

LINCOLNSHIRE COUNTY COUNCIL

Adult Care Charging Policy

Effective from: 13th April 2020

Due for review: April 2024

Any changes in legislation or guidance will be considered by the council for incorporation when the legislation is introduced. Our Annual Statement, which can be found at [Appendix 4](#), will detail any changes made.

How to read this document

Sections

This policy provides an overview of the charging and financial assessment process for adult care and support services within Lincolnshire, however you may not need to read it all as not every section may be relevant to you. You can use the section titles within the contents page to go directly to the sections that apply to you.

Understanding terms

If there is a term you do not understand, there is a glossary on page 43 which explains many common terms used throughout the policy and your financial assessment.

Factsheets

Your social care worker will provide you with factsheets which will be easier to read as they break the policy down by topic.

Additional help

Your social care worker should discuss the process with you and answer any general questions you have about paying for your care and support services. If you need additional help understanding the contents of this policy please contact: AdultCharging@lincolnshire.gov.uk

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1. Overview of charging in Lincolnshire

1.1 Introduction

Unlike services that may be provided to you by the National Health Service, social care, with some limited exceptions, is not a free service. This policy explains the financial assessment process and how any charges for care and support services in both residential and community settings are assessed and charged.

In assessing what you can afford to pay we must apply the nationally set "upper" and "lower" capital limits in force at the relevant time (see [section 1.7](#)). These figures can change from year to year and are published by the Department of Health and Social Care annually. The upper limit is currently £23,250 and the lower limit is £14,250. If you have capital over £23,250 (or the figure in force at the time) you will be deemed as being able to afford the full cost of your care and be required to self-fund your care (see [section 1.5](#)).

If you have eligible needs for care and support and less than £23,250, we will undertake a financial assessment to determine how much you are charged towards the cost of your care. You will not be charged more than you can afford to pay as determined by the detailed regulations. You will also not be asked to pay more than the cost of your care.

We are committed to ensuring that everyone is treated fairly. The overarching principle is that people should only pay what they can afford. To this end, we have, in formulating this policy, taken into account the following principles which are set out in Care and Support Statutory guidance Chapter 8 paragraph 8.2:

- ensure that people are not charged more than it is reasonably practicable 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 personalisation, independence, choice and control
- support carers to look after their own health and wellbeing and to care effectively and safely
- be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet people's 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 the future costs of meeting their needs to do so
- be sustainable for us in the long-term

The Legal Framework

The main legislation, regulations and guidance that apply to this policy are

- The Care Act 2014 (the "Act")
- The Care and Support (Charging and Assessment of Resources) Regulations 2014
- The Care and Support and Aftercare (Choice of Accommodation) Regulations 2014
- The Care and Support (Deferred Payment) Regulations 2014
- The Care and Support (Preventing Needs of Care and Support) Regulations 2014
- The Care and Support Statutory Guidance (as in force at the relevant time) in particular Chapters 8 and 9 and annexes A-F
- The Equality Act 2010

You can see these acts and guidance on the Government website, www.gov.uk. Your social care worker will be able to provide you with further information and ensure you are part of planning your care for your individual needs and requirements. Further sources of information and support can be found in [section 4.8](#) of this policy.

Any aspect of charging for care which is not explicitly mentioned within this policy will be dealt with according to the Act and the Care and Support Statutory Guidance.

1.2 Types of Care

1.2.1 Residential Care

Residential care is where you live in a residential care home or a care home that provides nursing care, a nursing home, rather than in your own home. In this policy we will use the words care home to mean either a residential care home or a nursing home, unless a distinction has to be made.

If you are unable to live independently, even with extra support, you may need to consider moving into a care home. Your care and support needs at the time will be assessed and discussed with your social care worker and your family as part of your needs assessment. In certain circumstances, you may only need short term care. This may be appropriate for example if you are recovering from a hospital stay or illness, or to give the person who cares for you a break from their caring responsibilities. In other circumstances, you may need more permanent care and support within a care home. Agreement will be reached with you and your family on the type and the length of the care that you might need.

In most cases your needs assessment will clearly identify what type of placement is required to meet your needs e.g. one that provides personal care or one that provides both nursing and personal care. Care homes are independently run by a variety of private and not-for-profit organisations. All registered care homes are regulated by the Care Quality Commission. Their website (www.cqc.org.uk) provides general information and copies of inspection reports which have been undertaken by the Care Quality Commission to ensure they meet appropriate standards of care.

1.2.2 Community Care

Community care refers to care and support received in your own home, and other adult social care services provided in the community, outside of a care home. There are many different types of services. Your social care worker will be able to discuss with you what services are

available that will best meet your needs. Some people have a mixture of services, but some people may only have one.

These services include, but are not limited to:

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

1.3 Who is charged

If you are over 18 years of age, have been assessed as being eligible for care at home, in the community or in a care home, you will need a financial assessment to determine how much you will be charged towards your care costs.

Some Adult Care services are free of charge and if these are the only services you receive you will not need a financial assessment. These are:

- reablement services (up to 6 weeks maximum) - help with daily living activities and other practical tasks to enable you to maintain or regain the ability needed to live independently in your own home
- community equipment (aids and minor adaptations to property) – this is for the purpose of assisting you at home or aiding your daily living. Aids are provided free of charge to meet, prevent or delay needs. A minor adaptation is one which costs £1000 or less
- any services required to meet an assessed need under section 117 Mental Health Act 1983 known as "after-care". This is a need which must relate to the reason you were detained. You are only eligible for section 117 after-care if you have ever been hospitalised under section 3, 37, 45A, 47 or 48 of the Mental Health Act 1983 and have since been discharged from hospital. It is possible to be in receipt of after-care services under section 117 but have additional needs that are not related to your mental disorder; these needs would fall outside the scope of section 117 and they would be assessed in the usual way and may be charged for
- for care and support provided to people with variant Creutzfeldt Jakob Disease (CJD)
- NHS continuing healthcare – which is an ongoing package of health and social care and support that is arranged and fully funded by the NHS. If you become no longer eligible for NHS continuing health care and you are being provided services by us, you will be responsible for paying any charge you have been assessed as being able to afford from the date the health funding ceases
- your care assessment and care planning
- carers' support services

If you are only receiving telecare or a pendant alarm, you will not need a financial assessment but will be charged a small amount for these services, which can be found in our Annual Statement.

1.4 Personal Budgets

If your care assessment identifies eligible needs, you will be allocated a Personal Budget. This is the amount your total care package should cost for the year, including planned respite. Your Personal Budget will be made up of money from the council plus the charges you have been assessed to pay, if any. You can use this budget to buy the care and support you need by one of the following ways:

- by receiving services commissioned or arranged by us
- as a direct payment (see [section 3.7](#)) – this means that you will be able to purchase your care and support yourself within your allocated Personal Budget
- as a managed account held by a third party, called an individual service fund or ISF, with support provided in line with your wishes

In some cases, you may wish to split your Personal Budget so that you pay for some services directly, for example day opportunities, and ask us to manage other services, such as your home care provider.

1.5 Self-funders

A self-funder is someone who has to pay for the full cost of their care and support. The most common situation is where you have relevant capital or other assets above the upper capital limit in force at the time, currently £23,250.

In some circumstances we will also be able to class you as a self-funder if you:

- choose not to disclose your financial information to enable a full financial assessment to be undertaken – in these circumstances you will be asked to sign a declaration that you are happy to pay the full cost of services received
- fail to co-operate and/or do not provide a completed financial assessment form and the correct evidence within 28 days of the start of care without good reason (see [section 1.14](#))
- are not eligible for financial support as an outcome of a full financial assessment
- have been assessed for care and support needs but you are not eligible for adult social care services

If this is the case, you will still be entitled to a free assessment of your care needs. If you then wish for us to arrange and manage a community care package (not residential care) to meet those needs, rather than making your own arrangements directly with your chosen service provider(s), you will be charged a one-off, non-refundable arrangement fee which is published in our Annual Statement. This will cover the costs we incur for arranging your care and negotiating and managing the contract with the care provider.

Anyone may choose to enter into private arrangements with care providers to arrange their care. If you are self-funding your care, you will have to contract with, and pay your chosen providers. Your social care worker can provide further advice and direct you to further sources of information. You may also be able to apply for a deferred payment loan agreement to finance your care in a care home (see [section 2.5](#)).

For residential care, we will arrange care home accommodation where you are assessed to need residential care if you do not have the capacity to make the arrangements yourself and there is no one willing or able to make the arrangements on your behalf. You will however still be required to meet the full cost of your care.

You may also use the services of outside organisations that are able to arrange and manage

care packages on your behalf, for example, an independent social care worker or broker. In such circumstances, you and your representatives will be encouraged to fully consider both the benefits and the drawbacks this may offer in terms of additional choice, the potential charges of such organisations and the rates care providers would charge privately.

Once your assets start to fall towards the capital limit in force at the time or fall below £30,000, you should consider approaching us in good time to see whether we are required to meet your needs. You will be asked to provide at least 2 years' worth of financial evidence and may require a further care needs assessment. We reserve the right to ask for further details and evidence going back further in some complex cases. Please see [section 4.8](#) for details on where to get independent financial and legal advice and when the time comes, contact [customer services](#) who can direct you.

1.6 Will I need a full financial assessment – 'light touch' assessments

There are some circumstances in which we are permitted, with your consent, to carry out what is called a "light touch" assessment. In order to do so we must be satisfied on the basis of evidence that you will be able to afford and continue to afford any charges due. In considering this, we will consider not only any evidence that you are able to provide but also the level of the charge we propose to make. In these circumstances we will be able to treat you as if an assessment has been carried out.

The main circumstances in which a light touch assessment can be considered are as follows:

1. you have significant financial resources and you do not wish to have a financial assessment. In these circumstances we will want to be satisfied that you are able to afford the charges. This may be evidenced where you have property clearly worth more than the upper capital limit or you have clear savings or other capital assets above the limit of £23,250 (see [section 1.7](#))
2. the charges for the services are small or nominal, and you are able to pay and would clearly have the relevant minimum income left, where carrying out a financial assessment would be disproportionate
3. you are in receipt of benefits which already show that you would not be able to pay towards your care and support costs. In this case we will ask for evidence of what benefits you receive

Before we undertake a light touch assessment, we will need your consent to do so and your confirmation that you are willing to pay the charges levied. Without this we will be required to undertake a full financial assessment. If you do consent to a light touch assessment you will still need to provide some details to us such as your date of birth, National Insurance number, any evidence referred to above and contact details. You will also be asked to sign a declaration. Once a light touch assessment has taken place, you will be advised of the outcome and of your right to request a full financial assessment should you wish to do so. Information about the financial assessment is contained in this policy and on our website for you to be able to decide whether a light touch assessment is right for you.

1.7 Capital

As part of your financial assessment you will be asked about any savings, investments or assets you own or part own. In accordance with the regulations, some capital is taken into account in your assessment in full and some is disregarded (not included) indefinitely or for a fixed period. For example, capital under the lower capital limit, currently £14,250, will always be disregarded.

By providing details of **all** your capital assets we can make sure that you are being assessed correctly in accordance with the regulations. The following are some examples of capital that is taken into account; it is not an exhaustive list:

- any bank or savings accounts
- bonds or premium bonds
- stocks and shares – 10% of value is not included
- life assurance policies or trusts
- the value of any properties or land owned in this country or abroad, including your main residence see below
- capital in business

We will need to know details of any capital assets for example: property, an entitlement under a trust fund or other investments etc. Sometimes you may be an owner of an asset (legal owner) and named as such. In other cases, you may have an established entitlement in an asset but your name does not appear as a legal owner. In this case you are known as a "beneficial" owner. In some cases you may be both. In each of these scenarios it will be important to provide full details so that we can ensure you are assessed correctly. If you are unsure just include the information.

