against the value of the property/asset. This is known as a Deferred Payment Agreement. Details of our Deferred Payment Policy are available on the Council website.

8.0 Charging and Financial Assessment for Care and Support in a Care Home on a Short Term Basis

8.1 Existing customers receiving care and support in a non-residential setting who enter a care home on a short term basis will continue to be charged under the non-residential framework (section 10). A short term placement is one which does not exceed 8 weeks. If these short term placements exceed 8 weeks cumulatively in any one year the customer will thereafter be financially assessed as a temporary care home resident.

8.2 Customers who enter a care home on a short term basis and who were not already in receipt on non-residential care and support will be financially assessed as temporary residents from the start of that placement.

9.0 Charging and Financial Assessment for Care and Support in a Care Home on a Temporary Basis

9.1 The council will charge for care and support delivered in a care home on a temporary basis.

9.2 Following an assessment of your eligible care and support needs, a decision may be taken that you would benefit from a temporary stay in a care home. A temporary resident is defined as a person whose need to stay in a care home is intended to last for a limited period of time and where there is a plan to return home. The person's stay should be unlikely to exceed 52 weeks, or in exceptional circumstances, unlikely to substantially exceed 52 weeks.

9.3 Where your stay is intended to be permanent, but circumstances change and the stay becomes temporary, then the council will assess and charge as a temporary stay.

9.4 If you have a temporary stay that becomes permanent you will be assessed for a permanent stay from the date permanency is confirmed with you and included in your plan.

9.5 The Council will financially assess all customers having a temporary stay in a care home, and will charge from the date of admittance.

9.6 The financial assessment for temporary stays will completely disregard your main or only home where you intend to return to that home.

9.7 The financial assessment will treat income and capital in the same way as if you were entering a care home on a permanent basis (a full detail of income and capital is listed in Parts 4, 5 and Schedules 1 and 2 of the Care and Support (Assessment of Resources) Regulations 2014, with the following exceptions:

- Where you are in receipt of Disability Living Allowance or Attendance Allowance, these are completely disregarded from the financial assessment.
- Where you receive Severe Disability Premium or Enhanced Disability Premium, these benefits cease when Disability Living Allowance or Attendance Allowance ceases.
- The financial assessment will be adjusted where the temporary stay extends into this period.

9.8 The Council will ensure that where housing benefit is paid, this is disregarded as income.

9.9 The Council will ensure that payments made by you to keep and maintain your home, such as rent, water rates, insurance premiums are disregarded. Similarly, expenses that you would normally incur and would continue to pay should also be disregarded, such as household related Disability Related Expenditure (e.g. cleaning, gardening, community alarm services).

9.10 Your weekly contribution is payable from the date care commences.

9.11 A new financial assessment will be required in each financial year where a customer requires temporary accommodation in a care home.

10.0 Charging in a Non-Residential Care Setting

10.1 Underpinning values and principles in a Non Residential Care Setting

- The council provides a service involving a benefit maximisation check when a financial assessment is carried out.
- Customers whose income is below the Minimum Income Guaranteed allowance, will not be expected to make a contribution. The Minimum Income Guaranteed allowances are listed in the Charges, Rates and Allowances document.
- Customers whose savings (capital) are greater than the lower capital threshold limit will have this taken into account in assessing their contribution. Capital threshold limits are changed annually by the Department of Health and listed in the Charges, Rates and Allowances document

- A schedule of costs for the council provided and managed services is published regularly and subject to annual review.
- The financial assessment income, savings and allowance rates will be reviewed each year in line with government guidance, inflation and benefit changes.
- The capital value your home will not normally be taken into account in the financial assessment where you continue to occupy the dwelling as your home. The capital value of any other property owned or part owned by you will be regarded as capital.

10.2 Independent Living Fund

- The Independent Living Fund closed on the 30th June 2015 and responsibility has transferred to the Council. Customers who were in receipt of an Independent Living Fund are financially assessed under this Policy in a non-residential care setting process.

11.0 Council Services that fall within a Non-Residential setting

- 11.1 All Council provided services will be subject to an assessed contribution except those listed in section 2.6 of this Policy and set out below.
- 11.2 Any mobile meals that have been commissioned and provided by the Council will continue be invoiced separately at a flat rate on the basis that they are a substitute for ordinary expenditure and are detailed in the schedule of charges on the Council website.

