

Care and Support Charging Policy

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CONTENTS

	Page
Introduction and statement of purpose	4
Legislative framework	5
When charges will apply	6
Exemptions from charging	6
Personal Budgets	6
Information and Advice	7
Financial Assessment	7
Light Touch Financial Assessment	9
Delays in completing a financial assessment	10
Financial Assessment Reviews	11
Where people lack capacity	11
Charging for care and support in a care home	12
Long stay/permanent admission to a care home	13
Property Disregard	13
Temporary or short stays in a care home	14
Charging for care and support in other care settings.	15
Charging Carers	16
Charging for preventative care	16
Related policies	17
Equality Impact Assessment	17
Monitoring and review	17

APPENDICES

Care and Support Charging Policy Guidelines 2021/22

Appendix A: Fees and Charges	18
Appendix B: Capital Limits	21
Appendix C: Tariff Income	22
Appendix D: Assessment Allowances	23
Appendix E: Disability Related Expenditure	25
Appendix F: Appeals and Waivers	36
Appendix G: Examples of charging calculations	37

Introduction and statement of purpose

1. When a person has eligible care and support needs and asks the council for financial support, the amount they may receive is based on individual circumstances. A means-test, or financial assessment is carried out to work out how much people pay for care. Some people don't have to pay anything because of the type of service they receive, or because the financial assessment shows they can't afford to.
2. The Care Act 2014 provides a single framework for charging for care and support. It enables council's to decide whether or not to charge a person when arranging to meet the person's care and support needs or a carer's support needs. If a council decides to charge, it must follow the Care and Support (Charging and Assessment of Resources) regulations and have regard to the statutory guidance.
3. There are different rules for charging for care depending on whether a person is receiving care in a care home, or in their own home, or somewhere else. Central government decides how councils must charge for care in a care home, but each council must have its own policy for charging in other settings, and this must still follow the regulations and guidance set by government.
4. In 2016 Herefordshire Council developed a Care and Support Charging Policy as part of implementing the Care Act (2014) legislation.
5. In December 2021, the council sought views on proposed changes to the policy during a consultation which ran from 15 December 2021 to 10 February 2022.
6. The purpose of this policy is to make clear the council's current approach towards charging for care and support, including how and when charges are made. It is based on the following principles which confirm that the approach to charging for care and support needs will:
 - ensure that people are not charged more than is reasonable for them to pay;
 - be comprehensive, to reduce variation in the way people are assessed and charged;
 - be clear and transparent, so people know what they will be charged;
 - promote wellbeing, social inclusion, and support the vision of individualisation, independence, choice and control;
 - support carers to look after their own health and wellbeing and to care effectively and safely;
 - be individual-focused, reflecting the variety of care and caring journeys and the variety of options available to meet needs;
 - apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
 - encourage and enable those who wish to stay in or take up employment, education, or training, or plan for future costs of meeting their needs to do so;
 - continue to be sustainable for the council in the long term.

7. Where people receive care in the community, the statutory guidance enables local authorities to, set their own capital limits above the minimum amounts set in regulations, choose to disregard additional sources of income, set maximum charges, and charge a person a percentage of their disposable income, but this should not lead to 2 people with similar needs, and receiving similar types of care and support, being charged differently.
8. The guidance also requires local authorities to consult people with care and support needs when deciding how to exercise discretion. In doing this, local authorities should consider how to protect a person's income. Government considers that it is inconsistent with promoting independent living to assume, without further consideration, that all of a person's income above the minimum income guarantee (MIG) is available to be taken in charges.

Legislative framework

9. Sections 14, 17, and 69-70 of the Care Act 2014 provides a framework that enables a council to charge a person when it is arranging to meet care and support needs.
10. Section 4 of the Care Act 2014 places a duty on the council to provide information and advice that is accessible, including financial information.
11. The Care and Support (Charging and Assessment of Resources) Regulations 2014; set out:
 - the power to charge for certain types of care and support;
 - the duty to carry out a financial assessment if the council's policy is to charge for care and support;
 - the power to charge costs for putting arrangements in place in certain situations;
 - rules on the treatment and calculation of capital and income within a financial assessment, (including notional capital and notional income where a person has deliberately deprived themselves of an asset);
 - rules on minimum allowances to be given within a financial assessment;
 - the power to charge costs of putting arrangements in place in specific situations.
12. The Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 set out the rules on the provision on an individual's preferred accommodation.
13. The Care and Support Statutory Guidance provides councils' with detailed guidance on the application of the law, including Chapter 8 'Charging and Financial Assessment', Chapter 9 'Deferred Payments', and Annexes to the Guidance.
 - Annex A: Choice of accommodation and additional payments
 - Annex B: Treatment of capital
 - Annex C: Treatment of income
 - Annex D: Recovery of debts
 - Annex E: Deprivation of assets
 - Annex F: Temporary and short term residents in care homes

The latest guidance is available here [Care and support statutory guidance - GOV.UK](#)

When charges will apply

14. The council has decided to charge for all care and support services (excluding those exempt from charging, and services for carers). It will follow the Care and Support (Charging and Assessment of Resources) 2014 regulations and will have regard to the care and support statutory guidance.
15. How charges will apply will depend on whether a person is receiving services in a care home, their own home, or another setting, but the amount a person will have to contribute towards the charge will be based on a financial assessment, sometimes called a means test.
16. Where a financial assessment identifies that a person's resources exceed the financial limit known as the "upper capital limit" set in the regulations, the person is not entitled to receive any financial assistance from the council. If the person is residing in a care home setting, the council is precluded from paying towards the cost of care. However, for people who ask the council to meet their eligible needs in a setting other than a care home, the council must meet those needs but will charge the person the full cost of their care and support in line with fees and charges at Appendix A. For further information about the current capital limits please read Appendix B.

Exemptions from charging

17. The council will not charge for certain types of care and support which must be arranged free. These are:
 - Intermediate care or reablement must be provided free of charge for up to six weeks, however where there are clear preventative benefits the council will use its discretion to offer this free of charge for longer than six weeks.
 - Community equipment (aids and minor adaptations) Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less.
 - Care and support provided to people with Creutzfeldt-Jacob Disease
 - After care services/support provided under section 117 of the Mental Health Act 1983. Aftercare services only relate to those needs which arise directly from or are related to the person's mental disorder and help to reduce the risk of deterioration in the person's mental condition. It may be that the person also requires other support services in the community which are not part of their section 117 aftercare plan, and these should be provided accordingly under the relevant legislative provisions (e.g. the Care Act 2014).
 - Any service or part service which the NHS is under a duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care.

Personal Budgets

18. Everyone who is eligible for financial support towards care and support, whose needs are met by the council, will receive a personal budget as part of their care and support plan (or support plan if they are a carer). The person can choose to take their personal budget in the following ways:
- The council can arrange the care and support for them, this is sometimes called commissioned care.
 - It can be taken as a direct payment, or it can be placed with a third-party provider to arrange care and support on the person's behalf, known as an Individual Service Fund (except for when paying for long-term residential or nursing care) or,
 - The personal budget may be taken as a mixed package of care and support where a direct payment is used to meet some needs (except for when paying for long-term residential or nursing care) and the remainder of the personal budget is managed by the council.

Information and Advice

19. The council will take account of information standards published by the Information Standards Board for Health and Social Care under the provisions of the Health and Social Care Act 2012. It will provide information to help a person (or their representative) understand care charges, including how contributions are calculated and the means-tested support that is available, as well as how care and support choices may affect costs. The information will be provided in the most suitable way for the person's needs.
20. Before providing financial information or advice directly to a person the council should establish whether the person has a deputy of the Court of Protection or a person with Lasting Power of Attorney acting on their behalf.
21. The council will also make people aware of independent financial advice that is available to them, and how to access it, including regulated financial advice from an organisation regulated by the Financial Conduct Authority (FCA).
22. Information about different ways to pay for care will also be provided. In particular if the council identifies someone who may benefit from or be eligible for a deferred payment agreement, or a person approaches them for information about long term care, they will be told about the deferred payment scheme and how it works.

Financial Assessment

23. When an assessment of care and support needs has been carried out and the council has decided to charge for the services included in the personal budget, (except where a light touch assessment applies, explained in the section below), the council will carry out a financial assessment, sometimes called a means-test to establish how much a person should pay.
24. A person will need to provide information and evidence about all of their assets, benefits, income, and some expenses.