Example of capital dispute 1

You have £14,000 in a building society account in your name. You say that £3,000 is set aside for your granddaughter's education. Unfortunately there is no deed of trust or other legal arrangement which would prevent you using the whole amount yourself. You will therefore be treated as the beneficial owner of the whole amount and will be counted in your financial assessment.

Example adapted from the Care Act 2014

Example of capital dispute 2

You have £10,000 in a bank account in your name and shares valued at £6,500. You provide evidence to show that the shares were purchased on behalf of your son who is abroad and that they will be transferred to him when he returns to the UK. Although you are the legal owner, you are holding the shares in trust for your son who is the beneficial owner. Only the £10,000 is therefore treated as capital.

Example adapted from the Care Act 2014

1.7.1 How will we value a capital asset?

The value and treatment of capital assets are set out in the regulations and in Annexe B of the Care and Support Statutory Guidance. With the exception of National Savings Certificates, the value of the asset is usually either the current market value of the asset (for example, property, stocks and shares) or its surrender value (for example premium bonds etc.). Where capital is jointly owned, the beneficial owner is treated as owning an equal share of that capital asset unless there is evidence that you own more (or less) than an equal share. The current market value of an asset is assessed as being the price a "willing buyer would pay to a willing seller". If there will be any actual expenses in selling the asset the value of the asset will be reduced by 10%.

If you have property, the property will be valued in accordance with its current market value at the time of your assessment minus:

- a) 10% of the value to allow for expenses of sale. Any expenses must be connected with the actual sale, for example legal fees
- b) any outstanding debts on the property such as a mortgage

Where there is a dispute about the value of an asset, we will try to resolve this as quickly as possible by obtaining an independent valuation. If the asset is sold, the capital amount to be taken into account is the actual amount realised from the sale less any actual expenses incurred.

1.7.2 How will capital be financially assessed?

Certain capital assets are able to be disregarded but you should inform us of your total assets.

In some cases, you may be treated as having capital that you do not have. This is known as notional capital. Notional capital may be money that:

- a) would be available to you if you had applied for it
- b) is paid to a third party in respect of you
- c) you have deprived yourself of in order to reduce the amount of charge you have to pay for your care

The value of notional capital must be reduced over time by the difference between the weekly rate you are paying for your care and the weekly rate you would have paid if notional capital did not apply.

Your capital comprises both actual and notional capital.

How your capital is treated during the calculation of your charges depends on the total amount you have:

Amount of capital/savings	Treatment in financial assessment
£0 – £14,250	You won't need to use your capital resources to pay towards care and support. Any assessed charges will be worked out from your income only
£14,251 – £23,250	Your financial assessment will include income added at a rate of £1 for every £250 or part £250. This is called tariff income
£23,250	You are assumed to be able to afford the full cost of your care and support. We will class you as a self-funder (see section 1.5)

Capital tariff income example:

You have	£15,000	worth of premium bonds
Minus	<u>£14,250</u>	savings not taken into account
	£ 750	divided by £250

An extra £3 will be added to your weekly income when calculating your charges, listed as your capital tariff income.

1.8 Income

You will also be asked about the money you have coming in regularly or are entitled to. This could be pensions, benefits or earnings. The form will prompt you for most common sources of income, however, you should provide information about all your income, as this will help us to advise you about any benefits you are entitled to and are not claiming (see [section 4.1](#)). Benefits that you have chosen not to claim may be included in your income. Just like capital assets it is important that you advise of all of your income. There are also some sources of income (just like capital) which will be disregarded in your financial assessment. Common sources of income and whether they are included or disregarded fully or partially when calculating your charges can be found in [Appendix 1](#). Income is net of any tax or national insurance contributions.

In some circumstances you may be treated as having income that you do not actually have. This is known as notional income. This might include, for example:

- income that would be available on application but has not been applied for such as benefits you are eligible for but have not claimed or where you are eligible to receive a pension but have not arranged to draw down the maximum annuity income
- income that is due but has not been received
- income that you have deliberately deprived yourself of for the purpose of reducing the amount you are liable to pay for your care

Notional income example:

You have a pension fund worth £30,000. You access this flexibly and as a result only draw down £5 a week as income when you begin to receive care and support. The maximum annuity income would be £120 per week. For the purposes of the financial assessment, we can assume an income of £120 per week.

Example adapted from the Care Act 2014

1.9 Couples

Every person is treated individually for purposes of a financial assessment. This means that we will assess only the income and capital of the individual who is undergoing the financial assessment. This approach applies in all care settings. Jointly owned assets, income and expenses will be divided equally when assessing your finances; unless you inform us otherwise on the form or via email/letter and provide evidence proving your share.

1.10 Deprivation of income or assets

You are free to spend your income and assets as you see fit, including making gifts to friends and family. However, it is also important that if you have care and support needs you pay the charges for your care costs that you are responsible for. We can look at whether you have removed your assets from our reach to avoid paying towards your care. This is known as deprivation of assets. You can deprive yourself of both income and capital.

Deprivation of assets occurs where you must have known that you would need care and support and you have disposed or reduced your income and/or assets in order to reduce the amount you are charged towards your care.

Annexe E of the Care and Support Statutory guidance provides some examples of how you may deprive yourself of assets:

- a) a lump sum payment to someone else
- b) substantial expenditure has been incurred suddenly and is out of character with previous spending
- c) the title deeds of a property have been transferred to someone else
- d) assets have been put into a trust that cannot be revoked
- e) assets have been converted into another form that would be subject to a disregard under the financial assessment
- f) assets have been reduced by living extravagantly for example gambling
- g) assets have been used to purchase an investment bond with life insurance

Deprivation will not be automatically assumed, there may be valid reasons why you no longer have an asset. When deciding whether this is the case, we will look at different factors, including the reasons for transfer and whether or not, at the time of transfer, you knew that it was likely that you would need care in the future.

Deprivation of assets example 1:

You have £18,000 in a building society and use £10,500 to purchase a car. Two weeks later you enter a care home and give the car to your daughter.

If you knew when you purchased the car that you could need care due to a deteriorating health condition, then deprivation of assets would be considered. However, all the circumstances must be considered, so if you were admitted as an emergency and had no reason to think you may need care and support when you purchased the car, this would not be considered deprivation.

Example adapted from the Care Act 2014

Cases where it is considered there may have been a deprivation of assets with a view to reducing or avoiding care fees are considered by our Financial Resolution Group and final decisions are made by the Head of Service. The Financial Resolution Group has a representative from Legal Services, Adult Care Finance, Serco and an operational Head of Service that will review these cases.

If our view is that there has been a deprivation of assets, we will either treat you as if you still have possession of those assets for the purpose of the financial assessment; this is called notional capital or notional income or where assets have been transferred to a third party to avoid the charge, we may take action against the third party. As with any debt, when other efforts to retrieve the debt have been exhausted, recovery proceedings can be instigated. When pursuing the recovery of charges, we will act in accordance with Annexe D of the Care and Support Statutory Guidance.

Deprivation of assets example 2 – notional capital:

You had £21,000 in your savings account. This was the total of your assets.

One week before starting care you give your 3 children £7,000 each. As you knew you would be starting a care package, this was with the sole intention of avoiding care and support charges.

Had you not given the money away, the first £14,250 would have been disregarded and you would have been charged a tariff income (see [section 1.7](#)) of £1 for every £250 on your assets between £14,250 and £23,250.

This means you should have been assessed as being able to afford an extra £27 per week. The £21,000 you gave away will be treated as notional capital and £27 per week will be added to your assessment.

Example adapted from the Care Act 2014

1.11 Expenses

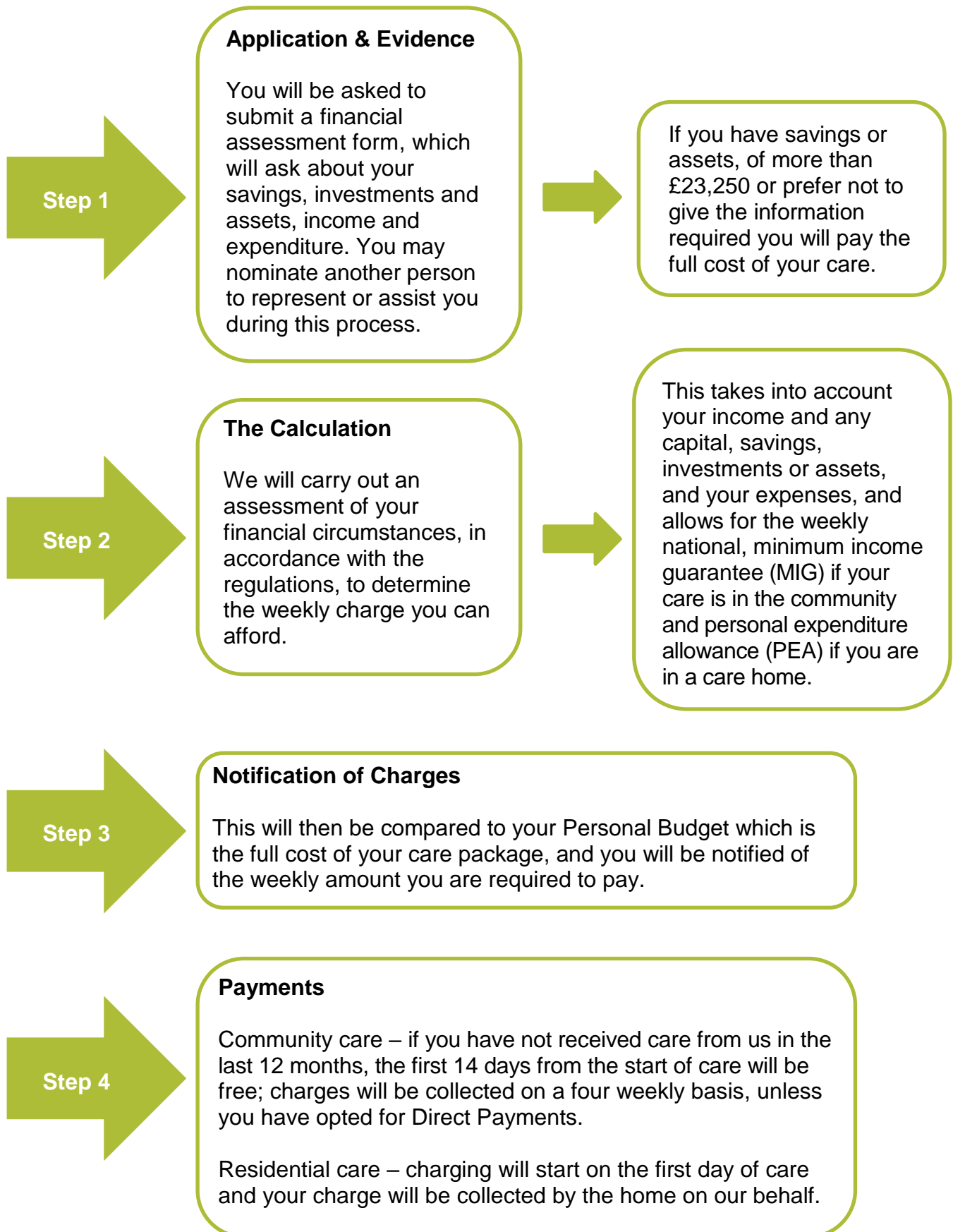
Your expenditure will be treated differently during the financial assessment depending on the type of care you are receiving:

- **community care** - your household costs (see [section 3.3](#)) and disability related expenditure (see [section 3.4](#)) will be taken into account
- **temporary residential care** - expenses will be taken into account to maintain your home throughout your stay in addition to a personal expenditure allowance (see [section 2.4](#))
- **permanent residential care** - you will be left with a minimum amount of income known as personal expenditure allowance (see [section 2.4](#))

An allowance of up to £5,000 is allowed for funeral expenses, if evidence of a purchased plan or bond, is provided.

