Charging Policy for Residential and Non-Residential Services
Adults and Family Wellbeing

If you require this document in an alternative format please contact the Communications Team at County Hall, Walton Street, Aylesbury, Bucks, HP20 1YU Tel: 01296 382935 Email: asccomms@buckscc.gov.uk

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## Charging Policy

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1. Introduction/Policy Statement

1.1 This document sets out Buckinghamshire County Council’s policy for charging for residential and non-residential social care services.

1.2 The Council's charging policy is based on four principles:

- To ensure that service users are never left with insufficient means to afford everyday living costs after any financial contribution
- To ensure the Council complies with the law
- To charge for services when people can afford to pay
- To help people stay independent so that they can avoid or delay the need for care services.

1.3 Basing our charging policy on these principles will allow us to fund some of our spending on adult social care in a fair and consistent way, and so help us to protect our services over the longer term. However, our responsibility to be prudent with our spending will always be secondary to the first principle that service users are never left with insufficient means because of any financial contribution they make.

1.4 This policy aims to reflect the provisions relating to charging from April 2015 as detailed in the Care Act 2014, the Care and Support (Charging and Assessment of Resources) Regulations 2014 and chapters 8 and 9 of the Care and Support Statutory Guidance issued under the Care Act by the Department of Health. These form the basis of this policy, except where the Council exercises its discretion where permitted by the regulations.

1.5 The Government Guidance can be viewed by visiting:


1.6 In this policy reference to “you” refers to the person receiving a service arranged or provided by Buckinghamshire County Council.

2. Purpose

2.1 Section 14 of the Care Act enables a local authority to decide whether or not to charge a person for services when it is arranging to meet a person’s care and support needs or a carer’s support needs. Section 17 of the Care Act enables a local authority to undertake a financial assessment to determine if a person is able to pay towards the cost of care and support services to meet their needs.
2.2 If you are receiving a chargeable service, then a means-tested financial assessment will be carried out by the Council to establish how much you will need to pay towards the cost of your care.

2.3 This policy is effective from 1 April 2015.

3. Aims/Outcomes

3.1 The aims/outcomes underpinning the Charging Policy are:

- Contributions will be calculated openly and transparently and you will be treated in a fair and consistent manner.

- You will be required to complete a financial assessment to enable the Council to calculate their contribution towards the services you receive. If you decline or refuse a financial assessment you will be required to pay for the full cost of services.

- If you are assessed as having eligible needs you will not be required to pay more than you can afford as based on a financial means test assessment.

- The charge for services will be no greater than the cost being incurred by the Council to deliver that service.

- A reassessment will be carried out annually or following a request arising due to a change of circumstances.

- Care services will not be withdrawn if you refuse to pay your assessed contribution, but the Council will instigate recovery proceedings, including court action to recover unpaid sums.

- The financial assessments for non-residential services will consider any additional costs that you may have as a result of your disability known as Disability Related Expenditure (DRE).

- The lower and upper savings limits for non-residential and residential care will apply in line with Government guidelines

- Earnings will be disregarded from your financial assessment in order to encourage and enable those who wish to stay in or take up employment, education or training.
• The charging rules will apply equally so those with similar needs or services are treated the same and to minimise anomalies between different care settings.

• You will be given an explanation for any decisions made so you know what you will be charged.

4. Scope

4.1 This policy applies to all service users and carers who have been assessed as having an eligible need, under the Council’s Assessing and Supporting Your Care Needs and are receiving services arranged by the Council.

4.2 Following an assessment, Buckinghamshire County Council agrees support plans to address your unmet and eligible needs. The cost of the care in the support plan forms the basis of your personal budget which can be used either to pay for council commissioned services, or managed directly by you, in the form of a direct payment, or a combination of both.

4.3 The Council has information guides in relation to charging that are available on request from the Council.

5. Circumstances Where People Will Not be Charged

5.1 The Council is not permitted to charge for the following services in accordance with section 14 of the Care Act, therefore they will be provided by the Council free from charges, to services users who meet the criteria,

• Services relating to mental health after care commissioned under section 117 of the Mental Health Act 1983.
• Community equipment (aids and adaptations) if it has a cost of less than £1,000.
• Intermediate care including up to 6 weeks care, known as Reablement, to help you recover from a major event such as a stay in hospital.
• Care and support provided to adults suffering from variant Creutzfeldt-Jakob disease
• Any service or part of service which the NHS is under a duty to provide. This includes Continuing Health Care (“CHC”) and the NHS contribution to Registered Nursing Care.
• Assessment of needs and care planning.