25. The financial assessment calculation will be different depending on whether the care and support is provided in a care home, a person's own home, or other setting. More information about how charges are calculated is provided at Appendix G of this policy.
26. The financial assessment will be carried out in line with the detailed guidance set out in Annexes B, C, E, and F of the [Care and support statutory guidance - GOV.UK](#) . This statutory guidance sets out how both capital and income should be treated, including when a person has deprived themselves of income or assets to reduce the level of contribution towards the cost of care, and how income and assets can be treated differently when a person has a short stay in a care home. For further detailed information about the current capital limits and how tariff income is calculated, please read Appendices B and C in this policy.
27. The financial assessment will look at all of a person's capital and income and decide which is treated as capital and which is treated as income. When assessing income, only the income of the cared for person will be taken into account in the financial assessment.
28. If any assets are held jointly, for example in a joint bank account, the assessment can only take into account the share belonging to the person needing care and support. Where assets are held jointly with one other, it will be assumed that their share is 50 per cent, unless it is shown otherwise.
29. If the financial assessment identifies that a person has deprived themselves of assets or income to avoid paying for care and support costs, and the council has evidence to support this, the council may either charge the person as if they still possessed the asset or income or, if the asset has been transferred to someone else, seek to recover the lost income from charging the person that received it. Where a person is treated as having a capital asset or income that they don't actually have, this is called notional capital or notional income.
30. Notional capital may be capital which:
 - a) would be available to the person if they applied for it
 - b) is paid to another person in respect of the person
 - c) a person has deprived themselves of in order to reduce the amount of charge they have to pay for their care.
31. Where notional capital is included in the financial assessment, a person's capital value for charging purposes will be both their actual capital and notional capital. If the person has actual capital above the upper capital limit shown at Appendix B, it may not be necessary to consider notional capital.
32. Where a person has been financially assessed as having notional capital, the value of this must be reduced over time. The rule is that the value of notional capital must be reduced weekly by the difference between the weekly rate the person is paying for their care and the weekly rate they would have paid if notional capital did not apply.
33. Notional income might include income which:
 - a) would be available on application but hasn't been applied for,
 - b) is due but has not been received

- c) a person has deliberately deprived themselves of for the purposes of reducing the amount they are liable to pay for their care.
34. Written notification of the financial assessment calculation will be sent to the person, or their representative, within 7 days. This will explain how the assessment has been carried out, what the charge will be, and how often it will be made, and if there are any fluctuations in charges, the reason for them. The council will ensure that this is provided in a manner that the person can easily understand, in line with its duties on providing information and advice.
35. A financial assessment review will be carried out every April, this is usually done at the same time that state benefits, pensions, and allowances increase. Written notification of any changes in charges will be sent along with a statement of the calculation and a reminder to check the information and report any changes in personal circumstances. The notification will also include a reminder that a person can ask for a financial assessment review at any time.

Light Touch Financial Assessment

36. The council will treat a person as if a financial assessment has been carried out in the following circumstances;
- Where a person has significant financial resources, and does not wish to undergo a full financial assessment for personal reasons, but wishes nonetheless to access council support in meeting their needs, the council will accept other evidence in lieu of carrying out the financial assessment, and consider the person to have financial resources above the upper limit. The person will be required to pay the full cost of any service provided.
 - Where the council charges a small or nominal amount for a particular service which the person is clearly able to meet and would clearly have the relevant minimum income left, and carrying out a financial assessment would be disproportionate.
 - Where a person is in receipt of benefits which demonstrates that they would not be able to contribute towards their care and support costs.
37. The council will consider property and savings that are clearly worth more than the upper capital limit or, sufficient income left after charges payable as evidence that a person is able to afford any charges due. If a person does not agree the charges payable under this route, the council will carry out a full financial assessment.
38. Examples of when the council may carry out a 'light touch' financial assessment:
- **When capital assets are above the upper capital limit**
If a person knows their capital assets are above the upper capital limit, a full financial assessment may not be needed. The council will confirm that the person is assessed to pay the full cost of care and support. Welfare benefits advice will still be provided and support arranged for the person to apply for any

new entitlements they may have. If a person asks the council to arrange their care and support services, other than permanent care in a care home, they will pay the full cost of the care and support services arranged by the council. Arrangement and administration fees might apply. See Appendix A: Fees and charges

- **A person declines to provide information about their financial situation**

If a person doesn't wish to provide information about their financial situation, they don't have to. The council will contact them to confirm that they are assessed to pay the full cost of care and support. We can still give you welfare benefits advice and arrange to support you to apply for any new entitlements you may have. If you ask us to arrange your care and support services for you, you will pay the full cost of your care and support services arranged by the council (other than permanent care in a care home). Arrangement and administration fees might apply. See Appendix A: Fees and charges

- **A person has given the council financial information recently for another purpose, and this will be used to complete the financial assessment for care and support.**

In some situations we may be able to use information you have submitted recently, for example you may have provided financial information for a short term stay in residential care or for other care and support services to the ones that you will be receiving. We may still contact you to confirm the information we have is current and correct and to ask you about expenses you have. We can still give you welfare benefits advice and arrange to support you to apply for any new entitlements you may have.

- **Where the council charges a small or nominal amount for a particular service, such as preventative services, including telecare**

If you would be able to clearly meet the cost and have sufficient income left to meet your everyday living costs, and carrying out a financial assessment would be disproportionate. We can still give you welfare benefits advice and arrange to support you to apply for any new entitlements you may have.

Delays in completing a financial assessment.

39. If a person or their financial representative 'unreasonably delay' completing the financial assessment, they will be required to pay the full cost for the care and support service.
40. Full cost charges will be backdated to the start date of the care and support service received and will continue until the financial assessment is completed.
41. Once a financial assessment is completed, if this results in a lower charge, refunding the difference will be considered on a case by case basis.
42. 'Unreasonable delay' will be decided on an individual basis, however as a general rule we would expect a person (or their representative) to be available to complete a financial assessment within 2 weeks of being contacted by the council. If a person (or their representative is) providing financial information on

a paper form that has been sent to them, the council expects the return of the fully completed form within two weeks.

43. If a person, or their representative is asked to provide further information to support or complete a financial assessment, the council would usually expect this to be provided within two weeks of the date it was requested.
44. If a financial assessment officer considers that a person, or their representative, has unreasonably delayed their financial assessment, they may notify the person, or their representative, 28 days after the date the information should have been provided by, informing them that they will be charged the full cost of care and support backdated to the service start date. If a person provides all of the information to complete the financial assessment within the following 28 days, refunding the difference will be considered on a case by case basis and may result in a refund or credit against future care and support charges.

Financial Assessment Reviews

45. A person can ask the council to review their financial assessment at any time.
46. The council will also review the financial assessment from time to time. This will usually be after a person's care and support assessment is completed or when there has been a change in a person's circumstances.
47. A financial assessment review will be completed automatically when pensions, benefits and allowances change every April, or a financial assessment officer may contact a person to carry out a full review of their financial situation. These reviews make sure that changes in financial circumstances are taken into account when assessing charges for care and support so that a person is only asked to pay what they can reasonably afford.
48. It is important that a person, or their representative notifies the council straight away about any change in circumstance that may affect their ability to pay for the services they receive. This may include an increase/decrease in any benefits, savings, or other income or, expenses that have been included in the financial assessment.
49. If charges change as a result of benefits being awarded after a financial assessment has been completed, the council will take the benefit payment into account from the date that it has been awarded from, not the date it is paid so will consider any backdated payments.
50. If a financial assessment review changes the amount a person must pay the council will confirm the changes in writing.

Where people lack capacity

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

Where a person lacks capacity they may still be assessed as being able to contribute towards their care.

52. If the person lacks capacity, the council will find out if the person has any of the following as the appropriate person will need to be involved in the financial assessment:
 - 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 appointee-ship by the Department for Work and Pensions for the purpose of benefit payments).
53. Family members will be consulted with but they may not have the legal right to access the person’s bank accounts.
54. People who lack capacity to give consent to a financial assessment and who do not have any of the above people with authority to be involved in their affairs may require the appointment of a Property and Affairs Deputyship. Family members can apply for this and the council will provide them with information and advice on Lasting Power of Attorney and Deputyships, or the council can apply if there is no family involved in the care of the person.