1.12 The financial assessment process

These steps are explained in more detail below:



1.12.1 Step 1: application and evidence

Once your care needs have been assessed, you will be asked to submit a financial assessment. This will determine how much you will be charged towards your care costs.

Your social care worker will provide you with the form and guidance you require to complete this application. They will also be able to provide you with initial support and refer you to further support if required.

You will be asked about your savings, investments and assets, the money you have coming in, and your expenditure. Further details about what we need to know can be found in [section 1.13](#) with a full list of evidence we may require in [Appendix 2](#).

In order for us to process your financial assessment in a timely manner:

- you should submit your financial assessment form as soon as possible after the appointment for your care needs assessment, no later than 28 days after you have been given the form
- you should submit the required evidence (see [Appendix 2](#)) as soon as possible
- you may be contacted by a member of the Adult Care Finance Team to ask if you need any help or to request any further information that is needed

Any delay in submitting the financial assessment and/or any evidence required will result in the following circumstances:

- if you have not submitted your assessment within 28 days of the start of care, or been in contact as the late return is due to waiting for help or evidence, you will be treated by us as someone who has to pay the full cost of your care, until an assessment can be completed. When a financial assessment is completed you may not be refunded any overpaid charges
- if you have selected to have a Direct Payment, any delay in submitting your financial assessment and documentary evidence, may delay when payments to you can start.

If you need to amend any of the information on your financial assessment due to errors, you can notify us in writing and send in any evidence of the change. You need to do this as soon as you realise the error as your charges will start based on the initial assessment made and therefore may result in backdating of charges. Any increase in charge will be backdated to the start of the change or the beginning of the financial year, whichever is the shorter. Any refund due will be from when the notification of change was given.

For further information on changes in circumstances and backdated charges please see [section 1.16](#).

1.12.2 Step 2: the calculation

Your final charge will not be confirmed until your care package is confirmed. You will never pay more than the total cost of your care package.

If you and your partner are both receiving care, you will be assessed individually and each of you will be given an individual weekly charge.

We will follow the steps below when assessing your financial circumstances:

The Calculation

Consider capital

Money coming in
plus capital tariff

Minus income not
counted

Minus allowed
expenses you have

Minus MIG or PEA

**Totals your
maximum charge**

1. Consideration of capital (see [section 1.7](#))
2. Calculate your total income including an amount for savings known as Capital Tariff (see [section 1.7](#)). Some income and benefits are ignored for the purposes of calculating your charge and these are taken away (see [section 1.8](#)).
3. From the total income, deduct any allowable expenses including Disability Related Expenses (DRE – see [section 3.4](#)) if you have community care.
4. Also deduct Minimum Income Guarantee (MIG – see [section 3.2](#)) for community care or Personal Expense Allowance (PEA – see [section 2.4](#)) for care in a home and any other specific allowances.
5. The amount which remains is the maximum you can be asked to pay.
6. Work out the full cost of your care and support, your Personal Budget, and compare this cost to the maximum charge calculated. You will be charged the lower of these two amounts.

Please note, the rates used in the examples below were correct at the time of writing but will be reviewed annually by the government.

Residential services financial assessment calculation example 1

Your Personal Budget (see [section 1.4](#)) is £26,104 for the year – that is the cost of your care is £502 per week

Your weekly income is:

State Pension	£125
Private Pension	+ £150
Tariff income	<u>£ 3</u> (see section 1.7)
	£278

Deductible allowances:

PEA	£24.90 (see section 2.4)
Savings Credit	+ <u>£ 5.75</u>
	£30.65

Maximum charge:

Weekly income	£278.00
Allowances	- <u>£ 30.65</u>
	£247.35

Therefore, you are assessed as being able to afford **£247.35** a week towards your care costs.

Residential services financial assessment calculation example 2

Your income, allowances and cost of care are the same as example 1 but **you own a property valued at more than £23,250**.

Property value is usually disregarded for the first 12 weeks of permanent care. So for this period you would be assessed, like example 1, to be able to afford **£247.35**.

During the 12 week property disregard period, if applicable, you have the option to enter into a deferred payment agreement (see [section 2.5](#)).

You will continue to pay **£247.35** a week towards your care, with the **remaining amount deferred against the value of your property** which is secured by way of a legal charge on your property.

Total cost of care	£502.00
Maximum charge	- <u>£247.35</u>
Deferred amount	£254.65

If you choose not to join the deferred payment agreement then you will be required to self-fund your care from the end of the 12 week property disregard (see [section 2.3.1](#)).

Community services financial assessment calculation example 1

Your Personal Budget (see [section 1.4](#)) is £5,200 for the year – that is the cost of your care is £100 per week

Your weekly income is:

State Pension	£125.00
Lower rate Attendance Allowance	+ £ 58.70
Tariff income	<u>£ 3.00</u> (see section 1.7)
	£186.70

Deductible allowances:

DRE band 2	+ £ 15.00 (see section 3.4)
MIG	<u>£189.00</u> (see section 3.2)
	£204.00

Maximum charge:

Weekly income	- £186.70
Allowances	<u>£204.00</u>
	£ -17.30

Your weekly income is less than the allowable expenses so you will not be charged.

Community services financial assessment calculation example 2

Your Personal Budget (see [section 1.4](#)) is £5,200 for the year – that is the cost of your care is £100 per week

Your weekly income is:

State Pension	£125.00
Private Pension	£100.00
Lower rate Attendance Allowance	+ £ 58.70
Tariff income	<u>£ 3.00</u> (see section 1.7)
	£286.70

Deductible allowances:

DRE band 2	+ £ 15.00 (see section 3.4)
MIG	<u>£189.00</u> (see section 3.2)
	£204.00

Maximum charge:

Weekly income	- £286.70
Allowances	<u>£204.00</u>
	£ 82.70

Therefore you are assessed as being able to afford **£82.70** a week towards your care costs.

1.12.3 Step 3: notification of charges

We will write to you to inform you what your weekly charge is, even if it is zero. You will be sent the result of your financial assessment, showing how this has been calculated from the information you have given us. We may need to ask you for any clarification or additional information.

1.12.4 Step 4: payments

Your charges will begin 14 days after the start of your community care, if you have not received care from us in the last 12 months or from the first day you enter a care home.

Any charges for your residential care will be collected by the home on our behalf. You may choose to take out a deferred payment agreement to pay your care home (see [section 2.5](#)).

There are a number of ways to pay us for your community care (see [section 3.6](#)).

Charges will be due to the last full day in which you receive care, subject to the provider's notice periods.

1.13 Providing information to us

You will need to provide proof of the following within 28 days of the form being issued:

- all income (e.g. wages, pensions, benefit awards)
- all current accounts, savings and investments
- any property owned in the last 2 years
- legal status of your representative(s)
- housing costs (e.g. rent or mortgage statement, council tax, utility bills, insurance)

For a full list of the type of evidence we will require, please see [Appendix 2](#).

How to supply this information:

Post	<ul style="list-style-type: none">• you will receive a paper form from your social care worker• you will need to return this by post along with copies of all the evidence you are required to provide. Please do not send originals as we are unable to return them
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You have the right not to provide details about your financial circumstances; in this case you will be deemed able to pay for your care costs in full as it your responsibility to satisfy us that your means are insufficient to be able to pay the full cost.

1.14 Failure to provide information or providing false information

Please be aware that if you are submitting information as part of your financial assessment, the law requires you to declare your true financial circumstances and all your assets and savings. Failure to do so or the giving of false details could result in you or your representative being liable to legal proceedings. Our audit procedures allow us to check all your evidence and ask for further evidence if required. If you misrepresent or fail to disclose any material fact, the Care Act 2014 gives us the power to recover as a debt, expenditure incurred as a result of the misrepresentation or failure and any sum it would have recovered but for the misrepresentation or failure.

You (or your representative) will be considered to have refused to cooperate with a financial assessment if, without good cause, you fail to participate in the assessment process within the stated time scale. This includes:

- not returning the form and required evidence within 28 days of the start of care, unless you have contacted us to explain why you will not be able to meet this deadline and an extension has been agreed
- not providing satisfactory proof of income, capital, expenditure or other information following requests from us

In either of these circumstances you will be treated as a self-funder (see [section 1.5](#)) and be required to pay the full cost of your care.

1.15 Financial representatives and mental capacity

You may have assistance completing the financial assessment form. If you wish to nominate a person to represent, or assist you during the financial assessment process, this can be done by completing the relevant section on the financial assessment form. Where you do not have the capacity to deal with your financial assessment we will deal with any of the following:

- a holder of an Enduring Power of Attorney
- a holder of a Lasting Power of Attorney for property and financial affairs - you can arrange this yourself whilst you still have capacity by visiting: <https://www.gov.uk/power-of-attorney> or you can arrange this through a solicitor
- a financial deputy - a court application can be made through a solicitor or your proposed deputy can apply to the court themselves by visiting: www.gov.uk/becomedeputy/overview
- a Department for Work & Pensions (DWP) Appointeeship letter (BF57 form – for more information go to: www.gov.uk/become-appointee-for-someone-claiming-benefits)

Where an individual is seeking to deal with any of your assets or property (for example selling your house, putting a charge on your property, selling stocks and shares etc) they must have the legal authority to do so. This means that they must either have a valid Lasting Power of Attorney for Property and Affairs, an Enduring Power of Attorney or have been appointed a financial deputy. An appointee can only deal with benefit claims and benefit monies.

1.16 Changes of circumstances

You must report any changes in your financial circumstances straightaway as it might affect the amount you are charged. This may be due to:

- changes in income
- changes to your capital
- changes in membership of your household
- moving to other accommodation

Any backdating of charges will be from the start of the change or the beginning of the financial year, whichever is the shorter. Any refund due to a change in circumstances will be from when the notification of change was given.

A re-assessment may be necessary for any one of the following reasons:

- you have notified us of a change to your circumstances
- a permanent change occurs to the service you receive (lasts more than 21 days)
- you request a re-assessment
- the annual financial assessment review which is carried out automatically every April
- an error or omission in the financial assessment
- an appeal to the Waiver Panel is upheld (see [section 4.3](#))
- a decision made by the Financial Resolution Group

You should thoroughly check your April review statement every year to ensure that we have all the correct information and notify us of any changes.

If you need to amend any of the information on your financial assessment due to changes in circumstances, you can notify us in writing, and send in any evidence of the change.

1.17 Failure to pay and recovery of debts

The Care Act 2014 provides a statutory framework for the recovery of any debts that may have accrued as a result of us meeting your needs for care and support. Sections 69 and 70 of the Act allow us to recover monies not only from yourself but also from a third party where you may have transferred assets to them in order to avoid paying your assessed charges.