12.0 Charging and Financial Assessment for Care & Support in a Non Residential Care Setting

12.1 The framework for financially assessing in a Non Residential Care Setting

- 12.2 You will be asked to complete a financial circumstances form detailing your savings, income and, where applicable, your expenditure.
- 12.3 The financial assessment will allow for certain costs incurred as a result of their disability, Disability Related Expenditure (DRE). You will automatically be able to keep 35% of your Personal Independence Payment (standard rate), Attendance Allowance or Disability Living Allowance (Care Component) equivalent to middle rate of DLA and lower rate AA. Any additional costs of disability related expenditure that you have over and above the 35% standard disregard will be considered if detailed in your support plan and on production of receipts. These rates can be found in the Schedule of Charges, Rates and Allowances. A guide to accessible types and amounts of disability related expenditure is provided annually by the National Association of Financial Assessment Officers.

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- 12.4 If you are only in receipt of the care element of the lower rate of disability, the automatic 35% DRE will be based on this amount. Any additional costs of disability related expenditure that you have over and above the 35% standard disregard will be considered if detailed in your support plan and on production of receipts.
- 12.5 All efforts will be made to assist you to pay and maximise your benefits. You will be offered free welfare benefits advice to ensure that you are in receipt of any benefits to which you are entitled to and if applicable offered a home visit and assistance to complete claim forms where necessary.
- 12.6 Only you will be assessed for a weekly contribution towards your care, except when you can reasonably be considered to have access to savings or income, other than earnings, which is held in a partner's name or in joint names, or where a better off calculation for couples is appropriate. In these circumstances the lowest assessment will be used for purposes of your contribution.
- 12.7 Following the financial assessment, you will be sent a written record of your financial assessment and your Personal Budget, to include details of how the contribution has been calculated.
- 12.8 The Community Benefits Team will make reasonable attempts to contact you to undertake a benefit check and complete a financial circumstances form. If after three attempts the financial assessment has still not taken place, or if the financial assessment is still incomplete due to lack of information or supporting documentation, then you will be financially assessed as required to contribute 100% towards your Personal Budget.
- 12.9 If you feel you cannot pay the contribution then you can use the Department's Appeals procedure. (See Appendix B)
- 12.10 **The framework for financially assessing in a Non Residential Care Setting – Light Touch Process**
- 12.11 A Non-residential Care Setting - light touch process shall allow the Council to financially assess for care and support that does not fall under any other financial care settings.
- 12.12 Where there are no eligible care and support needs under section 13 of the Care Act and the cost of the service is too small to undertake a full financial assessment in a non-residential care setting, a light touch financial assessment may be more appropriate.
- 12.13 It is assumed that customers have less than £23,250 in savings and assets (excluding the value of their main home). If a customer has more than £23,250 in savings and assets, they will pay the whole cost of their service. They will not qualify for the light touch process (financial assessment) as detailed in item 12.14 to 12.17 irrespective of their income.

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- 12.14 Customers will be financially assessed using their Minimum Income Guarantee (MIG) plus an additional 25% buffer as the requirement to pay for the care and support.
- 12.15 If a customer has over MIG+25%, they will have to pay the whole cost of the care and support.
- 12.16 If a customer has less than MIG+25% they will not be required to pay towards their care and support.
- 12.17 If a customer has over MIG+25% but by paying for the service would leave them below MIG+25% as a consequence of paying the cost of the service they will not pay for their care and support.
- 12.18 If a customer disagrees with the outcome of their light touch financial assessment, they may appeal. In this scenario a full financial assessment can be offered, using the non-residential charging policy as a means to undertaking the full financial assessment.

13.0 Charging for Alarm Monitoring Services (Telecare)

- 13.1 Section 2 of the Care Act 2014 provides the Council the power to charge for providing or arranging for the provision of services, facilities or resources, which it considers will prevent the need for care and support services developing.
- 13.2 From 1st April 2016, following consultation, the Council has decided to reasonably exercise its power and charge for Telecare by transferring the service to the Careline service.
- 13.3 The exercise of this discretion to charge does not include community equipment and information and advice. This will remain free of charge. The discretion to charge will only include line rental charge for using the Alarm Monitoring Service (previously called Telecare, now referred to as Careline).
- 13.4 Palliative Care customers who are eligible for Careline will receive it free of charge. A review will be held after 12 months.
- 13.5 All other eligible customers for Careline via Adults Social Care will receive the service free for 6 weeks.
- 13.6 All Adult Social Care customers will be given the choice to cancel the Careline service after the 6 week free period and no charges will be borne. The equipment will be removed at no cost to the customer.
- 13.7 All customers after the 6 week free period who wish to continue with the Careline service will be referred directly to Careline as a private subscriber if they confirm they have over £23,250 in savings or assets (excluding the value of their main home). Payment of the Careline service will be paid by the customer directly to Careline as a private subscriber.