Charging for Care and Support in a Care Home

55. Where the council is meeting needs by arranging a care home, it will ensure that a person has genuine choice and at least one option is available and affordable within a person’s personal budget. However a person can also choose alternative options, including a more expensive care home, where someone else, sometimes called a third party, is willing and able to pay the additional cost (top-up). In some circumstances the resident themselves can do this. For more information about ‘top-up’ payments please read the [Third party contributions \(top-ups\) policy](#)
56. The council will usually be responsible for contracting with the care home provider for the full amount, including any top-up fee, and will require a signed top-up agreement to be in place. In some circumstances where all parties agree it may choose to allow the person to pay the provider directly for the ‘top-up’.
57. People in a care home will contribute most of their income, excluding any earnings, towards the cost of their care and support. However the regulations require that the council must leave the person with a specified amount of their own income so that the person has money to spend on personal items such as clothes and other items that are not part of their care plan. This is known as the personal expenses allowance (PEA). The council has discretion to apply a higher income allowance in individual cases, for example when the person needs to contribute towards the cost of maintaining their former home. For information about the current PEA amount please read Appendix D.

58. The treatment of capital and income will be undertaken in accordance with the detailed guidance set out in Annex B and C of the [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk).

Long Stay/Permanent admission to a care home.

59. If a care assessment has identified that a person has care and support needs that can only be met in a care home, the council will carry out a financial assessment to work out how much the person should pay towards the care homes fees. This is called a 'client contribution'.
60. If a person has capital assets (such as savings and investments) that are above the Upper Capital Limit (£23,250.00), they will not be eligible for council funded support and should pay the full cost of the care home fees – this will usually be directly to the care home.
61. If a person has capital assets below the Upper Capital Limit, the council will carry out a financial assessment to calculate out how much the person can afford to pay towards the care home fees. This is called a 'client contribution'.
62. If a person owns a property, or a part of a property, or has a beneficial interest in a property, the council will count the value of the property, or share of property as capital.
63. Where a person no longer occupies their property the council will disregard the full value of their home if it is occupied by their partner; a relative who is aged over 60 or is disabled; or a child under 18, for whom they are responsible, providing the property has been continuously occupied by any of these people before the person went into a care home. For more information about the rules for how property is treated read Annex B of [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
64. The council has discretion to exclude the value of a person's home in some other circumstances, but it always has to balance the use of this discretion with the need to ensure that it doesn't maintain residents with assets at public expense. There is a right of appeal against the decision. For more information about making an appeal please read Appendix F.

Property Disregard

65. If a person owns, or part-owns, or has a beneficial interest in a property that was occupied as their main home before needing care home accommodation, and the value is not disregarded in the financial assessment, the council will disregard (ignore) the value of the property capital for up to 12 weeks when a person first becomes a permanent resident in a care home. This is to give them time to decide how to fund their long-term care.
66. If a person qualifies for funding during the disregard period the council will pay the weekly care home fees and send a bill to the person for their client contribution.

During the property-disregard period, a person may ask the council for a 'Deferred Payment Agreement' – a scheme that allows a person to delay paying the full care home costs during their lifetime. For more information about Deferred payment agreements please read the [Deferred payment agreements policy 2015 \(herefordshire.gov.uk\)](https://www.herefordshire.gov.uk/deferred-payment-agreements-policy-2015)

67. When the property-disregard period ends, the person will be responsible for paying their care home fees, in full, directly to the care home unless they have entered into a Deferred Payment Agreement or other arrangement with the Council.
68. If a person sells their property during the 12-Week Property-Disregard period they will be responsible for paying the care home fees, in full, directly to the care home from the date the property sale completes.
69. Where a person has been making their own arrangements, and they have a property, and savings that are nearing the current upper capital limit, they will need to contact the council to ask for help with ongoing payments. They should do this by contacting the advice and referral team [Get care and support – Herefordshire Council](#) at least 3 months before.
70. If a person needs nursing care, the NHS will arrange to carry out a nursing care assessment, and contribute some of the cost of the care. This is called NHS Registered Nursing Care.

Temporary or short stays in care home

71. If a care assessment has identified that a person needs a short stay in a care home that is not reablement or intermediate care (for example, to provide the person that cares for them with some respite, or because their care and support needs cannot be met in their own home), the person receiving the care will need to pay towards the care home fees. The council will carry out a financial assessment to work out the 'client contribution'.
72. The financial assessment calculation used to work out charges will be done in the same way as charges are worked out when a person gets care and support in their home for a period of up to eight weeks a year.
73. If a person's savings and investments are above the Upper Capital Limit (£23,250.00) they will need to pay the full cost of the care home fees.
74. If a person stays in a care home on a temporary basis for more than 8 weeks in a year, the financial assessment under the temporary stay rules for care and support in a care home will be similar to the rules for those who move to a care home permanently, except that:-
 - If the person owns their own home, the value of the property capital is always disregarded if the stay in a care home is temporary.
 - If the person has household expenses and need to pay bills on their home to maintain their property (for example: standard charges for utility bills), there

will be an expenses allowance given in the financial assessment towards this.

- Where a person receives Attendance Allowance, Disability Living Allowance or Personal Independence Payments, this income is disregarded from the financial assessment under the temporary stay rule.
- If a person has already had a financial assessment for a previous short stay or for recent care in their own home, a 'light touch' financial assessment may be undertaken, unless the person requests a full financial assessment.

Charging for Care and Support in another setting

75. Where people are receiving care and support in their own home, or in the community, statutory guidance states local authorities may choose to disregard additional sources of income, set maximum charges, or charge a person a percentage of their disposable income, but this should not lead to two people with similar needs, and receiving similar types of care and support, being charged differently'.
76. The council has decided not to disregard additional sources of income and treat all income in accordance with Annex C of the [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
77. Where service charges apply they will be charged on a full cost recovery basis, however maximum charges will apply in the following circumstances;
- Where a person receives home care services provided directly by the council, or through a care provider that the council has contracted with, the council will set a maximum charge for the care services provided based on the urban rate paid to home care providers. This means that people eligible for council funded home care pay the same rate for care whether they live in urban or rural areas.
78. The charging arrangements outlined in this policy for meeting care and support in a person's own home, and in any other accommodation setting such as in extra care housing, supported living accommodation or shared lives arrangements, will ensure that a person has enough money to meet basic day-to-day living expenses and any household expenses (such as council tax, mortgage and rent).
79. This is achieved by making sure that after charging, a person will be left with a minimum income guarantee amount (MIG). The Care and Support (Charging and Assessment of Resources) Regulations 2014 provide information about the minimum income guarantee amount. Every year the Department for Health and Social Care (DHSC) publishes the MIG amounts for the current financial year.
80. The government considers that it is inconsistent with promoting independent living to assume, without further consideration, that all of a person's income above the minimum income guarantee (MIG) is available to be taken in charges. The council has decided to take 100% of a person's income that is above the MIG into account when setting charges, but it has set the MIG amounts at a

higher level than those published by the DHSC. These are based on DWP income support and pension credit amounts with an additional 25% buffer. If the MIG set by the DHSC in future years is set at a higher level than the MIG amounts used by the council, then the DHSC MIG rates would be applied. The council has also decided to set the MIG for people of working age at the same level regardless of their age. The current MIG amounts can be found at Appendix D.

81. The MIG allowance to cover basic day-to-day living expenses will vary depending on a person's age, disability, and other circumstances. The council can also undertake an affordability check to make sure that if a person lives with a partner who is on a low income, the financial assessment calculation protects their joint finances from falling below the Department for Work and Pensions (DWP) minimum levels. For information about the current MIG amounts please read Appendix D.
82. Where a person is in receipt of benefits to meet disability needs that do not meet the eligibility criteria for local authority care and support, they will be left with enough money to cover the cost of meeting these disability related costs after making any contribution towards care and support costs. This is done by treating the costs as a 'disability related expense' (DRE). More information about allowances for expenses can be found at Appendix E.
83. A person's contribution towards any council funded care and support will not exceed either the person's personal budget amount or the cost to the council in meeting the person's assessed needs.
84. The treatment of capital and income will be undertaken in accordance with the regulations and care and support statutory guidance. For detailed information about the treatment of capital and income read Annex B and C of the [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/262222/care_and_support_statutory_guidance.pdf)

Charging Carers

85. Where the council is meeting the needs of a carer, by providing a service directly to the carer, it may charge the carer. However the council must not charge a carer for care and support provided directly to the person they care for under any circumstances. This is because the person directly receiving the care would be required to pay for the services they receive (if such charges are payable)
86. Herefordshire Council has recognised the significant contribution a carer makes to help maintain the health and wellbeing of the person they care for, supporting the person's independence, and enabling them to stay in their own home for longer.
87. Following a consultation on its charging policy in 2012, the council decided not to charge carers for meeting eligible needs, and this continues to be the case. This decision will be subject to review as part of the periodic review of the charging policy.

