



Paying for Care and Support Services

(Non-Residential Services)

Care and support services are not free. A financial assessment will be undertaken to see how much, if anything, you will need to pay. How much you pay will depend on your financial circumstance to ensure you only pay what you can afford.

This leaflet explains how we work out how much to charge for care and support provided in your own home (non-residential care). Torbay and South Devon NHS Foundation Trust (the Trust) has a power to charge clients for the care and support they receive in line with the Care Act 2014 which came into force on 1 April 2015, previously these services were charged for under the Fairer Charging Policy.

Your Personal Budget

Care and support services are based on your needs which will be agreed with you and your social care worker during your needs assessment. A copy will be given to you and included in your support plan. Your personal budget gives an indication of how much it will cost to meet your assessed needs. You can use this as a Direct Payment for you to arrange your own care or we can use it to arrange your care for you.

Are all services charged for?

Some care and support services cannot be charged for. These are set out in Section 14 of the Care Act and include:

- Community equipment (aids and minor adaptations): a service which consists of the provision of an aid, or minor adaptation to property, for the purposes of assisting with nursing at home or aiding daily living. An adaptation is minor if the cost of making the adaptation is £1,000 or less.
- Intermediate care (including reablement support) services for six weeks.
- Care and support provided to people with Creutzfeldt-Jacob Disease.
- After-care services/support provided under section 117 of the Mental Health Act 1983.
- Any service or part of service which the NHS has a duty to provide. This includes continuing healthcare and the NHS contribution to registered nursing care.
- Services which local authorities have a duty to provide through other legislation.
- Assessment of needs and care planning, including the cost of the financial assessment, as these constitute 'meeting needs'.

Care and support provided in a residential or nursing home is charged in a different way. Please see the leaflet '*Paying for your Care and Support in a Care Home*' for more information.



Who will decide how much I have to pay and when will I know?

In most cases a Financial Assessment and Benefits Officer (FAB officer) will visit you to complete a financial assessment to see how much you need to pay. We will need to look at the money you have in bank/building society accounts, any other savings and the money you are paid as an income (such as your benefits, works pension, state pension).

The FAB officer will also help you to complete a full benefits check. This will make sure that you know about any state benefits you have the right to claim, for example Pension Credit, Employment Support Allowance or disability benefits. If you wish to make a claim for any benefits the FAB team can help you to do this.

You will be told at the time of the visit as well receiving a letter telling you how much you have to pay for your services. You will also receive a copy of the financial assessment showing how this was worked out. Any charge you have been assessed to pay will be from the date your service starts.

You can choose not to complete the financial assessment, please see details on 'light touch assessment' in this leaflet.

Can I have somebody with me when the FAB officer comes?

You can have anybody you want with you during this visit, or any other visit by a person from the Trust. For example, this could be a friend, relative or a carer. However, this person cannot sign the financial assessment form, we require you to sign this.

What if I do not have capacity?

If you do not have capacity to help with the financial assessment we can liaise with your legal representative, however, we will need to see evidence that this person has been appointed legally to act for you. Should you only be in receipt of state benefits and have no other income someone appointed by the Department for Work and Pensions could sign the form for you.

How are the charges worked out?

The Trust follow the rules set out by the government: *Sections 14 to 17 of the Care Act 2014* in accordance with the provisions in Parts 2 to 5 of the charging regulations and with regard to Chapter 8 and Annexes A to F of the statutory guidance. We assess your charge by looking at the money you have coming in, the money your home costs to run and any additional expenses due to your illness or disability. We then see if you can pay something towards the cost of your care and support services.

If you are in receipt of basic Income Support, Employment Support Allowance or Pension Credit and you do not get any other disability benefits, you will not be charged for the services you use.

If you have less than £23,250 in capital or savings (not including the value of your home) we will work out exactly how much you can pay during the financial assessment.

If you receive Attendance Allowance (AA) or Disability Living Allowance (DLA) Care Component we include the payments, and any associated additional means tested benefits, within your assessment. However we will only include the high rate of AA/DLA if you receive night time care and support services paid for by your personal budget. For Personal Independence Payment the whole amount will be included as this benefit is not split between day and night rates.



How are the charges worked out continued...

If you have more than £23,250 (not including the value of your home) you will be asked to contribute the full amount of your Personal Budget. This will include capital you have and any other property or land that you do not live in as your home.

You do not have to tell us about your money and you can choose for us to carry out a 'light touch' assessment. This is where you agree to pay the full cost of your care and support services. Please be aware that some income and capital can be disregarded in your financial assessment therefore please ask your FAB officer for more information. You can request a full financial assessment at any time.

Should you be assessed as being liable to pay the full cost of your care and support or if you have chosen to have a 'light touch' assessment you can still request that your services are arranged by the Trust, in these circumstances the Trust is entitled to charge you an arrangement fee. However, for the financial year 2015/16 the Trust has decided not to make an arrangement fee charge. This may change in future years.