- 13.8 The amount of £23,250 is set by the government and is subject to change. Any change made by the government shall be reflected in this Policy.
- 13.9 If the customer agrees to continue with the Careline service after the 6 week free period and already has eligible care and support needs under section 13 of the Care Act the cost of Telecare will be added to their Personal Budget and will be financially assessed under the Care in a Non-Residential Setting.
- 13.10 If the Adult Social Care customer agrees to continue with the Careline service after the 6 week free period but the Council does not have a duty to meet the care and support under section 18 or is exercising its power under section 19 but falls under the general preventative duty under section 2, a professional recommendation to use Careline, to prevent or delay the need for care and support is required.
- a) If the customer does not receive a professional recommendation that the Careline service will prevent or delay the need for care and support, and still wishes to continue with the Careline service, they will be referred to Careline as a private subscriber and pay the cost of the service directly.
 - b) If the customer receives a professional recommendation to use the Careline service which prevents or delays the need for care and support, and still wishes to continue with the Careline service, they will be assessed under the Non Residential Care Setting – Light Touch Process.

Charging for the Alarm Monitoring Process is attached as Appendix C

14.0 Calculating a Customers' Income

- 14.1 The Government has determined that someone receiving care and support in a non-residential setting needs to retain a certain level of income to cover their living costs. This level of income is known as the Minimum Income Guarantee (MIG).
- 14.2 The MIG amount is based on basic Income Support or the Guaranteed Credit element of Pension Credit plus a 25% buffer.
- 14.3 The MIG amount consists of a number of elements depending on the age and disability of the customer. The aggregate of these elements is used to determine an individuals' MIG amount.
- 14.4 The MIG elements are listed in the Charges, Rates and Allowances schedule and are determined by central government.
- 14.5 The Council uses the MIG amount as an allowance when financially assessing the contribution towards care and support.
- 14.6 If you have weekly income below the relevant MIG amount you will not be asked to contribute towards your Personal Budget.

14.7 A full detail of the income to be included in the financial assessment is contained in the Care and Support (Charging and Assessment of Resources) Regulations 2014. Income from many different sources is used to calculate a customer's eligible income, which is used as the basis to determine their assessed contribution. This list is not exhaustive.

- Personal Independence Payment (PIP)
- Disability Living Allowance (DLA) (Care Component only)
- Attendance Allowance (AA)
- Severe Disability Premium
- Income Support
- Pension Credit
- Pension paid by an employer
- Incapacity Benefit
- Employment Support Allowance (ESA)
- Industrial injuries disablement benefit
- Carer's allowance – Only taken into account if you receive allowance for looking after someone else
- Widow's benefit or Armed Forces Compensation scheme: Survivors Guaranteed Income Payment
- Bereavement allowance
- Disability working allowance
- War disability pension (less £10 disregarded) or Armed Forces Compensation Scheme: Guaranteed Income Payment
- Severe Disablement Allowance
- Exceptionally Severe Disablement Allowance
- Disability working allowance
- Notional Income from savings calculated between the lower and higher capital thresholds at £1 for every £250 or part thereof

14.8 The higher rate of PIP/AA/DLA will only be taken into account in full if day and night services are identified in the support plan. If only day or night services are identified, the lower rate of AA, standard rate of PIP or middle rate of DLA Care will be assessed as income, and the difference between the higher/enhanced rate and standard/middle rate will be disregarded.

14.9 Any personal debts or loans that you may have will not ordinarily be allowed for within the financial assessment process. However, when considering debts the assessing officer will be mindful of the circumstances and consider each debt with regards to both timing and the customer's intention when arranging the loan etc. Therefore, debts and loans will be considered on a case-by-case basis to ensure that the Council does not fetter its discretion.

15.0 Disregarded Income: Non Residential Care Setting

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15.1 A full detail of income to be disregarded is listed in Part 4 and Schedule 1 of the Care and Support (Charging and Assessment of Resources) Regulations 2014. The following are examples of income that are disregarded for assessment purposes. This list is not exhaustive.

- Income from the customer's employment
- Mobility Component of Personal Independence Payment (PIP) or Disability Living Allowance (DLA)
- War Pensioners Supplementary Pension
- War Disablement Pension
- War Widows Supplementary Pension
- 100% of Gallantry Awards
- £10 per week of War Disability & War Widows Pension
- Working Tax Credit
- Child Tax Credit
- Pension Credit – savings element only
- Guaranteed Income Payments (GIPs) made under the Armed Forces Compensation Scheme

16.0 Allowable Expenditure: Non-Residential Care Setting

16.1 Certain items of expenditure will be offset against income, providing that satisfactory evidence is provided for the assessment. These include:

- Rent net of Housing Benefit
- Council Tax net of Council Tax Benefit
- Mortgage Payments
- Child Support Agency Payments
- Court imposed maintenance
- House Insurance – buildings
- Boiler and Heating Insurance
- Disability Related Expenditure (see the Schedule of Rates, Charges and Allowances.
- Payments in respect of County Court Judgements (CCJ's)

17.0 Deprivation of Income or Capital : All Care Settings

17.1 Deprivation of an asset is where someone has intentionally deprived or decreased their overall assets in order to reduce what they are charged towards their care and support.