Charging for Preventative Care

88. Preventative services, like other forms of care and support, are not always provided free, and charging for some services is vital to ensure affordability. The Care and Support (Preventing Needs for Care and Support) Regulations 2014 allow local authorities to make a charge for the provision of certain preventative services, facilities or resources.
89. The current cost recovery model of charging for telecare has been successful in increasing from 900 in 2016 to 2400 in 2022 the number of people using technology enabled living to help maintain their independence in their own home. The council will retain the cost recovery model of charges and set charges on an annual basis with reference to charges for similar services that are applied nationally and locally. This will ensure that the service has the flexibility to apply new technologies and new models of support and care monitoring as they become available in the digital age.

Related policies

- Deferred Payment Agreements Policy
- Adult and Wellbeing Care and Support and Meeting your Needs Policy
- Third Party Contributions (Top-up's) Policy
- Direct Payments Policy
- Debt Recovery Policy

Equality Impact Assessment

90. An Equality Impact Assessment has been carried out, informed by the outcome of the public consultation, other engagement and involvement. Details are available at Appendix 4 of the Care and Support Charging Policy decision report.

Monitoring and review

91. This policy is in line with current charging legislation as set out in Sections 14 and 17 of the Care Act and the care and support statutory guidance, and decisions taken from previous consultation.
92. The appendices to this policy document will be reviewed annually before the start of each financial year to ensure all rates and amounts are consistent with inflation or other relevant changes, which may occur.
93. This document may be subject to modification on its own (through the Directorate Management Team), or as part of an overall review of the entire Charging and Support Policy by the Council.
94. Non-compliance with this policy may result in service user choice being unfairly restricted and may also result in the council being in breach of national legislation.

95. The effectiveness of this policy will be determined by the level of consistency in which charges are applied. The main channels through which this will be established are feedback through appeals and complaints, service user contact with welfare and financial assessment staff, social work teams, and care and accommodation provider contact with commercial services and commissioning teams.

Care and Support Charging Policy Guidelines 2022/23

Appendix A: Fees and charges

Care and Support in a Care Home

The amount you will be charged towards your care and support will depend on your financial assessment. If you have been told you will have to pay the full cost for your care, the amount you will be charged will be the amount the council pays the care home. Charges will vary depending on what the council has agreed to pay, but the usual rates the council will pay are shown below.

All rates apply from 4 April 2022

Standard fees for commissioned care	Weekly amount
Residential	£555.57
Nursing (excluding FNC)	£633.74

If you choose to stay in care home that costs more than the council would normally pay, a friend or family member can make up the difference in price. This is known as a third party contribution or top-up payment.

Self-funders - fees for arranging care and support

If you ask us to pay your care fees on your behalf, so you don't have to immediately sell your home to cover these costs. You can delay repaying us through a deferred payment agreement. We will charge a small amount of interest and a fee for setting up the arrangement. The fee only covers the council's administration costs.

Administration Charge	Amount
Payable upon application	£310.00
Reduced fee where application refused	£35.00

Care and Support in other settings

We will charge you what it costs the council to provide the service, unless your financial assessment shows that you can't afford to pay the full cost. We charge for the following services.

- Day services and community activities, like attending a day centre or taking part in activities arranged during the day.
- Home care
- Extra care, supported accommodation, including shared lives
- Transport
- Direct payments for those buying their own care

Home care charges

All rates apply from 4 April 2022

Service Provided	Charge
30 minute call	£10.00
45 minute call	£15.00
1 hour call	£20.00
24 hour care (per hour)	£15.77
Supported Living (per hour)	£18.36

Community activities and Day Services

Provider/Service	Price per day	Price per half day
Affinity Trust	£44.41	N/A
Age UK (Herefordshire & Worcestershire)	£43.87	£27.42
Aspire Living Ltd		
Community Hub (individual)	£22.42	£11.21
Community Hub (support)	£80.07	£49.37
Community Hub (1:1 support)	£125.03	£80.07
Out and about (group)	£26.98	£13.48
Out and about (1:2 support)	£53.95	£26.98
Out and about (1:1 support)	£107.92	£53.75
Out and about (hourly rate)	£18.02 per hour	
Out and about (1:1 evening)	£17.12 per hour	
Out and about (1:2 group evening)	£8.99 per hour	
Widemarsh (café/garden)	£44.96	N/A
Widemarsh (café garden 1-2-1)	£109.69	N/A
CHOICES	£42.80	£21.40
The Cart Shed	£54.84	£16.46
ECHO		
About Face	£43.87	N/A
Rose tinted rags / Lifelinks / Clever Betsy	£43.87	N/A
Smart Arts	£32.10	N/A
Weavers	N/A	£21.94
Horticulture/Studio Mirai	£43.87	N/A
Rural Crafts	N/A	£21.94
Leominster group projects	various	price on request
Yam Jams/Music club	various	price on request
Avenbury Farm	£42.80	£26.75
Headway		
Group sessions (low)	£38.39	£21.94
Group sessions (medium)	£49.37	£27.42
1-2-1 sessions	£93.24	£52.10
The Houghton Project	£42.78	£29.62
Livability		
1-2-1 services	£87.74	£49.47
Community services	£59.23	£29.62
Mind	£54.84	£27.42
Shaw - Leadon Bank, Orchard House, Waverley, Woodside	£38.34	N/A
Walsingham Support		
Various sessions	£39.49	£19.74

Cooking sessions	£43.87	£21.94
Mortimer – community activities	£48.15	N/A
Voyage - High needs 1-2-1 support	£92.00	£46.00
Medium needs	£46.00	£22.99
Wykenhurst	£49.36	£27.42

Self-funders - fees for arranging care and support

If you ask us to arrange your care for you we will charge you a flat rate fee to cover the council's costs in finding a care provider and negotiating the charge. If you ask us to enter into a contract with a care provider on your behalf, you must pay an administration charge. This will cover the council's costs for making payments to the care provider, and sending you invoices for care charges. These charges apply in addition to your care fees.

Standard fees for commissioned care	Cost
One-off flat rate fee	£100
Administration charge per invoice	£9.50

Preventative Services

Telecare/assistive technology	Cost
First six weeks	free
Week 7 onwards (with VAT)	£3.43
Week 7 onwards (disabled certificate)	£2.86

Care and Support Charging Policy Guidelines 2022/23

Appendix B: Capital limits

Level of capital or savings	How this is treated in financial assessment
£0 - £14,250	Disregarded
£14,251 - £23,250	Weekly tariff income is calculated at the rate of £1 for every complete £250, or part of £250

Care and Support Charging Policy Guidelines 2022/23

Appendix C: Tariff Income

Tariff income' on capital (such as savings and investments) is a weekly amount that is added to a person's weekly income in the financial assessment.

