

Charging Policy for Community Based Services for Adults		
Version	1.2	
Strategic Owner	Jennie Stephens, Head Adult Care and Health Mary Davis, County Treasurer	
Business owner	Julian Partridge, Head of Charging for Care Services Keri Storey, Adult Care Operations and Health.	
Author	James Martin Policy Officer and Julian Partridge Head of Charging for Care Services	
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1. Introduction

- 1.1 We arrange community based services i.e. personal care, day opportunities and enabling support for people who have been assessed as being eligible for care and support, in order for them to remain independent in their own homes.
- 1.2 The Care Act brings all community care law under one all-encompassing piece of legislation and repeals almost all of the existing provisions as of 01 April 2015.
- 1.3 Devon County Council has a charging policy which follows Government guidelines. This takes into account a person's individual income and savings. We use a financial assessment to work out how much a person should pay towards the care and support services they receive to help them stay at home. The charging policy will be applied fairly to everyone.

2. Personal Budget

- 2.1 If you have a care and support plan, an amount of money will be identified that will be enough to meet your eligible needs. This agreed amount of money is called a Personal Budget. In some circumstances, you will be expected to contribute financially (in part or in full) to your Personal Budget, and fund part or all of your care and support.

3. Financial Assessment

- 3.1 We use a financial assessment (a means test) to work out how much of your income is available for you to make a contribution towards the cost of your care.
- 3.2 The examples given below describe circumstances where no financial assessment and no contribution will be required:
- If you receive support from Intermediate Care or Reablement Services.
 - If the care services you are receiving are under Section 117 of the Mental Health Act 2007.
 - If your care services are being provided under Continuing Health Care (CHC) funding by the NHS.
- 3.3. We do not charge for equipment or minor adaptation to aid independent living.
- 3.3 Not everybody will be required to contribute the same amount to their care and support services.
- 3.4 Your income, savings and outgoings will be taken into account and looked at against the cost of your care and support. This will help identify the contribution you are expected to make. See example below:
- 3.5 Example of an assessed weekly contribution:
Bill is 80 years old and lives alone in his own house. He has savings of £15,000. His Personal Budget has been agreed at £100 per week.
- Charging Calculation:
- | | |
|--|------------------|
| State Retirement Pension | £106.25 per week |
| Pension Guarantee Credit | £ 96.80 per week |
| Attendance Allowance | £ 55.10 per week |
| Tariff income (on £15,000) | £ 3.00 per week |
| Total Income | £261.15 per week |
| - Less | |
| Minimum Income Guarantee (see 3.9 below) | £189.00 per week |
| Disability-related expenses | £ 20.00 per week |
| Maximum Assessed Contribution | £ 52.15 per week |
- 3.6 In this example as Bill's maximum assessed weekly contribution of £52.15 is less than the value of his Personal Budget which has been agreed at £100 per week, Bill must contribute the lower of the two amounts towards the cost of his care and support needs.
- 3.7 Had Bill's maximum assessed contribution been calculated at more than his Personal Budget amount his contribution would have been capped at the £100 per week Personal Budget amount.

- 3.8 During a financial assessment, we may ask that evidence is provided. If you refuse, or choose not to be financially assessed, you will have to pay the full cost of the services you receive.
- 3.9 We are duty bound to make sure we leave you with at least a minimum amount of money each week. In doing so, we will adhere to the guidance provided by the Department of Health in their Local Authority Circulars which are usually reviewed and published in April of each year. These circulars can be found at <https://www.gov.uk/government/collections/local-authority-circulars>.
- 3.10 We will always undertake a financial assessment to determine how much you should contribute, except when it is clear that you have savings in excess of the upper capital limit.
- 3.11 If you have savings in excess of the upper capital limit, you will be expected to meet the full cost of the care services you receive.
- 3.12 The upper capital limit is reviewed and confirmed by the Department of Health in April of each year. The current capital limits are:
- Lower Capital Limit £14,250
 - Upper Capital Limit £23,250
- 3.13 When your financial assessment has been completed, you will be told the maximum weekly contribution you need to pay towards the cost of the care services you have. This is called your assessed weekly contribution (see example).
- 3.14 If the financial assessment process concludes that you should make a contribution towards the cost of your care and support services, the charge will be applied from the start of the service.
- 3.15 Reviews of your financial assessment will be completed in accordance with Care Act guidance. These will be conducted on a regular basis, and at least annually. The review will take into account any changes to your financial circumstances. For example a decrease in the level of your capital resources, or an increase in the level of your pensionable income.
- 3.16 What counts as income?
- 3.17 All State and Welfare benefits count as income. These could include:
- State Retirement Pension
 - Guaranteed Pension Credit
 - Employment Support Allowance (ESA)
 - Income Support
 - Attendance Allowance
 - Personal Independence Payment (PIP)
 - All private income. This could include:
 - Private pensions
 - Works / Occupational pensions
 - Tariff income

- Any other income received on a regular basis.
- 3.18 We currently disregard the following types of income when carrying out a financial assessment for community based care services:
- War Pension
 - War Disablement Pension
 - War Widows Pension
- 3.19 How we work out Tariff Income
- 3.20 The tariff income calculation is based on guidance issued by the Department of Health and may be subject to change. Tariff income is meant to represent an amount a person with savings between the lower and upper capital limits should be able to contribute towards their care and support, and is not representative of any interest-earning capacity of those savings.
- 3.21 If you have savings between the lower and upper capital limits, we will include tariff income in our calculations.
- 3.22 We calculate a notional income of £1 per week for each £250 (or part thereof) of any amount between the lower and upper capital limits.
- 3.23 For example savings of £16,500 will attract a tariff income of £9 per week ($£16,500 - £14,250 \div £250 = £9$)
- 3.24 What counts as savings?
- 3.25 For the purpose of a community care based services financial assessment, savings can include:
- Money held in a bank, building society or post office account (50% if a joint account)
 - ISAs
 - Stocks and shares
 - Premium Bonds
 - National Savings Certificates
 - Property and/or land (other than the home in which you live).
- 3.26 What counts as outgoings?
- 3.27 Household expenditure can be taken into account. These will include; housing costs such as mortgage, rent (net of housing benefit), council tax (net of council tax benefit), contents and buildings insurance and service charges. These are called Housing Related Expenses.
- 3.28 Expenses directly related to an illness/disability can be taken into account. This may include, for example, a domestic cleaner, excessive fuel costs (gas, electric, oil), excessive water and sewerage rates (if metered), specialist clothing etc. These are called Disability Related Expenses

3.29 What if you are unhappy with the outcome of your financial assessment?

3.30 If you believe the result of your financial assessment is incorrect, due to inaccurate information being used, or if you wish to claim additional expenses, you can ask for a review of your assessed weekly contribution.

Please write to:

Charging for Care Services
Devon County Council
Room G85
County Hall
Topsham Road
Exeter
EX2 4QJ

Your appeal will be acknowledged within ten working days. As soon as your appeal has been investigated, you will receive a response in writing.