If there is difficulty in contacting you or your representative the FAB team will send a letter requesting contact within a two week period. Should there be no response in this time or if you refuse to engage in the assessment process the Trust will assess you using a light touch assessment and as such you will be liable for the full cost of the service. These charges will be applied from the start of the service and therefore may be backdated.

What if I am married or have a partner?

The Care Act advises that we must treat people as individuals and therefore your financial assessment will only look at your means. However we will need to see details of any jointly held income (such as benefits) or capital and it may be beneficial for you for us to complete a joint assessment.

- If you have any savings or investments in joint names, only half of the value will be used when working out your charge. For example, if you have a joint bank account with £15,000 in it then only £7,500 of this money would be seen as belonging to you.
- Your partner's money situation will not be used to make the charge higher, it will be based only on the money you have.
- Where possible we will try to be sure that your partner has enough money to meet their own needs. We can only do this if your partner agrees to provide details to us.

What if my circumstances change?

You must tell us if your financial situation changes and we can review your charges if needed. You must tell us promptly as any increase to your charge will be from the date of the change not the date you tell us. This could be changes to your income or capital or it may be that there is a change to your household situation for example your spouse moves to a residential home or passes away. You must also let us know if you do not have your care and support (for example you go on holiday or have an admission to hospital) we may then be able to adjust your payment. You must contact the telephone number on your care bill to see if your payment needs to be adjusted.

Annual Review

Your charge will be reviewed annually to see if a new charge is appropriate. The review will be conducted over the telephone, by post or up-rated in line with benefit changes. In some instances we will visit you but this will only in exceptional circumstances.



Deprivation of assets

Deprivation of income and/or assets is the disposal of income and capital (property and investments) in order to avoid or reduce care charges. Disposal can take the form of transfer of ownership or conversion into a disregarded form. Where the Trust decides that you have deliberately deprived yourself of an asset or income in order to reduce a charge for care and support, the Trust will charge you as though you still own the asset or income. This is in accordance with Section 70 (transfer of assets to avoid charges) of the Care Act 2014.

How do I pay?

The first time you get a bill you will also get a leaflet explaining the charges. You will be sent a bill every four weeks for the services you have asked the Trust to organise.

You will be sent a different bill for any residential care services you receive.

If you receive your Personal Budget as a Direct Payment you will be expected to pay any assessed contribution into your direct payment account, the Trust will pay the balance between your personal budget and your contribution into the same account.

If you cannot pay your bill you must get in touch with us at the earliest opportunity. The Trust has a debt policy that it follows when a bill is not paid and if you would like more information regarding this please let us know.

What to do if you think you assessed charge is wrong

If you have any worries about your charge, please phone the person who visited you and helped to complete your financial assessment. They will have given you a card with their name and telephone number, this will also be on the letter you get about your charges.

If you are still have concerns you can telephone Rachel Harris, FAB Service Manager, on 01803 219772 who will be happy to check the charges if needed and ask another FAB officer to visit you.

Where to find more information

The Trust has leaflets covering a wide range of subjects including:

Deferred Payment Agreement

The Direct Payment Scheme

Third Party Payments

Paying for Care and Support in a Care Home

The following organisations can offer support and advice:

SOLLA	www.societyoflaterlifeadvisers.co.uk	0845 303 2909
Money Advice Service	www.moneyadviceservice.org.uk	0300 500 5000
Age UK	www.ageuk.org.uk	0800 169 6565

What should I do if I want to complain?

If you are not happy with any of the care services you get from the Trust a complaint procedure is available. Please contact:

Feedback and Engagement Team

Torbay and South Devon NHS Foundation Trust

Bay House, Nicholson Road

Torquay, TQ2 7TD

Telephone 01803 210500

www.torbayandsouthdevon.nhs.uk



Example of the financial assessment

A client is aged 70 and has capital of £3000. The client has few expenses but does pay £15 per week privately for cleaning (disability related expense) which the client has receipts for. The total income (£268.15) minus the total deductions (£204.00) equals a weekly charge of £64.15.

Type of Income	Weekly Amount	Accessible Income	Deductions	Charge
State Pension	£115.95	£115.95		
Occupational Pension	£21.95	£21.95		
Attendance Allowance	£82.30	£55.10		
Pension Guarantee Credit	£75.15	£75.15		
Pension Savings Credit	£10.60	£0.00		
Tariff Income on savings	£0.00	£0.00		
Total Income		£268.15		
DRE			£15.00	
Disregard amount (MIG)			£189.00	
Total amount deducted			£204.00	
Maximum Weekly Charge				£64.15

DRE = Disability Related Expenditure

MIG = Minimum Income Guarantee (figures provided by the Department of Health each year)