Total Capital (single service user)	Tariff Income per Week
Nil - £14,250.00	£0.00
£14,250.01 - £14,500.00	£1.00
£14,500.01 - £14,750.00	£2.00
£14,750.01 - £15,000.00	£3.00
£15,000.01 - £15,250.00	£4.00
£15,250.01 - £15,500.00	£5.00
£15,500.01 - £15,750.00	£6.00
£15,750.01 - £16,000.00	£7.00
£16,000.01 - £16,250.00	£8.00
£16,250.01 - £16,500.00	£9.00
£16,500.01 - £16,750.00	£10.00
£16,750.01 - £17,000.00	£11.00
£17,000.01 - £17,250.00	£12.00
£17,250.01 - £17,500.00	£13.00
£17,500.01 - £17,750.00	£14.00
£17,750.01 - £18,000.00	£15.00
£18,000.01 - £18,250.00	£16.00
£18,250.01 - £18,500.00	£17.00
£18,500.01 - £18,750.00	£18.00
£18,750.01 - £19,000.00	£19.00
£19,000.01 - £19,250.00	£20.00
£19,250.01 - £19,500.00	£21.00
£19,500.01 - £19,750.00	£22.00
£19,750.01 - £20,000.00	£23.00
£20,000.01 - £20,250.00	£24.00
£20,250.01 - £20,500.00	£25.00
£20,500.01 - £20,750.00	£26.00
£20,750.01 - £21,000.00	£27.00
£21,000.01 - £21,250.00	£28.00
£21,250.01 - £21,500.00	£29.00
£21,500.01 - £21,750.00	£30.00
£21,750.01 - £22,000.00	£31.00
£22,000.01 - £22,250.00	£32.00
£22,250.01 - £22,500.00	£33.00

£22,500.01 - £22,750.00	£34.00
£22,750.01 - £23,000.00	£35.00
£23,001.01 - £23,250.00	£36.00
£23,250.01 or above	Full Charge

Care and Support Charging Policy Guidelines 2022/23

Appendix D: Assessment Allowances

Care and Support in a Care Home

Type of Allowance	Weekly Amount
Statutory Personal Expenses Allowance	£25.65
Savings Disregard – if pension age and qualifies for pension credit savings element	£5.90
Couples	£8.85
Disposable Income Allowance (Deferred Payments Scheme)	Up to a maximum £144.00

Care and Support in other settings

	Level of “minimum income guarantee” for a person who is single (or living alone) per week	Level of “protected income” for a person living with a partner per week
Age 18 to 24	£96.25	£75.66
Age 18 to 24 and entitled to a Disability Premium	£141.50	£107.91
Age 18 to 24 entitled to Disability Premium and Enhanced Disability Premium	£163.69	£123.75
Age 25 or over and under qualifying Pension Age 66	£96.25	£75.66
Age 25 or over and under qualifying Pension Age 66 and entitled to a Disability Premium	£141.50	£107.91
Age 25 or over and under qualifying Pension Age at 66 entitled to Disability Premium and Enhanced Disability Premium	£163.69	£123.75
Reached or over qualifying age for Pension Age 66 and over	£228.25	£174.19

Eligible for Carers Premium (additional amount)	£48.56	£48.56
Responsible for a child who lives in the same household (additional amount)	£88.50	£88.50

If a person is part of a couple and the partner is willing to disclose their income and capital information, an affordability check will be undertaken to see whether a couples adjustment may be made to the assessed weekly charge where the partner has a low income.

The couple adjustment is calculated as follows:

If your partner's income is below the Income Support or Pension Credit amounts shown below your assessed charge will be reduced by this amount. This will be shown as couple adjustment under 'Expenses you have', within your financial assessment statement

- 1) Both yourself and partner are under Pension Credit Age: (50% of the Income Support Couple amount of £121.05) £60.52, or £99.37 if your partner has an entitlement to a carers premium (additional £38.85)

- 2) Both/ or one you are over Pension Credit Age: (50% of the Pension Credit Couple amount of £278.70) £139.35, or £178.20 if your partner has an entitlement to a carers premium (additional £38.85)

Example

Husband and wife both over Pension Age, husband is receiving homecare. His assessed charge is based on a state pension of £150.00 per week, occupational pension £25.00 per week and Attendance Allowance £61.85 per week. He has an assessed charge of £62.60 per week

His wife's only income is a state pension of £135.00 per week, but she also receives an underlying entitlement to carers allowance for looking after her husband.

They jointly have savings below £14,250.00 so no tariff income.

When we calculate the couple adjustment we need to look at all income for the wife and her personal allowance, as both of the couple are over pension age the wife's pension credit allowance amount is £139.35 plus £38.85 per carers premium, totalling £178.20.

Pension Credit Allowance	£178.20
Money Coming in	£135.00
Couples Adjustment	£43.20

This means the weekly assessed charge of £62.60 will reduce by £43.20 to £19.40

Care and Support Charging Policy Guidelines 2022/23

Appendix E: Disability Related Expenditure (DRE)

Disability related expenditure is additional costs a person pays due to their disability or illness; these expenses must be directly and solely attributable to the person's disability.

The Care Act 2014 statutory guidance states:-

Where a person receives benefits to meet their disability needs that do not meet the eligibility criteria for local authority care and support the charging arrangements should ensure that they keep enough money to cover the cost of meeting these disability related costs.

In Herefordshire we recognise that people with a disability will have additional costs associated with their disability and in order to ensure that these costs can be met we ask about the disability related expenses a person has when we carry out a financial assessment.

Where a person requests an allowance to be made for disability related expenditure evidence must be provided in the form of receipts or bills. Where costs are on-going the receipts or bills should be sufficient to show a pattern of spending.

Disability Related Expenditure (DRE)

We can include the following, but this list is not intended to be exhaustive and any reasonable additional costs directly related to a person's disability may be included:

- Payment for any community alarm system or telecare equipment.
- Costs of any privately arranged care services required, including respite care
- Costs of any specialist items needed to meet the person's disability needs, for example:
 - Day or night care which is not being arranged by the council or NHS
 - Specialist washing powders and laundry
 - Additional costs of special dietary needs due to illness or disability (the person may be asked for permission to approach their GP in cases of doubt)

- 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
- Additional costs of bedding, for example, because of incontinence
- Any heating costs, or metered costs of water, above the average levels for the area and housing type effected by age, medical condition or disability.
- Reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social care.
- Purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs, where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the council.
- Personal assistance costs, including any household or other necessary costs arising for the person if not met by social care.
- Transport costs necessitated by illness or disability, if not being met by social care or NHS that are above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable not to take account of claimed transport costs – if, for example the council provides transport to a day centre but has not been used.

It may be reasonable not to allow for items where a reasonable alternative is available at less cost.

If more than one adult lives in the household and benefits from an expense the expense will be divided between the numbers of adults in the household, to calculate the amount to be allowed.

Claims for disability related expenditure where the payment is made to family members will not be accepted other than in exceptional circumstances.

We will look at a person's care and support plan as a starting point when deciding disability-related expenses. However, allowable disability related expenses will not be limited to what is necessary for care and support, for example, above average heating costs will be taken into account.

Costs which are not usually treated as Disability Related Expenditure (DRE)

Everyday living costs are those costs a person pays regardless of their disability or illness. Although not exhaustive, the following items are considered to be general living costs for which no allowance will be made:

- Routine property maintenance
- Routine replacement of existing household fixtures and fittings and furniture
- Spectacles
- Dental expenses
- Privately purchased surgery
- Household/appliance insurance
- Television costs (this includes costs cable or satellite TV and license fees)

- Telephone (including mobile telephone)
- Food and clothes (see above for exceptions)
- Heating bills unless above the average cost
- Water charges unless metered and above the average cost.

Housing related costs which the person is liable to meet in respect of their main or only home. The following will be allowed for in the financial assessment as household related:

- Council Tax - net of any council tax reduction (CTR)
- Rent – net of any housing benefit or housing element in universal credit
- Mortgage repayments
- Ground rent or service charges (other than charges for utilities)

Disability Related Expenditure (DRE) Guide 2022/2023

The council has developed a guide of items allowed as disability related expenses, based around the items listed within the Care and Support Statutory Guidance. This list provides details of reasonable costs that are used when working out DRE allowances in your financial assessment.

Some of the items have reasonable allowable amounts, some have standard amounts. The amount of the expense allowed in your financial assessment will usually be the actual amount you spend up to a reasonable amount indicated for each item or service in the DRE guide list.

'Reasonable Costs' are amounts that do not exceed that which would be incurred by a prudent person under the circumstances existing at the time the decision was made to incur the cost.

Essential equipment purchased due to disability/condition to support independent living at home (if not supplied free of charge, through Adult Social Care, NHS, or a Disabled Facilities Grant).

Occasional large items of expenditure will be averaged out over one or more years. The following represents a guide to how the costs are calculated in the financial assessment, reflecting the average life span of the item or equipment:

Level of Expenditure	Averaged over following period
Up to £100	52 weeks
Between £100 and £500	250 weeks to reflect 5 year equipment life
Over £500	500 weeks to reflect 10 year equipment life

Examples of DRE for large items

A wheeled walker for £50. Using the table above, we would divide £50 by 52 weeks and arrive at an allowance of £0.96 per week. We would allow this in your financial assessment for 1 year.