We are aware that there could be a number of different reasons why you may not have paid your assessed charges. We therefore bear in mind the principles that underpin debt recovery as set out in Annexe D of the statutory guidance as follows:

- possible debts must be discussed with the person or their representative
- we must act reasonably
- arrangements for debt repayments should be agreed between the relevant parties
- repayments must be affordable
- court action should only be considered after all other reasonable avenues have been exhausted

Your social care worker will discuss with you the reasons for the non-payment of your debt and, where it is appropriate to recover the debt, will discuss with you the options available to you in an attempt to reach an agreement with you as how you may be able to discharge your debt. We will consider the whole range of options available with you and will also offer you the option of a deferred payment agreement, if you are eligible. Where you may have difficulties in understanding the options available to you, we may consider the use of an advocate to help you understand the options.

Where you lack capacity to make decisions, we will engage with any representative already appointed or look at whether someone, for instance a family member, or as a last resort the council, should be appointed to manage your finances to ensure that debt will not continue to build up. Where all other options have been exhausted, we may wish to proceed to recover the debt through the court.

2. Charging for residential services

2.1 Residential charges

Under this policy, the cost of a care home includes the care and support provided and the accommodation and living costs in the care home.

For charging purposes, there are two types of care home stays:

- temporary – where there is an intention to return home and the stay is unlikely to exceed 52 weeks or in exceptional circumstances substantially exceed 52 weeks
- permanent

Your length of stay may change depending on circumstances. Any decision to treat you as a temporary resident must be agreed with you, any representative and us and written into your care plan. If you stay in a care home for longer than 28 days, either in one stay or in multiple stays with less than 28 days between the end of a stay and the start of the next stay, you should contact the DWP as this may affect some of your benefits.

When being financially assessed for a temporary stay, the value of your main or only home is not included in the calculations as you intend to return to that home. Your income and earnings will be treated in the same way as for permanent residents but you will be allowed additional expenses to maintain your home during your stay. Such expenses may include, but are not limited to, mortgage or rent, service charges, water rates and building insurance premiums. These will be proportioned as for any other expenses if a partner/spouse remains at the property (see [section 1.9](#)). Any other capital assets will be treated in the same way as for permanent residents (see [section 2.3](#)).

If you are in a registered nursing home, the NHS will contribute towards the cost of your care. You will still pay for other accommodation charges and this will be worked out in the normal way through your financial assessment. If you receive free nursing care, it will not affect how much you pay towards your care.

The care home will collect your assessed charge and any third party top-up from you on our behalf. We will pay the remaining cost of your care directly to the care home. In exceptional circumstances where your financial assessment has not been completed within 28 days, we will pay the full cost of your care to the care home and when you receive your financial assessment your charges will be backdated to the start of your care. If the delay is due to you not submitting your financial assessment application or not providing the required evidence without good reason you will be treated as a self-funder and be required to pay the full cost of your care directly to the care home (see [section 1.5](#) and [section 1.14](#)).

2.2 Choice of accommodation

We will discuss with you as part of your care planning, accommodation that will meet your assessed eligible need. You will be allocated a personal budget that sets out the cost to us of meeting your care needs. We will ensure that at least one option is available to you that is affordable within your personal budget.

Where you have been assessed as requiring a certain type of accommodation (care home, supported living and shared lives accommodation) you have the right to exercise choice

between providers in certain circumstances. This includes anyone who is receiving after care services under the Mental Health Act 1983.

We will however, only arrange care in your preferred accommodation if:

1. your support plan specifies that your needs are going to be met by the accommodation of a specified type and your accommodation is of that same type
2. your preferred accommodation is suitable to meet your needs
3. the preferred accommodation is available
4. where the accommodation is not provided by us, the provider of the accommodation agrees to provide the accommodation on our terms
5. meeting that choice would not cost us more than the amount specified in your personal budget

If the home you would prefer costs more than we would expect to pay, we may still provide your choice of accommodation if a "top-up" can be made by either a third party such as a family member or by yourself in limited circumstances (see [section 2.2.1](#)).

If you have not expressed any preference and there is no suitable accommodation within our expected costs (your personal budget), we will arrange accommodation in a more expensive home by increasing your personal budget. You will not be asked to pay more.

2.2.1 Top-ups

On a three yearly basis, we publish the rates that we expect to pay for placements. This is known as our "expected costs". If you (or your representative) choose a care home that charges above our expected costs, then a top-up may be payable. This is the difference between our expected costs and the actual cost of the home. In most cases the payer of the top-up will be a third party such as a family member. You will therefore often hear the term "third party" top-up. In some circumstances, you may be able to pay the top-up yourself known as a "first party" top-up, for example:

- if your property is subject to a 12 week disregard (see [section 2.3.1](#))
- you have entered into a deferred payment agreement (see [section 2.5](#))

We will need to be satisfied that the person paying the top-up is able and willing to pay it for the duration of time it is expected that you will be in the accommodation.

Homes are not allowed to charge more than the price stated in their Schedule of Charges which forms part of their contract with us. Your social care worker will explain the amount of any top-up to you (or your representative) or to your third party. You or your third party will be asked to enter into an agreement with us and the provider to pay the amount of the top-up prior to placement or within 5 working days of an emergency admission.

As the homes are not allowed to charge more than the price stated in their Schedule of Charges, you should not be asked to pay any more than has been agreed. If you are approached by your provider and asked to make increased payments, please contact your social care worker immediately. In certain circumstances, practitioners, customers and their representatives may negotiate a lower third party top-up or for the third party top-up to be waived.

The amount of the top-up is fixed for the duration of the contract with the care home, unless there is a significant change to the care package. We will write to the person paying the top-up to inform them of any change to the amount they have to pay. Payments will be collected by the

home on our behalf and placements may be at risk if payments are not made.

It is therefore important that the individual paying the top-up fully understands the implications of this choice and they are aware they will need to meet the additional cost of care for the full duration of your stay in the care home. Should this cost not be met, you may be moved to an alternative care home following a review of your needs. The individual paying the top-up may want to seek independent financial and/or legal advice before entering into the Agreement.

If you do not have anybody willing and able to pay a top-up then we will support you to find suitable alternative accommodation within our expected costs and your personal budget.

2.3 Property

If you are moving into a care home on a permanent basis, the value of your home will be taken into account, unless any of the following apply:

- your husband, wife, partner or former partner continues to live there, except where they were estranged since before you went into a care home
- a relative aged 60 or over continues to live there
- a lone parent who is the person's estranged or divorced partner
- a relative under 60 who is incapacitated, receives certain disability allowances continues to live there
- a child under 18 for whom you are financially responsible continues to live there

In most cases it will be obvious whether or not the property is occupied by a qualifying relative as their main or only home. However, there will be some cases where this may not be clear and we will therefore undertake relevant enquiries in order to reach a decision.

Circumstances where it may be unclear might include:

- where a relative must live elsewhere for purposes of their employment but the property remains their main or only home e.g. member of the armed forces or diplomatic service
- where a relative is serving a prison sentence but the property is their main or only home and they intend to return to it at the end of their sentence

Property example 1

Your son is over 60 and lives in Kent. You live in Lincolnshire, in the house he grew up in. He occasionally comes to help you and stays with you during these periods. Although he is a qualifying relative, your home is not his main or only home.

Therefore, the value of your property **will** be included as part of your financial assessment for a care home.

Example adapted from the Care Act 2014

Property example 2

Your daughter is 60 and has been living overseas for the past 10 years due to her job in the diplomatic service. When she is in England, she lives with you in the family home she grew up in. Although your daughter is not physically present at the property, her alternative accommodation is only due to her employment so the family home is her main home.

Therefore, the value of your property **is likely to** be disregarded during your financial assessment for a care home.

Example adapted from the Care Act 2014

2.3.1 12 week property disregard

If you currently own your own property and have less than £23,250 in savings, you may be eligible for a 12 week property disregard, which will be determined at financial assessment. This means the value of your main or only property will be disregarded from the financial assessment for a maximum of 12 weeks. The 12 week period usually starts from the date you move into a permanent residential or nursing home. The purpose of the 12 week disregard is to allow you space to make decisions as to how to meet your charge towards the cost of any eligible care. This time can also be used to decide if you wish to join the deferred payments scheme through a deferred payment agreement (see [section 2.5](#)) or self-fund your care.

You may not be eligible for the 12 week disregard facility if you did not live in your property prior to going into long term care or are a previous self-funder.

You will also be entitled to a 12 week property disregard when a property disregard (other than the 12 week disregard) unexpectedly ends because, for example, a "qualifying relative" occupying the property has died or moved into a care home. These unexpected events would mean that the individual may need space to sort out their financial situation. We can also consider exercising discretion to apply a 12 week disregard where there is a sudden and unexpected change in your circumstances. We will want to discuss with you the individual circumstances of your case.

There are certain circumstances where other disregards may apply, please see Care and Support Statutory Guidance.

2.4 Personal Expense Allowance

Before any charges are made towards your care home we need to ensure you are left with a minimum amount of income. This is known as the Personal Expense Allowance (PEA) and is set nationally each year by the Department of Health and Social Care and is reproduced in our Annual Statement. This is to ensure that you have money to spend as you wish on personal items such as clothes and other items that are not part of your care.

If your affairs are managed by an appointee, attorney or deputy, it is their responsibility to ensure that you receive your PEA. If you have no income, we are not responsible for providing one; however, we will support you to access any relevant state benefits or independent advocacy.

We have discretion to increase your personal allowance where it would not be appropriate for us to leave you with only the personal allowance after charges.

2.5 Deferred payments

The deferred payment agreement (DPA) is a scheme to ensure you do not have to sell your home during your lifetime, should you not wish to do so, in order to fund your placement in a care home. Subject to meeting the eligibility criteria, the agreement offers you a loan from us, using your home as security. It is a deferred payment because the monies you are required to pay in charges to us are deferred or the costs of full care and support where the individual is a self-funder and has requested a loan meaning that these amounts will have to be repaid by you at a later date for example when the house is sold, or by your estate upon you passing away. Your debt to us is simply deferred and is not "written off". Interest and administration charges will be applied to deferred payments (see [section 2.5.4](#)).

2.5.1 Types of deferred payment agreement

There are two types of deferred payment agreement:

- 1. Traditional DPA** – this is used where we have arranged the care and pay the care home directly
- 2. Loan DPA** – this is used where you have made your own care arrangements and contract directly with the provider

In both cases you must ensure that your home is insured and maintained.

2.5.2 Eligibility for a deferred payment agreement

For you to be able to apply for either type of deferred payment, you need to meet the following criteria and procedural requirements:

- you must be ordinarily resident in Lincolnshire
- you must own your property and provide two formal valuations at the start of the agreement (in times of falling property values, you may be requested to arrange additional valuations of the property, and thereafter at annual intervals, until there is sufficient improvement in the property market); if valuations are not provided, we will undertake our own valuations and pass on the associated costs to you
- you must have been assessed by Adult Care as needing a permanent stay in a care home to meet your needs or where you are arranging your own care and we have not undertaken an assessment, this condition is satisfied when you would be assessed as having eligible needs had we carried out such an assessment
- you do not have any other assets or savings over £23,250, apart from the value of your main or only home – this figure may change annually each April
- your home is not disregarded for the purposes of the financial assessment for example it is not occupied by a spouse or dependent relative
- you must agree to us placing a legal charge on your property
- you must sign any associated deferred payment documentation
- all co-owners will be required to sign the deferred payment agreement and the necessary documentation to secure the charge with the Land Registry; the DPA will apply to your share of the property
- there can be no other beneficial interests on the property, for example outstanding mortgages, loans or equity release schemes, unless this is approved by us prior to entering the agreement

There may be circumstances where we may use our discretion to offer a Deferred Payment where not all the criteria are met.

There may be circumstances where we refuse to offer a deferred payment even if you meet the eligibility criteria for example, if we cannot secure a charge on your property, where there is insufficient equity or where you do not agree to the terms and conditions of the agreement. Please note that we are unable to offer a deferred payment on Park & Mobile homes.