5.2 All other services will be subject to charges in accordance with this policy.
6. Circumstances When People Will be Charged in Full

6.1 You will be charged in full in the following circumstances,

- You have capital savings above the Upper Capital Limit (£23,250 as of 1 April 2015 and reviewed annually by central government);
- You are assessed as a self-funder by the means test because you have sufficiently large weekly/monthly incomes
- You refuse to comply with the council’s financial assessment process.

6.2 For all other service users, a charge based on their maximum assessed contribution will apply. The assessment will take into consideration income and expenditure, leaving you with no less than a protected income as set out by Government guidelines (basic means tested benefit level plus 25%).

7. Carers

7.1 Section 14 of the Care Act 2014 provides local authorities with the power to charge for services provided directly to a carer where they have an eligible need for care and support. In recognition of the role of carers in supporting the people they care for the council does not currently charge for services delivered to carers.

7.2 The Council will provide services to carers to meet their care and support needs if they meet the eligibility criteria for care and support.

7.3 Services to carers do not include services that are directly provided to the person being cared for by a carer.

8. Financial assessment

8.1 The Council will charge for care and support services delivered in a person’s own home or in other care settings.

8.2 You must first satisfy an eligibility assessment for care and support. Only if you have an eligible care and support need will you require a financial assessment. A financial assessment will be undertaken by the Council to establish your ability to contribute towards the services you receive. You must co-operate with the Council’s financial assessment. If you choose not to have a financial assessment or refuse to disclose full financial information you will be required to pay the full cost of the services and will be a self funder.
8.3 The Council will undertake a financial assessment based, as a minimum, on income, capital, housing costs and disability related expenditure (DRE) (see appendix 3). Customers with capital in excess of the higher capital limit will be responsible for meeting all of their care and support costs.

8.4 As part of the financial assessment, the Council will gather information to fully substantiate your financial circumstances. In some circumstances, the Council may choose to treat a person as if a financial assessment has already been carried out. In order to do so, the Council must be satisfied on the basis of evidence provided by you that you can afford, and will continue to be able to afford, any charges due. This is known as a “light-touch” financial assessment and may be carried out where a person has significant financial resources, and does not wish to undergo a full financial assessment.

8.5 If you are receiving care and support in a non-residential setting your care and support costs will be administered through a personal account. A personal account is a combination of the amount of money that is required to meet your eligible care and support needs, and the amount you can contribute towards that cost. The difference is the amount of funding support that the Council will provide.

8.6 Where a customer has an eligible care and support need, the council will calculate how much it will cost to provide the necessary care using its Resource Allocation System (RAS) to produce what is known as an indicative budget. Once the indicative budget is known, the care and support planning process, taking into account the customers desired outcomes, will determine your personal budget.

8.7 You will have the option to take a personal budget for council commissioned services or as a direct payment or a combination of both.

8.8 If you choose to use your personal budget as a direct payment you may purchase alternative types of care to meet your care and support needs as defined in Sections 31 to 33 of the Care Act 2014.

8.9 The Council has a Direct Payments policy that sets out the criteria for care and support being managed through Direct Payments.

8.10 You will be given a written record of the assessment explaining how the financial assessment has been carried out, what the charge will be, how often it will be made, and if there is any fluctuation in charges, the reason. You will be informed of the annual and equivalent weekly amount you must contribute towards your care and support costs after the financial assessment has been finalised. Contributions are payable from the date care commences.
8.11 If you receive care and support through direct payments further information can be found in the Direct Payments Policy.

8.12 You must inform the Council of a change in your financial circumstances and a reassessment will be carried out. Your financial assessment will be reviewed annually.

8.13 Any reduction in your contribution due to a change in financial circumstances will take effect from the date the Council is notified.

8.14 Any increase in charges will be implemented from the day after the information has been sent to you.

8.15 We will inform you of any increase in charges as a result of a re-assessment and the charges will be implemented from the day after the information has been sent to you.

9. Capacity

9.1 When a care and needs assessment is carried out the assessor will consider if you have capacity to consent to the care plan in accordance with the principles in the Mental Capacity Act 2005.