A motorised scooter costing £3,600.00. The lifespan of this item is 10 years. We divide £3,600.00 by 500 and arrive at an allowance of £7.20 per week. We would allow this in your financial assessment as a DRE for 10 years.

What we don't allow

A DRE allowance will NOT be made for the following expenditure:

- General items or services required for daily living, which would be used by the general population; e.g. food, TV license, household utility costs such as landline telephone services, general household maintenance, some service charges, social activities, costs relating to hobbies, leisure or entertainment, personal loans, legal costs such as divorce costs, debts repayment plans. The Minimum Income Guarantee (MIG) should cover these costs.
- Any item or service met by a payment from a Grant (e.g. Disability Facilities Grant) or where another funding source has been provided such as charitable funding.
- The difference between the actual cost and the lower cost alternative where we consider it was reasonable for a lower cost alternative, or the purchase cost of a service or equipment that has no evidence of need in the care and support plan carried out by a social care professional.

Example

Miss A has learning disabilities and suffers with incontinence which has been identified in her care plan. She is double incontinent both day and night which results in heavy staining to her mattress and she needs a new mattress up to 3 times a year. Miss A does not require specialist mattresses however the mattresses being regularly purchased cost £1,700.00 each. It has been identified that suitable mattresses can be purchased from £209.00 which is the amount allowed and included in the financial assessment.

Where we will use discretion

Herefordshire Council recognises that individuals are finding new technologies beneficial in assisting them to manage complex health and well-being needs. Specialist equipment or programs which are required to monitor or control a complex condition (e.g. epilepsy and Alzheimer's monitoring systems, challenging behaviour strategies, high internet usage for essential mobile apps or involving various devices and pieces of equipment, IT equipment, sensory support devices, specialist door entry systems etc.) often these incur increased costs to meet the unique needs of the service user.

Where a particular item of expenditure combines more than one item or service but only partly meets specific needs due to disability or medical condition, we will consider only those parts of the expense that are meeting the specific need for disability or medical condition. For example you purchase a computer or tablet and specialist software that will help meet your needs, only the cost of the software will be considered but not the cost of the computer or tablet. In cases of doubt, a social care worker or occupational therapist will be required to confirm the purchase is an essential requirement.

Sharing costs

If you share a household with other adults, and the additional disability-related expense item relates to a service that supports the household as a whole, the amount of that expense item that is allowed for in your financial assessment will be on the basis that the costs are shared evenly by the number of adults in residence. For example the cost of disability related services that support the whole household (like a cleaner) will be shared equally between all adults in the household.

Verification of expenses

The DRE guide list shows what sort of evidence you should keep when claiming allowances for different disability-related items or services. For most items, you will be expected to keep receipts as proof of purchase, or bills for services such as utilities (e.g. water meter, gas, electricity, oil).

Evidence of actual expenditure is needed. Where receipts have not been kept, we will request that future receipts must be kept for subsequent /future financial assessment reviews.

If bills or receipts are not produced at the time of the financial assessment, copies will need to be provided within 28 days. If they are not provided within this timescale, the allowance will apply from the date that the evidence is supplied.

If you have one or more of the expenses listed we will usually allow the actual amount you spend up to the reasonable amount indicated. We will only consider a higher allowance in exceptional circumstances.

Excessive fuel costs.

Fuel includes, coal, wood, gas, electric, oil, paraffin, and solar heating.

Additional fuel costs are calculated by comparing the person's actual costs over a 12 month period with the average costs for a similar household for the West Midlands area. The actual costs are then compared to the average and the difference (calculated in a weekly amount) is taken into account as DRE.

The West Midlands average for the financial year 2022/23 are shown below

Occupants and property type	Standard costs Weekly	Standard costs Annually	Guidance/Evidence
1 person in flat/terrace	£33.49	£1,741.69	<p>If your annual heating bills are below the amounts stated above no DRE allowances will be made in a financial assessment.</p> <p><u>You must provide utilities supplier bills/annual statements/ solid fuel receipts</u></p> <p>Bills must show actual fuel usage over 12 month period from utilities supplier.</p> <p>Your utility supplier may provide you with an estimated projection of the fuel costs based on the previous year this can be submitted to support your above average fuel usage.</p> <p>Direct debits payments cannot be accepted as evidence as these are often based on fluctuating estimated usage costs or may include payments towards arrears.</p> <p>*The MIG allows for day- to- day costs such as fuel to heat your home.</p>
2 people in flat/terrace	£44.14	£2,295.42	
1 person in semi-detached	£35.57	£1,849.93	
2 people in semi-detached	£46.85	£2,436.37	
1 person in detached	£43.32	£2,252.63	
2 people in detached	£57.04	£2,966.18	

Source: National Association of Financial Assessment Officers (NAFAO) guideline figures 2022/2023. NAFAO use the fuel prices index tables each year. The guidance is reasonably calculated and is accepted as nationally recognised guidance.

We already make an allowance in your financial assessment to cover the ordinary costs of living. This is called *The Minimum Income Guarantee (MIG) (**See appendix E) this includes utility bills. If your costs are higher than average, due to your disability we can make an allowance for the extra cost

Example

A person living on their own in a flat, has utility bills that show over the last year they have used £1,950.88 in gas and electricity. Using the table above for 1 person in a flat/terraced property the standard cost is £1,741.69 per annum. We would calculate the excess cost as follows; £1,950.80 - £1,741.69 = £209.11 (£209.11/52 = £4.02) so an allowance for £4.02 per week is treated as DRE.

Winter Fuel and Cold Weather Payments are not taken into account.
Allowable expenditure will be reduced by any concessionary fuel or other allowance.

Metered Water: Excess Costs

Item	Standard Cost (Year)	Standard Cost (Week)	Evidence
1 person living in a property *	£339.24	£6.52	Bills over the last 12 month period.
2 persons living in a property *	£422.12	£8.12	

*add (£422.12 - £339.24) = £82.88 per annum for each additional person or £1.59 per week

Source: Welsh Water Household Assessed Metered Charges 2022/23

Average water costs 2022-2023

1 person at property Water charges £339.24/52 =£6.52pw

2 persons at property Water charges £422.12/52 = £8.12pw

Each additional person at property £82.88/52 = £1.59

WaterSure is a national scheme which helps some people with their water bills. To apply for the scheme, you must be on benefits and need to use a lot of water either for medical reasons or because the household has a certain number of school-age children. You also need to be on a water meter or be waiting to have one installed. If you get help through the WaterSure scheme, your water bill will be capped. This means you will not pay any more than the average metered bill for the area your water company deals with. If the normal metered water bill could be less than your company's WaterSure cap you will only be billed for the amount of water you use. Contact your water supplier to apply.

The minimum income guarantee (MIG) allows for day to day costs such as paying your water rates. If you use a water meter and these costs are higher than average because you have a disability or medical condition, we can allow for any expenses above the standard costs shown above. We can also consider an allowance where the water provider has been unable to fit a water meter.