There may also be circumstances in which we can refuse to defer or loan any more charges for example, if you breach your agreement, your house subsequently becomes disregarded or you have reached the equity limit we are allowed to defer.

The equity limit must be set at the value of the property minus 10%, minus £14,250 (the lower capital limit in force from time to time) and the amount of any charge or mortgage on the property.

You will be financially assessed to pay a contribution which will reduce the deferred amount. You have a right to retain a disposable income allowance which will help with maintenance and insurance of the property. This can be up to a maximum of £144 per person.

A deferred payment can be terminated in 3 ways:

- by you repaying the full amount due
- when the property is sold and we have been repaid
- on your death whereby the amount is repaid from your estate

2.5.3 Financial representatives and deferred payment agreements

If you are acting as a financial deputy, have an Enduring Power of Attorney or have a Lasting Power of Attorney for property and finances you can enter into the deferred payment agreement on behalf of the person receiving care. If you were granted a Lasting Power of Attorney (LPA) for finance or an Enduring Power of Attorney before the person receiving care lost capacity and this has been registered with the Office of the Public Guardian, you will be able to sign on their behalf. This will be the case provided the documents can be signed by at least one other person, either in their capacity as joint proprietor of the property or as a fellow attorney of the Lasting Power of Attorney who is able to act independently. Where this is not the case another individual may need to be appointed.

Where the individual has already lost capacity to manage their financial affairs and there is no one who has the legal authority to deal with their property and affairs, it is expected that a relative or solicitor will apply to the Court of Protection to become their financial deputy. This will give the applicant the power to deal with their property and affairs and to make decisions as to whether to enter into a deferred payment agreement on their behalf.

For loan DPA to commence, legal authority must already be in place, whilst an attorney's application is with the court, they will not be granted a deferred payment agreement on behalf of the person receiving care. For traditional DPA, we will fund care on behalf of the individual receiving it during this time.

Where it is considered that any deputy or attorney is not acting in the best interests of the individual receiving care, a referral will be made to our safeguarding team. This may result in an Office of the Public Guardian investigation and the removal of the deputy's authority to act on their behalf.

2.5.4 Interest and administration charges on deferred payments

The Care Act 2014 permits us to charge interest on a compound basis for the duration of the

deferred payment agreement. This applies to both types of deferred payment agreement.

The maximum rate will be subject to review and may change every year biannually on the 1st January and the 1st July in accordance with the rates set by the Office of Budget Responsibility.

We will charge an administration fee, along with legal disbursements, such as Land Registry fees. If you decide to go ahead with the deferred payment agreement, Legal Services Lincolnshire will write to you separately to confirm the disbursement charges before you enter into the agreement.

Please see our Annual Statement for details of charges.

3. Charging for community services

3.1 Property

Your own home, the primary home that you live in, is not taken into account during the financial assessment if you are receiving community services. However, any other land/property you own will be included as capital (see [section 1.7](#)).

3.2 Minimum Income Guarantee (MIG)

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

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

- rent not covered by housing benefit
- Council Tax not covered by Council Tax Reduction
- mortgages and endowments
- service charges not covered by housing benefit

3.3 Household costs/bills

You will be asked about where you live and your regular housing costs. These include:

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

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

3.4 Disability related expenditure

Allowances are made for extra disability related expenses that you may incur due to your disability which are not already being met by us for example within your care and support plan. These are known as Disability Related Expenses (DRE), and you are assessed by us allocating you to a band. Some examples of the types of expenses you may be able to claim are set out in Annex E of the Care and Support Statutory Guidance. Your band will be determined by the benefits you can claim due to your disability, as shown in the table below, and allowances for each band are published annually in our Annual Statement:

	Benefits claimed
Band 1	Low rate Disability Living Allowance (DLA) Care Component
Band 2	Middle rate DLA Care Component, Personal Independence Payment (PIP), Standard Rate Daily Living Component, low rate Attendance Allowance (AA)
Band 3	High rate DLA Care Component, PIP, Enhanced Rate Daily Living Component, High rate AA

If you feel your expenses relating to your disability are higher than your banded allowance, your assessment can be reviewed by contacting the [Adult Care Finance Team](#). You will be sent a detailed factsheet and a separate DRE appeal form which you will need to fill in and provide four weeks' (or 3 months if you have any monthly expenses) worth of receipts for all the expenses you are claiming. These will then be assessed against annual allowances for individual DREs, detailed in the factsheet. Your newly assessed rate will be used even if it is lower than your original band. If you have already had a DRE assessment you will need to provide all receipts, unless you request to be moved onto a banded rate (see table above). Anything you pay for by choice is not a disability-related expense. Costs which are not absolutely necessary cannot be taken into account.

3.5 Short term breaks or respite care

If you wish to take a short term break from your usual care services, the charge you will have to pay for the respite services will depend on the type of care you will be receiving during this time.

If you take respite in a community setting your charge will be calculated using the charging rules which apply when accessing services in the community.

If you take respite in a residential setting you will be charged as if you were a temporary resident (see [Section 2.1](#)).

3.6 Collection of Payment

Charges will be collected, or become payable, every four weeks, according to our 'regular billing schedule'. Therefore, your first payment will be collected at the next scheduled billing date and may be a part-payment or more than four weeks payment. At the start and end of care, you will be charged in full week blocks but this will never be more than the actual cost of care for that week. You can pay your charge by direct debit, Allpay payment card, cheque or by phone with the [Credit Control](#) team.

Payment example 1:

Your care starts on 25th May, therefore your charges are due to start on 8th June.

You return your financial assessment form within 28 days and you are notified of your charge on 12th June.

The next regular collection date is at the end of June, so you will be charged 3 weeks at the end of June.

Payment example 2:

Your care starts on 4th May, therefore your charges are due to start on 18th May.

You return your financial assessment form within 28 days and you are notified of your charge on 29th May.

The next regular collection date is at the end of June, so you will be charged 6 weeks at the end of June.

3.7 Direct Payments

Direct Payments are payments made to people who request one to meet some or all of their eligible care and support needs. Direct Payments give you more choice and control in choosing your care and support. You can use the money to employ somebody yourself (an individual personal assistant) or choose the services of an agency/business.

3.7.1 Who can receive Direct Payments?

You may be able to receive Direct Payments if you:

- have a physical disability or sensory impairment
- have a learning disability
- have mental health problems
- have a long term illness
- need help because of the effects of growing older

3.7.2 What can Direct Payments be used for?

Direct Payments can be used for:

- employing your own staff/personal assistant
- buying a service from an organisation that provides a specialist service
- buying a service from a private care agency
- buying short term breaks or respite care, four consecutive weeks in any 12 month period (periods less than 4 weeks apart will be combined)
- small adaptations to your property (over £1000)
- all or a mixture of the above

Your Direct Payment must be used to pay for care and support as set out in your care/support plan.

Direct Payments cannot be used for:

- buying a social care service that is already managed by us on your behalf
- buying anything other than the agreed care you need
- support that presents an unacceptable risk to the person or others
- unlawful actions or activities
- purchase of services from a close relative living in the same household to provide care unless we "consider it necessary to do so"

- purchase of services from a close relative living in the same household to provide for administrative and management support unless we consider it "necessary"

3.7.3 How do Direct Payments work?

There are a number of ways that you can receive and manage your direct payment. It is your choice as to how you are supported with the payment:

- a prepaid card – a virtual bank account with a debit card set up in your name by us
- virtual wallet – an online account which you can use to manage your personal budget
- managed account – a third party who manages your personal budget on your behalf
- a bank account – you will need to open a bank account in your name and manage the direct payment yourself

Whichever method you choose, Direct Payments will usually be paid into that account every four weeks, in advance. Any charges for your care that you are responsible for, you will need to pay into your Direct Payment account. Having a separate account for Direct Payments means you can pay for all your support needs from one account without us having to see your own personal bank account statements.

DP Example 1:

Your Personal Budget is £5200 for the year - that is £100 per week.
Your charge has been assessed as £40 per week.

Your Direct Payment from us will be:

$$\mathbf{£100 - £40 = £60 \text{ per week}}$$

$$\mathbf{£60 \times 4 = £240 \text{ every 4 weeks}}$$

We will pay £240 into your account every 4 weeks. You then pay your charge of £40 a week (£160 every 4 weeks) into the account giving you the full **£100** per week (£400 every 4 weeks) to pay your provider directly.

You can choose to manage all or just some of your care by direct payments with the remainder being provided through us. This means that you pay for some services directly, for example day care at a centre, and we manage the payments to other services, for example your home care provider. In this case, your Direct Payment part will be paid net of your full charges where possible.

DP Example 2:

Your Personal Budget is £5200 for the year - that is £100 per week. Your charge has been assessed as £40 per week.

You have chosen to split your Personal Budget in half, so you pay for day care directly and have us manage your home care.

Your Direct Payment from us will be:

$$\mathbf{£50 - £40 = £10 \text{ per week}}$$

We will also pay your home care provider **£50** directly. This means we pay **£60** per week in total and you pay **£40** per week.

Before Direct Payments can start you will need to sign the Direct Payment Agreement and return it to us with the relevant documents. You will also be required to retain all expenditure records with regards to your direct payments for the annual audit of the account (examples of records are: timesheets, receipts, invoices, bank statement etc.) as this is a legal requirement.

Further details of documentation and how and when payments are made can be found at <https://www.lincolnshire.gov.uk/assessments-finances/personal-budget/2>

3.8 Cancellation of services

If your care is arranged by us and you need to cancel one or more care visits, you should call our [brokerage team](#) giving 72 hours' (three days) notice where possible.

We appreciate this is not always possible but please give as much notice as you can in order that the carer can be notified. 72 hours' notice will not be necessary in an emergency.

If you are able to give 72 hours' notice, this will count as a cancelled visit for the purpose of calculating any refund due (see [section 3.9](#)).

If your care is not organised by us you will need to contact the provider directly to cancel the services but you will also need to contact the [Adult Care Finance Team](#) once the cancellation has been confirmed so your charges can be amended.

3.9 Refunds

If you have cancelled any visits as above or your care provider has missed calls, you can ask for your charges to be reviewed to check if you are due a refund. If a review is asked for, it will take place at the end of your Personal Budget Year, so that the cost of your care for the whole year can be taken into account.

When this review takes place, the cost of your care for the whole year will be compared to the total annual amount that you have paid. A refund is only due if you have paid more than the total cost of the services you have received.

Refund example 1:

Your Personal Budget is £5200 for the year - that is £100 per week.

Your charge has been assessed as £40 per week.

You are going away for 2 weeks and give the required 72 hours' notice.

You ask for a review at the end of the year.

Total charge paid $£40 \times 52 =$ **£2080**

Full cost of care for the year $£5200 - £200 =$ **£5000**

You may expect to get a refund of $£40 \times 2 =$ £80, but no refund is due as the total cost of care for the year is more than you have paid for the year.

Refund example 2:

Your Personal Budget is £5200 for the year - that is £100 per week.

Your charge has been assessed as £90 per week.

There are 3 times in the year when you cancel your care for 2 weeks for various reasons and give the required 72 hours' notice.

You ask for a review at the end of the year.

Total charge paid $£90 \times 52 =$ **£4680**

Full cost of care for the year $£5200 - £600 =$ **£4600**

Refund due = **£80**

You may expect to get a refund of $£90 \times 6 =$ £540, but the refund due is £80, the amount you paid over and above the total cost of care for the year.