9.2 We understand that some people have family or friends who may help them with their financial affairs. With your permission we can discuss your case with your chosen representative. All documentation, however, must be signed by you, unless you have:

- Authorised someone else to do so under a Lasting Power of Attorney
- An appointee who has been accepted by the Department for Work and Pensions as authorised to deal with your social security benefits
- A Deputy who has been appointed by the Court of Protection to look after your financial affairs

9.3 If there is no one acting on your behalf, Care Management staff will take steps to find out if there is someone who is willing and able to provide this support.

9.4 The provision of services will not be delayed whilst enquiries and applications are being made.

10. Charging for non-residential services
10.1 All non-residential services fall within the scope of this policy and include the following chargeable services:

- Home Care
- Supported Housing
- Extra Care
- Shared Lives Service
- Day Care services building based and in the community
- Befriending
- Transport to and from day care
- Respite care that is not in a residential care home
- Telecare and assistive technology
- Reablement (after six weeks)
- Housing related support services
- Personal budgets taken as a Direct Payment or managed service
- Services for carers as outlined in their care plan

10.2 It should be noted that charges for meals whether in a Day Centre or in a community setting will be charged for at a flat rate. This charge is not part of the Financial Assessment for Non-Residential Services as it is not subject to a means test.

Calculating the Charge for Non-Residential Services

10.3 In deciding if you can afford to pay the following calculation is applied to your capital and income to determine whether you can afford to pay for services:

Capital

10.4 If you own your home, the Council will not take into account the value of your interest in your main or only home as you reside there as your main residence. The Council will take into account the value of your interest in any other property or land.

10.5 Examples, of capital includes but is not limited to the following,

- Buildings
- Land
- National Savings Certificates and Ulster Savings Certificates
- Premium Bonds
- Stocks and shares
- Capital held by the Court of Protection or a Deputy appointed by that Court
- Any savings held in:
  - Buildings society accounts.
Bank current accounts, deposit accounts or special investment accounts. This includes savings held in National Savings Bank, Girobank and Trustee Savings Bank

- SAYE schemes
- Unit Trusts
- Co-operatives share accounts
- Cash
- Trust funds

10.6 If you have any capital, savings and investments above the upper capital limit (£23,250 for 2015/16 only) you will be asked to pay the full cost of your care.

10.7 If the total value of your capital assets, (savings or investments) falls below the lower capital limit of £14,250 (for 2015/16 only) these will not be taken into account as part of your financial assessment.

10.8 Any capital, savings and investments you have, between the lower and upper capital limits, will attract a tariff income of £1.00 for every £250.00 above the lower capital limit, up to the upper capital limit. Tariff income assumes that for every £250 of capital, a person is able to afford to contribute £1 per week toward the cost of their eligible care needs.

10.9 Where funds are held in a Trust, the financial assessment will seek to determine whether income received or capital held in a Trust should be disregarded or included in the assessment. The Council may take capital into account if there is good reason to take it into account. For example, where you have received personal injury compensation (held now in Trust or administered by the courts) for the same services that you ask the council to provide. You will be required to provide the Council with copies of Trust documents in the financial assessment.

10.10 The Council will take into account all other capital.

Income

10.11 The council will take into account state benefits and any private income you have including the following:

- Pension income
- All state benefits with the exception of Disability Living Allowance (DLA) (Mobility component) and Carers’ Premium
- Tariff income of £1 a week for every £250 (or part of £250) between £14,250 and £23,250
- Income that accrues to personal injury compensation held in Trust or administered by the courts and personal injury periodical payments that are income
• Any other income other than earnings and interest from savings and investments

10.12 Some benefits and income are disregarded. Any income from the following sources will be fully disregarded:

• Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme
• The mobility component of Disability Living Allowance
• The mobility component of Personal Independence Payments

10.13 You will be expected to claim all benefits to which you are entitled.

**Deductions**

10.14 The following deductions will be made from income along with any other disregards set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014.