17.2 Deprivation of income is where someone has deliberately deprived themselves of income they are entitled to e.g. they sell the right to income from an occupational pension.

17.3 For both types of deprivation the following will need to be considered :

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- a) whether avoiding the care and support charge was a significant motivation to avoid care and support charges
- b) the timing of the disposal will be taken into account when considering the purpose of the disposal
- c) did the person have a reasonable expectation of needing to contribute to the cost of their care and support

17.4 Where the council considers that deprivation has taken place, we will assess as if the customer still had the asset. This is called 'notional capital' or "notional income"

17.5 Notional capital will be treated as reducing each week by the difference between the assessed contribution and the amount that would have been assessed as contribution had there been no notional capital.

17.6 Where an asset has been passed to a third party or more than one third party to avoid a charge, the third party or each of those the third parties is liable to pay the local authority the difference between what it would have charged and did charge the person receiving care and support.

17.7 As with any other debt the Council will consider using the County Court process to recover debts but will only do so after all other avenues have been exhausted.

18.0 Reviews and Appeals Policy

18.1 When a customer indicates they cannot afford to pay their contribution after their financial assessment, they can ask for review if:

- They believe there has been a mistake in the assessment
- They believe that the assessment has not taken full account of their circumstances

The review and appeals procedure can be found as Appendix B

19.0 Other Fees and Charges

19.1 Protecting Property of Adults Being Cared for Away from Home.

Protecting properties by way of locksmiths, client's belongings and animals (for example catteries) mean costs are often incurred by the Council. This duty on the Council to take reasonable steps lasts until the adult in question returns home or makes their own arrangements for the protection of property or until there is no other danger of loss or damage to property; whichever happens first. Often a one off event is required such as the re-homing of pets or ensuring that the property is secured.

Annexe 1

We will charge the actual cost which was reasonably incurred subject to the person's ability to pay

19.2 **Moving to Ealing from Another Borough**

Sections 37-38 of the Care Act and the Care and Support (Continuity of Care) Regulations 2014 (SI 2014/2825) cover the arrangements that councils must make when people with care and support needs decide to move to another area and as a result their ordinary residence status changes. The aim is to ensure that care and support is in place during the move, so the person's wellbeing is maintained. If this occurs and a planned move does not happen, we will consider whether it is appropriate to recover any costs we have incurred from the local authority that they were planning on moving from.

19.3 **Provider Failure**

The Council has particular responsibilities to manage provider failure and other service interruptions under the sections 48–57 of the Care Act and the Care and Support (Business Failure) Regulations 2014 (SI 2015/301) to ensure the care and support needs of customers continue to be met in the event of a business failure (of an organisation providing activities regulated by the Care Quality Commission

The Council will have a temporary duty to meet people's needs where a business has failed AND

- The service can no longer be provided;
- Where the services were being provided in the LA's area (regardless of whether the LA has contracts with the provider);

When we exercise these duties we may recover costs from the customer or the Local Authority responsible for meeting the adult's care and support needs or the carer's needs. We will not charge for the provision of information and advice to the adult or their carer.

20.0 **Deferred Payment Policy and Agreement**

20.1 Entering into a Deferred Payment Agreement allows a person to 'defer' or delay paying the costs of their care and support until a later date if they are moving into a residential home or supported living accommodation.

20.2 Deferring payment can help the customer delay the need to sell their home, and provides peace of mind during a time that can be challenging for families as the customer makes the transition into care.