This is because you have been assessed as being able to afford £4680 a year, and we are obliged to pay the difference between what you can afford and the total cost of your care for the year.

The Income Collection Team monitors payments regularly. If you pay 100% of your care or your care has permanently ended, you may have a credit building up. In this case, you will automatically receive a refund.

4. Further Information

4.1 Advice about benefits

As part of the financial assessment process and where applicable, we may provide you with advice regarding benefit entitlement. This may include referrals or signposting to relevant agencies and services. You can also access advice from voluntary organisations, such as the [Citizens Advice Bureau](#) and [Connect to Support](#), if you would rather discuss benefit issues with someone independent of us.

It is your responsibility, not ours, to progress any claim and supply appropriate information to relevant agencies and services. If you choose not to claim any benefits for which you have been advised you are entitled, the amounts calculated may still be included in your financial assessment as though you were receiving them. This could increase the charge you are required to pay, so we strongly advise you to claim all benefits you are entitled to.

4.2 Financial and legal information and advice

We provide universal information and advice on our website, in the additional information in this policy and in our discussions with you relating to care and support and general advice about how care can be financed under our duty outlined in section 4 of the Care Act. Paying for care, and in particular, a care home can however be a complex matter, particularly if you are funding your own care. Whilst we cannot provide individual financial advice directly, we do recommend that you consider seeking independent financial advice as early as possible. We will assist you to understand how to access independent financial advice. We recommend that you check that any financial advisor you may choose to use is registered with the Financial Conduct Authority (FCA). You may also wish to take legal advice from a solicitor to assist you with any proposed arrangements. Should you wish to do so, the following link might be helpful:

<http://solicitors.lawsociety.org.uk/>

4.3 Appeals or complaints

If you disagree with the outcome of your financial assessment you can ask for it to be looked at again. You can do this by telling us why you think the decision is wrong. If you think there is any additional information that should be considered, please let us know. In some circumstances this may mean completing a new financial assessment form to ensure all relevant details were considered in the initial assessment. Please contact the [Adult Care Finance Team](#).

Where assessed charges may lead to difficulties in paying for your care, you may request a review of your financial assessment. This will involve us asking for further detailed financial information. In reviewing the assessment, we must be satisfied that your means are insufficient to pay the assessed charge. If this is the case a waiver may be given for all or part of your charges and might be time-limited or on-going.

Examples of where it may be appropriate for a waiver to be considered are as follows (this list is not exhaustive):

- if the charge remains in force it would result in admission to a care home or hospital
- if the charge remains in force you would require the care to be reduced or withdrawn, which could be life threatening to you
- you have exceptionally high financial outgoings (after the application of your financial assessment) which are judged to be essential to you remaining in the community

- you have dependents who have no financial resources in their own right and are therefore dependent upon you
- if the support is refused it will place you at significant risk of self-harm or harm to others

If you would like further details or wish to be considered for a waiver, please contact the [Customer Service Centre](#) to request a copy of the Adult Charging Waiver Policy. Your case will be considered by the Independent Waiver Panel and dealt with according to the terms of the Waiver Policy.

If you are still not satisfied with the outcome of the assessment, you can make a complaint via our complaints procedure by contacting the [Customer Relations Team](#).

Complaints about the level of charge levied by us are subject to the usual Care and Support complaints procedure as set out in The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

4.4 How your personal data is used

We will use information about you to process your financial assessment. As well as the information provided by you, we may also collect relevant information from your local district council, the Department for Work and Pensions and Her Majesty's Revenue and Customs.

Your information is only shared with third parties where necessary and where the law allows it, specifically your information may be shared with partners in order to provide public services. We are under a duty to protect public funds and may use any of the information provided for the prevention and detection of fraud. This may also include sharing information with other bodies that are responsible for auditing or administering public funds.

We will retain your information in line with our retention schedule and ensure that your information is kept only for as long as necessary. To find out more information on how your data is processed and your rights, please see our privacy notice which can be made available on request or viewed at <https://www.lincolnshire.gov.uk/directory-record/62059/adult-care-services>

4.5 Further advice

Further information about charging and general information about all adult social care services, in the form of factsheets, are available from [Customer Service Centre](#) and from libraries and other outlets across Lincolnshire.

4.6 Our contact details

Team	Contact details
Adult Care and Community Wellbeing Customer Service Centre	Phone: 01522 782155 Email: customer_services@lincolnshire.gov.uk Website: http://www.lincolnshire.gov.uk/adultcare
Adult Care Finance Team	Non-residential services phone: 01522 552634 Residential/Nursing services phone: 01522 555255 Email: Fin_Assessments@lincolnshire.gov.uk
Brokerage Team	Phone: 01522 782155 Email: brokerage@lincolnshire.gov.uk
Credit Control Team	Phone: 01522 555555 Then select: option 2, option 2, option 4 Email: credit.control@lincolnshire.gov.uk

Customer Relations Team	Phone: 01522 843322 Email: customerrelationsteam@lincolnshire.gov.uk
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4.7 Useful council pages

Organisation	Contact details
Connect to Support	https://lincolnshire.connecttosupport.org/ Phone: 0300 303 8789
Direct Payments information	https://www.lincolnshire.gov.uk/assessments-finances/personal-budget/2
Lincolnshire Carers Service	https://www.carersfirst.org.uk/lincolnshire Phone: 01522 782155
The Wellbeing Service	https://www.wellbeinglincs.org/ Phone: 01507 601111

4.8 Useful sources of information

Organisation	Contact details
Age UK	http://www.ageuk.org.uk/ Phone: 0800 678 1602
Care Quality Commission	www.cqc.org.uk Phone: 03000 616161
Carers Trust	www.carers.org Phone: 0300 772 9600
Carers UK	www.carersuk.org Phone: 0808 808 7777
Citizens Advice	https://www.citizensadvice.org.uk/ Phone: 03444 111 444
Disability Rights UK	www.disabilityrightsuk.org Phone: 020 7250 8181
Find a solicitor	http://solicitors.lawsociety.org.uk/ Phone: 020 7320 5650
GOV.UK: Support for New Employers	https://www.gov.uk/government/organisations/hm-revenue-customs/contact/employer-enquiries-support-for-new-employers Phone: 0300 200 3211
Mencap direct	www.mencap.org.uk Phone: 0808 808 1111 or 020 7608 3254
Money Advice Service	https://www.moneyadviceservice.org.uk/en Phone: 0800 138 7777
Money Saving Expert	https://www.moneysavingexpert.com/
Penderels Trust	http://www.penderelstrust.org.uk Phone: 01526 833803
Royal British Legion: for ex/serving Armed Forces personnel and their families	https://www.britishlegion.org.uk/ Phone: 0808 802 8080
Society of Later Life Advisers (SOLLA)	http://societyoflaterlifeadvisers.co.uk/ Phone: 0333 2020 454
Unbiased – for help finding a financial advisor	https://www.unbiased.co.uk/ Phone: 0800 023 6868

Appendix 1 – Common sources of income

Sources of income which are **included** when calculating your charges include but are not limited to:

- State Retirement Pension
- Guarantee Credit element of Pension Credit
- Income Support
- Employment and Support Allowance
- Job Seekers Allowance
- Incapacity Benefit
- Severe Disablement Allowance (SDA)
- Universal Credit
- Attendance Allowance (AA) for community care only
- Personal Independence Payments (PIP) standard rate
- Disability Living Allowance (DLA) care component
- regular income from investments
- any other regular income e.g. rent from property or lodgers
- occupational pensions and Private Pension Annuities due, even if unclaimed
- insurance policies paying out
- annuity income (unless purchased with a loan secured on your home)

Sources of income and benefits which are **not** included as income when calculating your charges include but are not limited to:

- all income derived from paid employment, including self-employment
- Working Tax Credit
- Disabled Person's Tax Credit
- Child Tax Credit
- Child Benefit
- Housing Benefits
- Council Tax benefits
- Christmas bonus payments
- Social Fund payments
- Winter Fuel Payments
- Savings Credit element of Pension Credit (only partially disregarded for residential care, disregard amount set annually by Department of Health and Social Care)
- Personal Independence Payments (PIP) enhanced minus standard rate
- the mobility component of Disability Living Allowance
- the night care element of Attendance Allowance or Disability Living Allowance
- Independent Living Fund payments
- mortgage protection policies paying out
- War Pension
- ex gratia payments made to former Far East Prisoners of War
- payments made under the Vaccine Damage Payment scheme
- Guaranteed Income Payments (GIPs) made under the Armed Forces Compensation Scheme (AFCS)
- the first £10 of Survivors Guaranteed Income Payments (GIPs) made under the Armed Forces Compensation Scheme (AFCS)
- all charitable income

Appendix 2 – Evidence list

When you submit your financial assessment form, you will need to provide copies of evidence showing the following for you and your partner (if applicable). This list is not exhaustive and not all may be relevant to you.

- National insurance number
 - P45 or P60
 - Payslip or pension statement
 - Tax or Jobcentre letter
 - National insurance card (not hand written)
- Property/tenancy
 - Proof of ownership and mortgage statement, if relevant
 - Full rent breakdown
 - Equity release or trust documents, if relevant
- Private/superannuation pension
 - For each pension, please provide one of the following:
 - The latest advice slip from the company that pays the pension showing the amount, tax deducted and the period the payment covers
 - The most recent P60 if your ongoing payments remain static
 - Bank statements detailing the current payments made from the pension provider
- Savings, investments, shares and bonds
 - Proof of ownership and statements/transactions for the last 3 months for **all**:
 - Bank/current accounts
 - Shares
 - Savings
 - Investments
 - Bonds plus proof of life assurance if relevant
 - ISAs
 - Please note: If you are a former self funder then we require statements for the last 2 years'.
- Other property home or abroad
 - Proof of ownership for any additional property and evidence of the amount of equity held such as a mortgage statement and a full valuation
- Legal representatives
 - Full document or letter from the court showing: Power of Attorney, Lasting Power of Attorney (finances), Deputyship or DWP Appointeeship
- Council tax
 - Annual bill and, if in payment, Council Tax Support statement and breakdown.
- Capital assets
 - End of year financial reports for the past two years for any companies in which you have an interest.
- Benefits
 - Award notification letter showing the breakdown of payments.
- Health insurance
 - Policy document and any letters regarding claims made.

Appendix 3 – Glossary

	Annuity	A pension annuity is a financial product that you can buy when you retire and it pays you a guaranteed income either for a fixed period or for the rest of your life.
AFCS	Armed Forces Compensation Scheme	A compensation scheme for individuals who were injured or became ill as a result of service in the Armed Forces after 6 April 2005. For more information, please visit https://www.gov.uk/government/publications/armed-forces-compensation/armed-forces-compensation-what-you-need-to-know
AFIP	Armed Forces Independence Payment	An additional benefit to provide financial support to service and ex-service personnel following a serious injury during service after 2005. Eligibility is dependent on other awards made under the AFCS.
	Asset	Something you own that has a monetary value; for example a property, land, business, work of art, vehicles.
AA	Attendance Allowance	A benefit you can get to help with extra costs if you are over State Pension age and you have a mental or physical disability that is severe enough for you to need help caring for yourself. For further information, please visit https://www.gov.uk/attendance-allowance
	Capital	A financial resource such as money held in an account or invested in business, stocks, shares, bonds, trust funds or national savings certificates.
	Community care	Care received outside of a residential care home such as a carer supporting you in your own home and community day services.
DPA	Deferred Payment Agreement	A deferred payment agreement can be used when you enter residential care but don't have any savings to use towards the cost of your care but you own an asset, such as a house, that means you are assessed as a self-funder. If you do not wish to sell the house straight away, we can lend you the cost of your care against your house. The money will need to be repaid to us in full when the house is sold or from your estate on your passing. For more information, please refer to section 2.5 .
DWP	Department of Work and Pensions	The government department responsible for pensions, child maintenance policy and welfare benefits.
	Deputy	One or more individuals can apply to make personal welfare and/or property and financial decisions for someone who lacks the mental capacity to make the decisions themselves. For more information, please visit https://www.gov.uk/become-deputy
DP	Direct Payment	You can chose to have some or all of the money we contribute towards your care costs paid directly to you so you can choose your own care providers and pay them directly. For more information, please refer to section 3.7 .