• A sum equal to basic Income Support Personal Allowance plus premiums for age, level of disability or family status (but not Severe Disability Premium) plus 25% buffer.
• A sum equal to the Pension Credit Guaranteed Credit (but not Severe Disability addition) plus 25% buffer.
• Allowable housing costs such as mortgage and rent that is net of any housing, council tax or other benefit received including payments made under a mortgage protection scheme.
• Any council tax payable net of council tax benefit.
• The additional expenditure incurred as a result of a disability (Disability Related Expenditure) NB – appropriate evidence will be required to confirm expenditure and qualify for an allowance. Payments to family members will not be allowed as DRE unless there are exceptional circumstances
• £10 per week of War Disability Pensions and War Widows Pension and all of War Widows Supplementary Pension.
• All earnings from paid employment.
• Any support provided by family members to a client in their own home will be expected to be provided free of charge. Only in exceptional circumstances would payments to a family member be accepted and evidence of payment would be required.

**Minimum income disregarded**
10.15 A service user who receives care and support outside a care home will need to pay their daily living costs such as rent, food and utilities, and must have enough money to meet these costs. Your income must not be reduced below a specified level after charges have been deducted. This known as the ‘Minimum Income Guarantee’ and is designed to promote independence and social inclusion. The ‘Minimum Income Guarantee’ ensures that you retain income to the equivalent of Income Support or Guaranteed Credit element of Pension Credit, plus a minimum buffer of 25% or Pension Credit Guaranteed Credit (but not Severe Disability addition) plus 25%.

Minimum and maximum charges

10.16 A minimum assessed contribution of £1.50 per week will be necessary for charges to be payable.

10.17 There is not a maximum contribution and any contribution you are required to pay is assessed according to your individual circumstances.

Treatment of Couples

10.18 In this policy, for the purposes of financial affairs a couple is defined as two people living together as spouses or partners. A partner’s income/savings does not affect the charge applied to you and the Care Act requires that financial assessments are treated individually.

10.19 Where capital is held and income is received on a joint basis, then it is assumed that each person is entitled to 50% of that income.

Benefits fully disregarded

10.20 The following benefits are totally disregarded in the financial assessment:

- Savings credit reward
- Mobility Allowance
- War Pensions
- Carer Premium (paid as Guaranteed Credit or Income Support)

10.21 The lower capital limit (£14,250) will be disregarded from the financial assessment. For savings over this amount and up to the upper capital limit we will charge £1 for £250 worth of savings. People with savings over the upper capital limit will be required to meet the full cost of their care.

Treatment of property
10.22 The Council will disregard the value of the main residence, but the capital value of additional properties will be taken into account in the financial assessment.

11. **Charging for Residential Services**

11.1 The Council will charge for care and support delivered to you in a care home on a permanent basis. Following an assessment to establish if you have an eligible need for care and support, we will complete a financial assessment to determine if you are eligible for financial support from the council towards your permanent care costs.

11.2 If you choose to live in residential care that costs more than the amount that the Council has set in your personal budget then a top-up payment may be required. The top-up payment does not form part of your personal budget, since this must reflect the costs to the Council of meeting the needs.

11.3 The top-up payment must be paid by someone other than yourself or the Council in 2015/16. For example, this could be a relative or a friend and they are known as the Third Party.

11.4 You are not allowed to make a top-up payment yourself in 2015/16, except in the following circumstances:

- You are subject to a 12 week property disregard
- You have a deferred payment agreement in place with the Council and the terms of the deferred payment agreement reflect this arrangement.
- You are receiving accommodation provided under S117 for mental health aftercare.

11.5 The Council must agree to any top-up payment and the person paying the top-up will be required to enter into a written agreement with the Council agreeing to meet that cost including any price increases during the duration of the agreement.

**Calculating the charge**

11.6 Your ability to pay is determined in accordance with national policy. You are expected to pay for residential care in line with your ability to pay as determined under the Regulations.

11.7 The calculation to identify the charge that will apply will be as follows for residential services:

**Savings**
11.8 In 2015/16, if you have saving/capital below £14,250 this will be disregarded (i.e. you will be assessed on the basis of your income alone) but if you have savings between £14,250 and £23,250 the council will add £1.00 per week to your income (called tariff income) for each £250.00 or part thereof between these amounts (i.e. £15,000 savings would attract a tariff income of £3.00 per week as this is £750 over the disregarded savings). If you have more than £23,250 in savings/capital (including the value of your home or other property) you will normally be required to pay the full cost of your care.

**Income**

11.9 Generally all of your income (including benefits) is included in a financial assessment in accordance with the charging regulations to determine the contribution you will be asked to make towards your care home fees.