Other Premises related Costs

Item/Guidance	Amount	Evidence required
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<p>Domestic Help e.g. Cleaning will be considered where this is essential to your general health and wellbeing Privately arranged cleaning carried out by immediate members of the family or those who live in the household, is generally not allowed. Allowable if no one else in the household can carry out the task. Proportionately divided by other household members.</p>	<p>Actual cost up to a reasonable amount based on 2 hours. Divide by 2 for couples.</p>	<p>£20.00</p>	<p>Evidence of service users payments by providing receipts or invoices. Evidence that the provider pays HMRC Tax and National Insurance or is sole trader under HMRC will be required if the provider is not able to provide satisfactory receipts or invoices for the cleaning services.</p>
<p>Window Cleaning</p>	<p>Actual cost Up to a maximum of 2 hours per calendar month.</p>		<p>Evidence of service users payments by providing receipts or invoices. Evidence that the provider pays HMRC Tax and National Insurance or is sole trader under HMRC will be required if provider is not able to provide satisfactory receipts or invoices for the gardening services.</p>
<p>Gardening (Basic lawn cutting pruning and path clearance) If the service user is unable perform this task due to disability and no one else in the household is able to do so. Limited to reasonable costs of basic garden maintenance and if necessitated by the individual's disability e.g. front and back entrance to ensure safe access or unless there is a specific legal requirement setting out responsibilities for garden maintenance in the tenancy agreement). Proportionately divided by other household members.</p>	<p>Actual cost up to a reasonable amount based on 1 hour @ £15.00 p/hour calculated over 35 week growing season.</p>	<p>£10.10</p>	<p>Evidence of service users payments by providing receipts or invoices. Evidence that the provider pays HMRC Tax and National Insurance or is sole trader under HMRC will be required if provider is not able to provide satisfactory receipts or invoices for the gardening services.</p>
<p>Community Alarm System E.g. Telecare Care line etc. (unless costs are included in Housing Benefit or Universal Credit Housing Allowance). People are eligible for VAT relief on Telecare and personal alarms in the UK.</p>	<p>Actual cost Telecare Telecare VAT</p>	<p> £2.86 £3.43</p>	<p>Invoices from provider. Shown as direct debit on bank statement</p>
<p>Laundry/Washing Powder Amount covers own washing machine, launderette or if laundry is carried out by a third party or carer, away from the service users premises. Amount covers all loads above 4 per week</p>	<p>4–8 loads 9–12 loads 13–16 loads</p>	<p>£4.12 £6.81 £10.06</p>	<p>Identified in Care Plan such as incontinence problem or reasons for frequent laundry needs of more than 4 loads per week.</p>
<p>Wear and tear on fixtures and fittings Discretionary. Will need to be identified in Care Plan but must be caused by the direct consequence of a disablement and assessed on individual need.</p>	<p>Actual cost.</p>		<p>Receipts or estimates for replacements. Evidence that damage is not covered by any household insurance policy.</p>

Personal Care

Item	Guidance/Amount		Evidence
<p>Chiropody Diabetic patients receive free chiropody via the NHS. Allowance will not be included if eligible for free NHS services. Age UK Herefordshire provide a volunteer foot care service. A foot care appointment costs £12. There is an initial additional charge of £15 for a foot care kit, which is then used for the same client at each subsequent appointment.</p>	Actual costs up to a reasonable amount		Receipts, invoices or shown as Direct Debit payments on bank statement. Will need to evidence frequency of treatments
<p>Dietary The care assessment should be used as a guide to identify individual circumstances. Discretionary as special dietary needs may not be more expensive than normal. Special dietary needs should be considered where they are likely to improve / maintain the service user's health. I.e. due to specific illness, condition or food allergy. No allowances will be made for lifestyle choices. Advice from Health Authority dieticians suggest that most medical conditions can be dealt with through a healthy diet which does not necessarily involve additional or exceptional costs. These include diabetes, weight reduction or low fat diets.</p>	Additional specialist food costs over weekly allowable expenditure on food:	cost over £40.30* single person costs over £86.00* for couple For each additional person add £33.00	The need for a specialist diet should be therapeutically recognised for the management of the specific medically diagnosed condition. This will need to be supported in writing from a suitably qualified medical practitioner. Receipts or proof of purchase of specialist dietary purchases All dietary costs will need to be fully evidenced.
<p>Bedding The care assessment should be used as a guide to identify individual circumstances. Kylie Sheets, waterproof protector, items related to incontinence not provided by the NHS. An allowance may be considered for reasonable expenditure over and above an expected regular replacement cycle for bedding (twice a year). For example as a result of incontinence, skin or other relevant health condition through exceptional disability related wear and tear.</p>	Actual costs		Receipts or proof of purchase
<p>Incontinence Pads The care assessment should be used as a guide to identify individual circumstances. Incontinence items are provided free of charge by the NHS. Any additional expenditure will be considered depending upon individual circumstances and assessed on individual need.</p>	Actual costs		Receipts or proof of purchase
<p>Other Medical items The care assessment should be used as a guide to identify individual circumstances. If you have to pay for chemist items which are needed due to your disability or the extra cost above 'normal' use due to your disability. This may include: Gloves (latex for personal care – not provided by support) wet wipes and specialist creams. Allowed when recommended by a GP or medical specialist assessed on individual need and not covered by the NHS.</p>	Actual costs		Receipts or proof of purchase
<p>Privately arranged care Identified in Care Plan Any additional support to meet your needs that you pay for (not funded by the Council).</p>	Actual costs		Invoices/proof of payment. Evidence the care provider/service provider is sole trader under HMRC will be

			required if care provider is not able to provide receipts or invoices for their services.
<p>Clothing/Footwear **</p> <p>The care assessment should be used as a guide to identify individual circumstances.</p> <p>The cost of special or additional clothing or shoes may be allowed where this has been shown to be necessary by a health professional such as occupational therapist or district nurse. Where there is eligibility for items available from NHS such as Orthotic shoes these items will not be allowed as DRE.</p> <p>Cost of getting clothes adapted such as Velcro instead of buttons. Reasonable costs to replacing clothing due to medical condition or damage caused by behaviours, if supported as reasonable needs. Reasonable costs could include purchasing practicable replacement items such as e not designer or</p>	Actual costs averaged over a 12 month period.		Receipts or proof of purchase.
<p>Telephone/Mobile phone/internet access.</p> <p>The care assessment should be used as a guide to identify individual circumstances.</p> <p>You may be unable to leave your home or have sensory or mental health issues which mean that you, or your carer, have to manage your affairs by use of a computer.</p> <p>You may need to have constant contact with your family or support workers due to your disability (for example as a result of OCD or mental health issues) or to access Mobile apps to assist managing day to day tasks(for example, as a result of OCD or Dementia)</p>	Up to a reasonable amount		Receipts or proof of purchase by service user.
<p>Prescription Charges</p> <p>For those not eligible for free prescriptions. Cost of an annual Prescription Prepayment Certificate (PPC).</p>	Actual cost Current cost of PPC £108.10 per year	£2.08	Receipt or proof of purchase
<p>Travel and transport costs.</p> <p>The care assessment and care plan should be used as a guide to identify individual circumstances and costs if specialist transport is required. Usual transport costs should be met through your Disability Living Allowance/Personal Independence Payment mobility component and through any travel concessions, such as a bus or train pass or where support with lower or subsidised services such as community subsidised schemes, hospital transport are available. If these meet the person's needs but have not been used, this can be taken into account in considering reasonableness of costs included.</p>	Actual costs averaged over a 12 month period		Evidence of payments / receipts for purchase
<p>Holidays</p> <p>This is allowable if taken with a carer in specialist accommodation or accommodation adapted for disability needs. Only care costs, not hotel costs will be allowed.</p>	Actual costs averaged over a 12 month period for carers costs		Receipt or proof of purchase

The holiday should be taken with a carer not a close family member e.g. mother, father etc. Costs can include hiring of equipment and travel costs for carer or if a specially adapted vehicle is required.		
Therapies and holistic treatments The care assessment and care plan should be used as a guide to identify individual circumstances. Any additional support to meet your needs that you pay for (not funded by the Council or where they are not available from NHS). If you pay for private therapies such as counselling, chiropody or physiotherapy. You may need to use specialist disability related facilities or regimes which support physical or mental wellbeing (e.g. sensory pool or room, reflexology, massage, music therapy, natural remedies, therapeutic activities and breaks).	Actual costs if reasonable and comparable with other similar service providers averaged over a 12 month period	The need for the specialist treatment should be therapeutically recognised for the management of the specific medically diagnosed condition. This will need to be supported in writing from a suitably qualified medical practitioner. Receipt, invoices or proof of payments by service user detailing frequency of services or treatments required and received.
Private Respite Identified in Care Plan.	Actual costs	Receipt, invoices or proof of payments by service user.
Other Disability Related Expenses Identified in case assessment or care plan. Discretionary and assessed on individual need. In cases of doubt, social care worker or occupational therapist or suitably qualified medical practitioner will be required to confirm purchase is an essential requirement.	Up to a reasonable amount	Receipt or proof of purchase and ongoing costs.

*based on average household food cost data from the Office of National Statistics

**A clothing allowance is available with War Disablement Pension, which recognises extra wear and tear caused through incontinence and the use of an artificial limb.