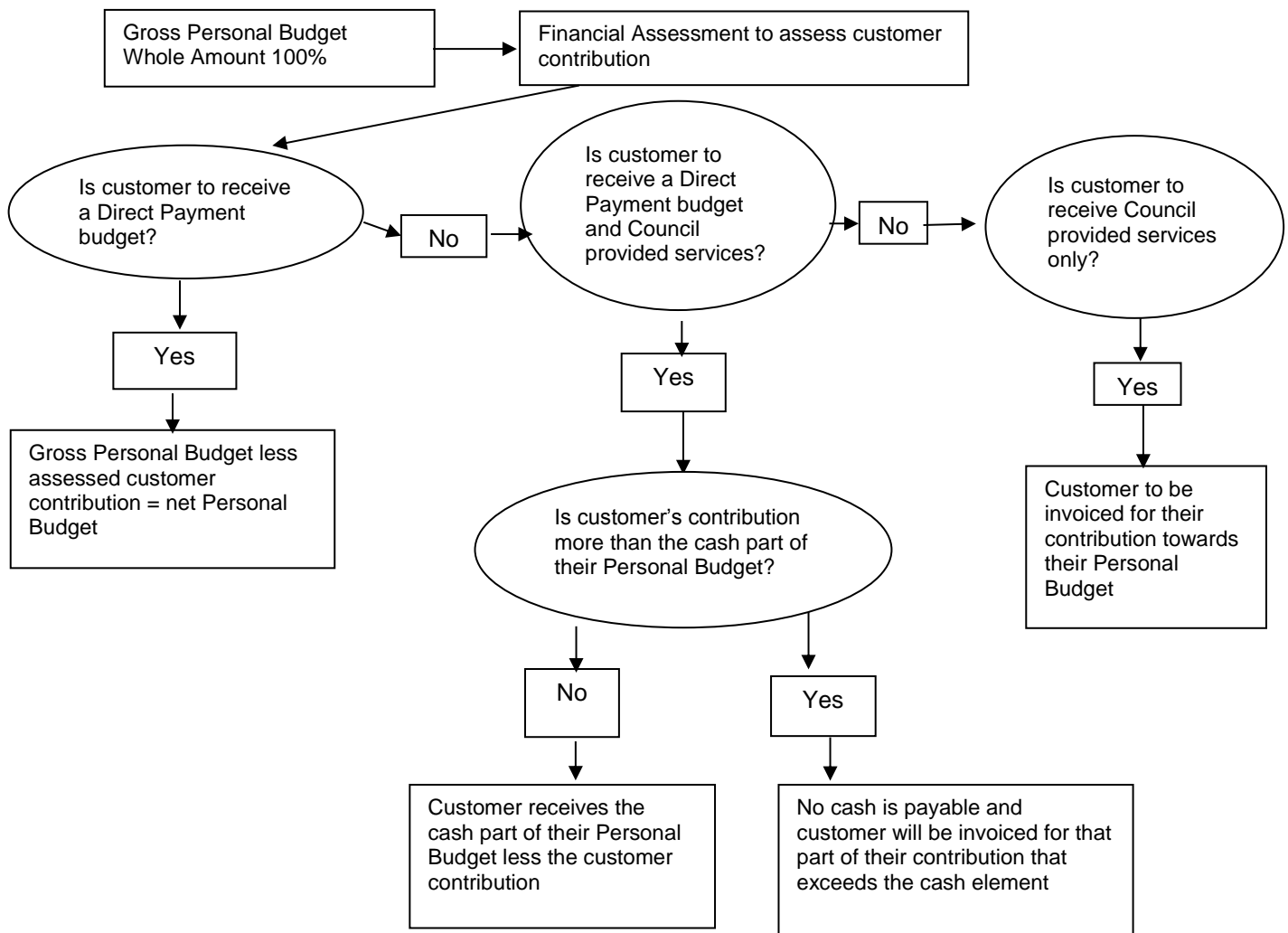
20.3 More information can be found on criteria and eligibility to this scheme in Ealing Council's Care and Support Deferred Payment Policy. This can be found on the Council website.

20.4 Our charges, interest rates and costs associated with a Deferred Payment Agreement can be found in the Schedule of Rates, Charges and Allowances. This can be found on the Ealing Council website.

Annexe 1

- 20.5 The Deferred Payment Agreement may not be the most cost effective way of paying for care.
- 20.6 We are unable to advise on other products available on the market. We therefore strongly suggest that customers seek independent financial advice before purchasing our product to ensure they choose the most appropriate option for them.

Appendix A Flowchart



Appendix B Review and Appeals Procedure

If you are unsatisfied with the outcome of your financial assessment the Income manager will review your case and take into account the issues you have raised. The manager will write to you with the outcome of the review within 14 working days, they will also explain what to do next if you remain unsatisfied with this response

If you are dissatisfied with the review of your assessed charge, you can make a formal complaint using the Departments Complaints Procedure.

You will need to write to the Complaints Officer outlining the nature and reason for the complaint.

Information regarding the Complaints Procedure can be accessed via the Council's Website www.ealing.gov.uk

Annexe 1

Appendix C - Charging for Alarm Monitoring Process