DLA	Disability Living Allowance	<p>A benefit to help with either your personal care, this is known as DLA Care Component or to help you move around outdoors, this is known as the DLA Mobility Component.</p> <p>This benefit has been replaced by PIP and AA but if you were already on DLA, there are circumstances where you may continue to receive it instead of PIP or AA.</p> <p>For further information, please visit https://www.gov.uk/dla-disability-living-allowance-benefit</p>
DRE	Disability Related Expenses	<p>These are any extra costs you have to pay as a result of your disability or illness. They will be taken into account when assessing how much you can afford to pay towards the cost of your community care. We will estimate how much these are based on the benefits you receive, if you feel your expenses are significantly different to this amount, you can request a reassessment and provide receipts and invoices showing all of your extra costs.</p> <p>For further information, please refer to section 3.4</p>
	Disregard	Means the amount is ignored and not used when calculating how much you can afford to pay towards your care costs.
	DWP Appointee	<p>One individual e.g. friend/relative or an organisation e.g. solicitor/local council, can apply to deal with the benefits of someone who cannot manage their own due to being severely disabled or mentally incapable.</p> <p>For more information please visit https://www.gov.uk/become-appointee-for-someone-claiming-benefits</p>
	Equity release	This is a way of taking money from the capital tied up in a house you own. It can be taken as a lump sum or as several smaller amounts.
	Expected costs	The amount we expect to pay for care placements.
FSA	Financial Conduct Authority	An organisation that regulates the financial services industry in the UK to protect customers and keep the industry stable. It keeps a list of approved individuals and businesses that provide financial services such as Financial Advisors and has advise on its website about a range of subjects such as making a complain about a financial service.
	Gifting	When you give away money or an asset to a relative, friend or charity. For your financial assessment, we will need to know about all gifts within the last 2 years, even if they are below the government's limit for tax purposes.
GIPs	Guaranteed Income Payments	A monthly benefit provided by the AFCS for ex-service personnel with the most serious injuries or illnesses. Eligibility and amount is based on the type and seriousness of the injury.
ISF	Individual Service Fund	This is when you choose a third party provider to manage your personal budget for you and arrange services on your behalf. You get more choice of services with an ISF than if you had us to manage your personal budget.
ISA	Individual Savings Account	An account that allows you to hold cash, shares and unit trusts without having to pay tax on the interest, dividends or capital gains made on them. Any letter or statement you receive from your bank or building society will show the name of the account which will tell you if it is an ISA.

LPA	Lasting Power of Attorney	<p>A legal document that allows you to appoint one or more people to help you make decisions or make decisions on your behalf about your health and welfare and/or your property and financial affairs. You must be over 18 with mental capacity to make an LPA.</p> <p>For more information, please visit: https://www.gov.uk/power-of-attorney</p>
	Life assured	<p>A type of cover that will pay out whenever the policyholder dies, it is often applied to bonds and it is important you inform us if you have any life assured products as it can affect how we calculate your care charge.</p>
MIG	Minimum Income Guarantee	<p>This is the minimum amount of money you must be left with on a weekly basis, after you have paid your charge towards the cost of your community care. The amount is set annually by the government and is for you to spend on living costs such as clothing, utilities and food</p>
	National Savings Certificate	<p>A method of saving money through the government owned savings company: NS&I.</p> <p>For more information please visit: https://www.nsandi.com/</p>
	Personal budget	<p>This is the total amount the care package decided on during your care needs assessment should cost for the year.</p>
PEA	Personal Expense Allowance	<p>This is the minimum amount of money you must be left with on a weekly basis, after you have paid your charge towards the cost of your residential care. The amount is set annually by the government and is for you to spend as you wish on items such as personal toiletries, treats and small gifts for friends or relatives.</p>
PIP	Personal Independence Payments	<p>A benefit to help with extra costs if you are aged 16 to State Pension age and have a disability or long term ill-health.</p> <p>For further information, please visit https://www.gov.uk/pip</p>
	Premium Bonds	<p>An investment product through the government owned savings company: NS&I; where you are entered into monthly prize draws.</p> <p>For more information please visit: https://www.nsandi.com/</p>
	Residential care	<p>This is where you live in a residential care home rather than your own home. This could be on a:</p> <ul style="list-style-type: none"> • short term basis: stay up to 8 weeks • temporary basis: stay up to 52 weeks (or not significantly longer than 52 weeks) • permanent basis: stay over 52 weeks or where you are not expected to return home
	Savings Bonds	<p>A savings product available from banks and building societies where you put an amount of money away for a set period of time and earn interest.</p>

	Section 117 aftercare	<p>Free help and support provided in the community following a hospitalisation under section 3, 37, 45a, 47, or 48 of the Mental Health Act to meet a need that arises from your mental health problem and to reduce the risk of your mental condition getting worse.</p> <p>If you are unsure whether you are eligible for this, check the paperwork you receive from your doctor/hospital which should state which section you were hospitalised under.</p> <p>For more information visit https://www.mind.org.uk/information-support/legal-rights/leaving-hospital/section-117-aftercare/</p>
	Shares	A way of investing money where you buy a small portion of a company. You can earn money if the company grows and your shares become worth more or by receiving a share of their profits each year (known as a dividend) depending on the type of company and share. However, you can also lose money if the company isn't doing well.
	Sole owner	This means you are the only person named on the account or asset.
	Stocks	Stock is a generic term used to describe investment in multiple shares of one or more companies.
	Trusts/Trust fund	A legal arrangement where a third party controls money, property or other assets on behalf of named beneficiaries.
WPS	War Pension Scheme	<p>A compensation scheme for individuals who were injured or became ill as a result of service in the Armed Forces before 6 April 2005.</p> <p>For more information, please visit https://www.gov.uk/government/publications/war-pension-scheme/war-pension-scheme-what-you-need-to-know</p>
	We/us/our	Terms used to refer to Lincolnshire County Council.
	You	Term used to refer to the person receiving care and support services through us.

Appendix 4 – Adult Care Annual Statement – April 2020

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1. Introduction

This statement sets out the main rates/fees/allowances that may be applied by Lincolnshire County Council for non-residential and residential care services to adults in receipt of such services.

Your expenditure will be treated differently during the financial assessment depending on the type of care you are receiving:

- non-residential - your household costs and disability related expenditure (DRE) will be taken into account – See Section 3 for more detail about banded/receipted DRE
- temporary residential care - expenses will be taken into account to maintain your home throughout your stay in addition to a personal expenditure allowance
- permanent residential care - you will be left with a minimum amount of income known as personal expenditure allowance
- an allowance of up to £5,000 is allowed for funeral expenses, if evidence of a purchased plan or bond, is provided

1.1 Chargeable Services

Chargeable services are those set out in the Council's revised Adult Care Charging Policy which is for non-residential and residential services and will come into effect from the 13th April 2020.

The higher capital limit is the maximum amount of funds that can be held in assets/cash, above this it is considered that care will be self-funded.

Capital Limits:

Lower limit - £14,250.00

Higher limit - £23,250.00

Assumed Income from Capital:

£1 for every £250, or part thereof, between £14,250 and £23,250

Maximum weekly charge – There is no maximum charge. A full financial assessment will be carried out to calculate the contribution due to be made by the person using the services.

2. Rates Non-Residential/Residential

With effect from Saturday 18th April 2020:

Home Care and Community Supported Living	Agreed 2020/21
Hourly Rate Home Support Rural	£16.65
Hourly Rate Home Support Urban	£16.27
Hourly Rate Community Supported Living	£16.52
Minimum assessed level for Charges to Apply	£2.00
Maximum Weekly Charge	Full Package Cost
Personal Budget Cost Applied	100%
Day care Services	
Day Services Standard Ceiling Rate (Per Day)	£43.94
Day Services Enhanced Ceiling Rate (Per Day)	£59.64
Day Services 1-1 hours Ceiling rate (Per Hour)	£11.40

Where assets are over the higher capital limit but you wish for the LA to arrange and manage the Non Residential care package there is one-off set up fee of £445.

With effect from Monday 13th April 2020

Residential Rates	Agreed 2020/21
Older People Standard Residential	£521.00
Older People – Higher Dependency	£573.00
Older People – Nursing	£574.00
Mental Health – Residential	£542.00
Mental Health – Nursing	£573.00
Physical Disability	£671.00

Learning Disabilities Residential Rates with effect from Monday 13th April 2020

		Band 3	Band 2	Band 1
Staffing Ratio		Very intensive, high levels of care, very complex needs by exception	Medium for substantial needs	Moderate for appreciable needs:
Total Number of Hours				
1:7				21
1:5			29	
1:3		45		
Unit Rates		Band 3	Band 2	Band 1
2020/21	Standard 13+ beds	£924	£733	£637
	Smaller 7-12 beds	£969	£778	£682
	Smallest 1-6 beds	£1,013	£823	£727

3. Disability Related Expenditure – Non Residential Only

Disability Related Expenses (DRE) are additional expenses that a person may incur due to their disability.

3.1 Banded DRE

Lincolnshire County Council operate a banded DRE system where a person will be automatically allocated a weekly allowance which is dependent on the benefits they can claim due to their disability, as shown below:

DRE Banding	Benefits claimed	DRE
Level 1	Low rate Disability Living Allowance care component (DLA)	£10
Level 2	Middle rate DLA, standard care component Personal Independence daily living Payment (PIP), low rate Attendance Allowance (AA)	£15
Level 3	High rate DLA care component, enhanced PIP daily living component, high rate AA	£25

3.2 Receipted Disability Related Expenditure

If a person feels their expenses relating to their disability are higher than the banded allowance they can appeal by contacting Fin_Assessments@lincolnshire.gov.uk.

Please refer to section 3.2.1 onwards for details of how this will be assessed. Receipts must be provided for all the expenses they are claiming and the newly assessed rate would be used even if it is lower than the original band.

If a person has already had a DRE assessment and provided receipts, they should continue to retain receipts/invoices in readiness for any request to provide them, such as for a review of their assessment.

If a person is appealing the DRE band allowed they will be assessed individually and their particular circumstances taken into account.

Statutory guidance defines disability related expenditure as 'items where the person has little or no choice other than to incur the expenditure, in order to maintain independence of life'. Two key questions which assessors will consider, therefore, are:

- i) Does the person have 'little or no choice' in incurring the expenditure?
- ii) Would the person's 'independence of life' be put at risk if they did not incur the expenditure?

People will be able to submit detailed claims of their Disability Related Expenditure, if they have appealed against the banded rate.

The difference in the amounts spent by disabled people because of their disability is wide. In order to ensure a fair and consistent approach, the following amounts are for guidance only.

3.2.1 Evidence for receipted DRE

It should be noted that the statutory guidance states that 'it is legitimate for councils that items claimed for have actually been purchased'.

The council will therefore require evidence that amounts being claimed to be spent are being spent in the form of receipts. In situations where amounts being claimed are higher than the guideline amounts evidence should also be provided and considered as to why this expenditure meets the two questions above.