Specialist equipment

Item	Guidance/Amount	Evidence
Wheelchair or motorised scooter	Manual-Up to a reasonable amount of £4.29 per week Powered-Up to a reasonable amount of £10.43 per week. The allowance is based on the purchase costs averaged over 500 weeks (10 years life of equipment) and covers insurance.	Receipts/Evidence of purchase.
Powered Bed	Up to a reasonable amount of £4.74 per week. Cost divided by 500 (10 year life of equipment)	Receipts/Evidence of purchase.
Turning Bed	Up to a reasonable amount of £8.30 per week. Cost divided by 500 (10 year life of equipment)	Receipts/Evidence of purchase
Powered reclining chair	Up to a reasonable amount of £3.76 per week. Cost divided by 500 (10 year life of equipment)	Receipts/Evidence of purchase

Stair Lift	Up to a reasonable amount of £6.70 per week. Cost divided by 500 (10 year life of equipment)	Receipts/Evidence of purchase without DFG input
Hoist	Up to a reasonable amount of £3.29 per week. Cost divided by 500 (10 year life of equipment)	Evidence of purchase without DFG input
Equipment maintenance insurance servicing rental and repairs. Rental items (this may be a one- off rental for a limited time and not an ongoing cost) No disability-related expenditure allowance will be made for any equipment that has been provided through a funded grant or provided free of charge.	Actual costs if reasonable and comparable with other service providers. An allowance will only be made for servicing or repair costs where you are the owner of the equipment. A social care worker or Occupational Therapist may be required to confirm use of specialist equipment is an essential requirement to meet your needs.	Receipts/Evidence of purchase. Service contract or proof of payments

Source: The above figures are based on National Association of Financial Assessment Officers (NAFAO) guideline figures 2022/2023 is accepted by all Local Authorities as a nationally recognised guidance

Care and Support Charging Policy Guidelines 2022/23

Appendix F: Appeals and Waivers

How to challenge a financial assessment for adult care and support charges.

If you disagree with the outcome of your financial assessment, or how it has been carried out, you should contact our welfare and financial assessment team as soon as possible to try and resolve any issues that you have.

If you think you are being asked to pay more than you should, or you disagree with the way we have applied the financial and charging rules, you can challenge our decision using the step by step process below.

Step 1: Ask for a review your financial Assessment	
<p>If you think we have treated your income or assets wrongly, or we have failed to include allowable expenses in your assessment, you can ask for a review.</p> <p>Information about how to contact us to request a review will be included in any letters we send you about your financial assessment.</p>	<p>When your request is received a financial assessment officer will contact you to discuss which part of the assessment or decision you disagree with, and note any circumstances that you feel should be taken into account.</p> <p>If the outcome of the review results in a change to your charges, you will receive a letter explaining the reason for the changes and a revised financial assessment statement.</p> <p>If you are dissatisfied with the outcome of the review the financial assessment officer will explain to you how you can lodge an appeal and what further information and evidence you will need to provide to support the appeal.</p>
Step 2: Lodge an Appeal	
<p>You can appeal if you;</p> <ul style="list-style-type: none"> • Can't afford to pay your assessed charge • You disagree that your financial assessment calculation is correct under the charging rules. <p>Make sure you provide the reason for the appeal along with any other information that is relevant to supporting your case.</p> <p>You must do this in writing within one month from the date you were notified about the outcome of your financial assessment. We will send you an appeal form to complete.</p>	<p>A senior officer will consider your appeal taking into account the reasons for your appeal and any exceptional circumstances that you feel need to be considered along with any new supporting information provided.</p> <p>If you have exceptional circumstances the officer may decide to reduce or waive the charge for a discretionary amount or timescale.</p> <p>We aim to provide you with a written explanation of the decision within 30 days of a completed appeals form. If it will take longer to reach a decision, you will be kept up to date with what is happening.</p> <p>If you disagree with the appeal decision you can submit a stage 2 appeal using the complaints process</p>

Step 3: Complaints Process (The information access team will be your single point of contact for this appeal)

A Head of Service will carry out an investigation into the appeal decision by looking into whether the decision maker has considered all your relevant information in line with the council's care and support charging policy and statutory guidance, and applied any discretions appropriately and reasonably where exceptional circumstances apply. Any new information provided will also be taken into consideration. You will receive a letter informing you of the outcome of the stage 2 appeal in accordance with the time frames set out in the corporate complaints policy.

If you are still dissatisfied with the outcome you can take your complaint to the local government ombudsman. You will be provided with information about how to do this when we write to you with the outcome of the decision

Care and Support Charging Policy Guidelines 2022/23

Appendix G: Examples of charging calculations

Care and Support in a Care Home

We will carry out a financial assessment to work out the charge. Most of your income, including state retirement pension, private pensions and benefits will be included in the assessment. Some income may not count, including 50% of any private pension income if you have a partner.

How we work out charges whilst in a care home for short stay (8 weeks per year)

We add up your income, including disability related benefits (some income is ignored)

PLUS

If you have capital between £14,250.00 - £23,250.00 for every £250 or part of £250 above £14,250, you are treated as if you have an extra £1 a week called tariff income

MINUS

Housing Related Expenditure (such as rent, mortgage, home insurance, council tax)

MINUS

Disability Related Expenditure (extra expenses you have because of your disability)

MINUS

Minimum Income Guarantee (MIG)*

*The minimum amount you must be left with to pay for daily living costs like food and utilities

EQUALS

Service User Assessed Client Charge*

* This is the maximum amount a person will pay.

How we work out charges for care and support whilst temporarily in a care home for more than 8 weeks per year

We add up all your income, including private and state pensions, benefits, other income
PLUS
If you have capital between £14,250.00 - £23,250.00 for every £250 or part of £250 above £14,250, you are treated as if you have an extra £1 a week called tariff income
MINUS
Your share of the housing costs such as; rent, mortgage payments, Council Tax
MINUS
Some income such as; Attendance Allowance, Disability Living Allowance, Personal Independence Payments and 50% of any private pensions if you have a partner
MINUS
Your Personal Expenses Allowance* This amount is set by Department for Health and Social Care
EQUALS
Service User Assessed Client Contribution

When moving permanently to a care home the value of your former may be taken into account when calculating your capital. The amount of total capital will affect how long the council will assist with the funding arrangements, if at all.

How we work out charges for care and support if permanently in a care home

We add up all your income, including private and state pensions, benefits, other income
PLUS
If you have capital between £14,250.00 - £23,250.00 for every £250 or part of £250 above £14,250, you are treated as if you have an extra £1 a week called tariff income
MINUS
Some income such as; the mobility component of Personal Independence Payments and 50% of any private pensions if you have a partner
MINUS
Your Personal Expenses Allowance* This amount is set by Department for Health and Social Care
EQUALS
Service User Assessed Client Contribution

Care and Support Charging Policy Guidelines 2022/23

Care and Support in other settings

We will carry out a financial assessment to work out the charge. This takes account of income (such as benefits and pensions), savings and assets (like stock and shares), household costs (like mortgage, rent, and council tax), and disability related costs a person has to pay.

How we work out charges for care and support at home, in the community
We add up your income, including disability related benefits (some income is ignored)
PLUS
If you have capital between £14,250.00 - £23,250.00 for every £250 or part of £250 above £14,250, you are treated as if you have an extra £1 a week called tariff income
MINUS
Housing Related Expenditure (such as rent, mortgage, home insurance, council tax)
MINUS
Disability Related Expenditure (extra expenses you have because of your disability)
MINUS
Minimum Income Guarantee (MIG)* *The minimum amount you must be left with to pay for daily living costs like food and utilities
EQUALS
Service User Assessed Client Charge* * This is the maximum amount a person will pay.

Version Log

<i>Version</i>	<i>Status</i>	<i>Date</i>	<i>Description of Change</i>	<i>Reason For Change</i>	<i>Pages affected</i>
0.01	Draft		Document creation format in new template	Policy consistency	All
0.02	Draft		Care Act Compliance Review	Legal compliance	All
1.0	Final	25.3.2015			
1.1	Draft	12.3.2016	Review	Policy change following consultation	All
1.1	Final	30.3.2016	Revised policy approved	Decision taken	All
1.2	Final	10.12.2021	Add guidelines as appendices and link to statutory guidance	Provide link to current guidance	All
1.3	Final	21.03.2022	Overall review including incorporating policy changes and updated appendices.	Policy change following consultation	All