The person who uses services will be expected, to evidence the costs which they incur. If they are unable to do so then they should be advised to keep all receipts for at least three months and then contact Fin_Assessments@lincolnshire.gov.uk for a review.

The following figures are based on practice guidance issued by the National Association of Financial Assessment Officers (NAFAO) and locally evidenced charges for certain services provided by companies here in Lincolnshire.

3.2.2 Extra Costs of Heating

In cases where people's heating costs are above the average levels for the area and housing type due to age, medical condition or disability the additional heating costs may be allowed. This will be calculated based on the services which provide of heat to the person who uses home services, e.g. gas, electric, oil, etc.

Annual Average Heating Costs (Based on average dual fuel bill)

Single Person	Annual Average	Average Per Week
Flat/Terraced House	£ 1389.85	(£26.73pw)
Semi-Detached	£ 1476.22	(£28.39pw)
Detached	£ 1794.81	(£34.52pw)

Couple	Annual Average	Average Per Week
Flat/Terraced House	£ 1831.81	(£35.23pw)
Semi-Detached	£ 1943.99	(£37.38pw)
Detached	£ 2365.77	(£45.50pw)

Source: National Assessment of Financial Assessment Officers (NAFAO) DRE 20/21 document

3.2.3 Metered Water

Excess costs due to disability may be allowed based on the costs of similar properties and taking into account any disabled-related equipment that might result in additional use of water. The amount allowed will be based on costs incurred over and above average usage. If the user receives their water from a supplier other than those listed then the overall average usage should be used as a basis for the allowable water costs.

Annual Average Water Usage Costs – Based on information provided by Anglian Water in March 2020

Number of Occupants	Average Annual Cost	Weekly Cost
1 person	£277.50	£5.34
2 people	£440.81	£8.48
3 people	£478.96	£9.21
4 people	£537.36	£10.33
5 people or more	£610.35	£11.74

3.3 Equipment

The following allowances have been taken from the Disability Income Group (DIG) publication Disability-Related Costs and Charges for Community Care.

Always ask the Person who uses services the actual cost of their equipment first and use the figures below as a guide only. These are allowances recommended by National Association of Financial Assessment Officers and uplifted by 1.5% as per November 2019 CPI rate, if a person can submit evidence that equipment costs more than the figures below then the higher amount should be allowed. If the users' equipment costs less, then the actual cost should be allowed.

Equipment	Cost per Week
Wheelchair - manual	Cost divided by 500 (10yr life) up to £4.07 per week
Wheelchair - powered	Cost divided by 500 (10yr life) up to £9.89 per week (this includes electric scooters and buggies)
Powered Bed	Cost divided by 500 (10yr life) up to £4.50 per week
Turning Bed	Cost divided by 500 (10yr life) up to £7.88 per week
Powered reclining chair	Cost divided by 500 (10yr life) up to £3.57 per week
Stair-lift	Cost divided by 500 (10yr life) up to £6.36 per week
Hoist	Cost divided by 500 (10yr life) up to £3.12 per week

The cost of any other Equipment needed because of a disability would be divided over the life of the equipment in the same way as the equipment listed above, this could include specialist communications equipment such as computer and telephone items. Evidence of purchase will be required (without Disabled Facilities Grants or other funding) where appropriate.

The amount quoted for stair lifts is likely to cover only a straight forward installation. If the stair lift has to be installed to take account of corners in a staircase then the installation cost is likely to be more than the amount given here.

Maintenance and repair contracts for disabled-related equipment will be included. Receipts will be needed. For non-planned repairs, the person should tell Social Services and ask that the cost be spread out over a year and their assessment changed for the next twelve months.

Insurance on essential aids such as stair lifts is also allowed up to a maximum of £6.36 per week.

3.3.1 Adaptations

Minor adaptations will ordinarily be covered by the Integrated Community Equipment Service and so this should be checked before expenditure on this type of work is allowed.

If users require adaptations to their home which fall outside the scope of the Integrated Community Equipment Service then they would usually be referred to the District Council for consideration for a Disabled Facilities Grant to fund the work required.

If, however, the user has paid for the work or part of the work, themselves then it will depend on their circumstances as to how this can be considered.

If they have paid for the work out of their own capital then the cost will ordinarily have already been allowed as part of the assessment of capital. In this case there is no need to consider the costs incurred within disability related expenditure as well.

If the person has taken out a loan for the work then the loan repayments should be considered as a regular weekly amount within the disability related expenditure part of the financial assessment.

3.4 Garden Maintenance, Cleaning and Domestic Help

Reasonable costs of basic garden maintenance, cleaning or domestic help may be allowed if it is needed through the person's disability and not met by Social Services.

3.4.1 Garden Maintenance

The maximum amount will usually be £17.44 per week unless there is sufficient alternative evidence to the contrary. This is based on two hours per week at £8.72 per hour. If the person wishes to claim more than this then they will need to evidence the reason for this and it will be for the officer completing the form to decide if this is reasonable or not, in liaison with their manager or the social worker, if appropriate. Receipts/evidence will be required in all circumstances.

3.4.2 Cleaning and Domestic Help

The maximum amount will usually be £26.16 per week unless there is sufficient alternative evidence to the contrary. This is based on three hours per week at £8.72 per hour. If the person wishes to claim more than this then they will need to evidence the reason for this and it will be for the officer completing the form to decide if this is reasonable or not, in liaison with their manager or the social worker, if appropriate. Receipts/evidence will be required in all circumstances.

3.5 Privately Arranged Care

Reasonable costs may be allowed. Reasonable would take account of the capacity of the user, the circumstances and health of others living in the household, and the availability of voluntary help.

The maximum amount will usually be £26.16 per week unless there is sufficient alternative evidence to the contrary. This is based on three hours per week at £8.72 per hour. If the user wishes to claim more than this then they will need to evidence the reason for this and it will be for the officer completing the form to decide if this is reasonable or not, in liaison with their manager or the social worker, if appropriate. Receipts/evidence will be required in all circumstances

Costs relating to Personal Assistants can be considered. They would include any household or other necessary cost arising for the user.

3.6 Laundry and Incontinence

3.6.1 Laundry

The average amount of laundry per week, according to the Family Income Survey, is 4 loads. Following the recommendations of the Disability Income Group an allowance could be given for loads slightly above this level. However, there is also the need to reflect costs incurred when large amounts of washing are incurred. The costs allowed will be on a sliding scale as follows:

Number of Loads	Allowance
5 to 7	£3.91
8 to 14	£7.82
15+	£11.72

Consideration can also be given where a person does not have access to a washing machine, is not able to access a launderette and therefore has to use a laundry service. If specialist washing powders need to be used due to a disability the difference in costs will be included in allowances.

3.6.2 Incontinence

The cost of Incontinence aids are allowed under the scheme. Receipts/evidence will be required.

3.7 Holidays

Actual additional cost in excess of normal costs for a similar holiday divided by 52; Note that an allowance of 2 weeks per 12 month period. The normal cost would need to be identified and deducted from the total cost to highlight the extra cost element.

Evidence of actual cost for comparison purposes would need to show what extra price has been levied against the normal cost of a holiday, i.e. cost of hiring equipment and supplement costs for specific accommodation necessary because of the individual's disability.

3.8 Prescription Charges

It is proposed to allow the actual costs incurred to a maximum of the cost of a Pre-payment NHS Prescription Charge Certificate (Season Ticket) or annual cost of prescriptions if less. However, many people are in receipt of exemptions due to their age or disability.

3.9 Night Support

If a person is receiving higher Attendance Allowance or Disabled Living Allowance and the cost of any night-time care exceeds these allowances the excess costs may be claimed as Disability-related expenditure.

3.10 Transport

If DLA mobility is in payment, costs of transport can only be considered if they exceed the amount of the mobility component. Where DLA mobility is not paid and costs are greater than those incurred by an able bodied person then costs may be allowed. An example is where the cost of a taxi journey is £5.00 but the taxi company charge £8.00 for provision of taxi with wheel chair access. The extra £3.00 will be considered where there is evidence in the Care

Plan for need of specialist transport and confirmation from transport provider that extra costs have been levied and for what purpose. Receipts/evidence will be required in all circumstances.

3.11 Dietary

This can be considered when it can be demonstrated the person has to purchase specific food etc. linked to a medical condition which costs more than the average. In terms of expenditure only the difference in cost can be considered. Receipts/evidence will be required in all circumstances.

Adult Social Care may need to seek permission to approach GP, to confirm the medical reason.

3.12 Clothing and Footwear

The Practice Guidance states that an allowance should be made for clothing or footwear that is specially made, or where additional wear and tear occurs due to disability as referenced in care plan. Any allowance depends on individual needs, relating to the extra cost i.e. where specialist footwear needs to be purchased. Receipts/evidence will be required in all circumstances.

3.13 Chiropody

A number of people are unable to maintain their own nails. In these cases, a chiropodist may visit to do this and a maximum level of £2.00 per week is allowed.

3.14 Communication Costs

These are discretionary, based on costs that would not normally be paid, so evidence of any extra expenditure would need to be provided.

3.15 Furniture and Fixtures

Where additional wear and tear occurs due to disability it is reasonable to allow for the actual expenditure incurred. Receipts/evidence will be required in all circumstances.

3.16 Community Alarm

The maximum amount will usually be £5.00 per week unless there is sufficient alternative evidence to the contrary. If the person wishes to claim more than this, they will need to evidence the reason for this and it will be for the officer completing the form to decide if this is reasonable or not in liaison with the manager or the social worker, if appropriate.

3.17 Window Cleaner

The maximum amount will usually be £3.00 per week unless there is sufficient alternative evidence to the contrary. If the person wishes to claim more than this, they will need to evidence the reason for this and it will be for the officer completing the form to decide if this is reasonable or not in liaison with the manager or the social worker, if appropriate. Receipts/evidence will be required in all circumstances

3.18 Other Costs

The above is not an exhaustive list of disability-related costs. The guidance stipulates that 'weight should be given to the user's perception of needs and costs related to disability' and 'any additional expenses claimed in relation to a person's disability should be considered'.

4. Charges for 2020/21

Please see listed below a number of charges that will be applied by Lincolnshire County Council for services

4.1 Monitoring costs for Telecare

For anyone who meets the Adult Care eligibility criteria for Adult Care the charge is £1.50 per week.

4.2 Locally determined charges – charges to other Local Authorities

Charges to Other LA'S	£
Day Centres	£59.64
Assessments completed on behalf of another LA	£250.00

4.3 Deferred charges in relation to property/land assessed debts and Interest Charges

See table below

Interest Charges on Property/Land Assessed Debts/Set up Fee for Deferred Payments	Interest Rate/Fee
Lincolnshire County Council Standard Terms of Payments	Base Interest Rate + 2%
Deferred Payments (Pre Care Act)	Base Interest Rate + 4%
*Deferred Payments (Post Care Act) Changes 1st January and 1st July each year	1.45%
Deferred Payment Set up Cost (not including disbursements i.e. land registry searches)	£600
Payments relating Health & Social Services & Social Security Adjudications Act - HASSASSA (pre 2011)	Base Interest Rate + 2%
Payments relating Health & Social Services & Social Security Adjudications Act - HASSASSA (Pre Care Act)	Base Interest Rate + 4%

*The interest rate for deferred payments is based on the cost of government borrowing. The regulations and statutory guidance set out the maximum interest rate chargeable, which is derived from the 15-year average gilt yield, as set out by the Office for Budget Responsibility (OBR) twice a year in their Economic and Fiscal Outlook report, to a 0.15% default component.