**Property**

11.10 If you own, or have an interest in, more than one property it is very likely that your capital assets are more than £23,250 and therefore you would be expected to pay the full cost of your care and would not be entitled to financial assistance from the Council. If you only own the home you live in, this is normally regarded as an asset but can be disregarded in the following circumstances if it is occupied by any of the following people and the property has been continuously occupied by you since before you first went into residential care:

- Your partner, former partner or civil partner, except where you are estranged
- A lone parent who is your estranged or divorced partner
- A relative who is:
  - Aged 60 or over
  - Is a child of the resident aged under 18
  - Is incapacitated

**12 Week Property Disregard**

11.11 You may be entitled to financial assistance from the Council for up to 12 weeks initial funding to assist you with your care home fees. This is known as the 12 week property disregard. If you have been assessed as having eligible needs for residential or nursing care and own your home (or have an interest in it valued at more than £23,250) but you have savings of less than £23,250, the capital value of your main or only property is disregarded for the first 12 weeks after permanently moving to residential care.

11.12 At the end of the 12 weeks, you will then be liable to meet the full cost of your care from then on unless one of the above disregards applies. You can ask
the council for a loan to help meet care fees pending the sale of the property in the form of a deferred payment agreement (see section 15).

**Temporary Stay in a Care Home**

11.13 Following an assessment of your eligible care and support needs, a decision may be taken that you would benefit from a temporary stay in a care home. A temporary stay in a care home is intended to last for a limited period of time and where there is a plan to return home. The person’s stay should be unlikely to exceed 52 weeks.

11.14 The Council will charge for care and support provided in a care home on a temporary basis.

11.15 If you have a temporary stay that becomes permanent you will be assessed for a permanent stay at the date permanency is confirmed and the care plan is amended.

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

11.17 The financial assessment for temporary stays will completely disregard the customer’s main or only home where the customer intends to return to that home.

11.18 The financial assessment will treat income and capital in the same way as if the customer was entering a care home on a permanent basis with the following exceptions:

- Where you are in receipt of Disability Living Allowance or Attendance Allowance, these are completely disregarded from the financial assessment
- Where you receive Severe Disability Premium or Enhanced Disability Premium, these benefits cease when Disability Living Allowance or Attendance Allowance ceases
- Housing benefit is disregarded
- Payments to maintain your home such as rent, water rates, insurance premiums will be disregarded
- Disability Related Expenditure (e.g. cleaning, gardening, community alarm services) is disregarded

A new financial assessment will be required in each financial year where a customer requires temporary accommodation in a care home.
12 Deferred Payment Scheme

12.1 The deferred payment scheme allows a person who owns a property to defer the costs of their residential care against the value of their property. This means that if you have assessed eligible needs that are being met through residential or nursing care you may not need to sell your property to pay for care. The funding takes the form of a loan, and a legal charge is placed on the property to secure the loan. A person will only be considered for deferred payments if they have capital including savings of less than the upper capital limit (£23,250 in 2015/16) and, they cannot afford to meet the cost of their care.

12.2 If you are living in supported living or extra care accommodation you may also be eligible for a deferred payment.

12.3 The Council may refuse a deferred payment in the following situations:
   - The Council is unable to secure a charge on the property
   - The property is uninsurable
   - You want to defer more than you can provide adequate security.

12.4 The Council may decide to not continue with a deferred payment agreement where:
   - The upper limit is reached
   - A spouse or dependent moves into the property after the Deferred Payment Agreement commences
   - Where the person becomes entitled to a property disregard

Amount of Care Costs that can be deferred

12.5 The amount of care costs that can be deferred will be calculated in accordance with Regulations. There is a maximum amount that a person can defer as a loan against their property which must not exceed 75%. This is known as the loan to value (LTV) ratio.

12.6 The Council will use its discretion to exceed the LTV where the deferred amount reaches a level where it is likely to exceed the upper limit.

12.7 A deferred payment can be offered to person who has assessed eligible needs that are being met through residential or nursing care.

Applying for a deferred payment
12.8 When a person applies for a deferred payment they must complete the Council's application form. This will include disclosing full information about your financial circumstances. The Council will have regard to the following:

- Loan To Value ratio
- The sustainability of a deferred payment agreement
- The duration of the Deferred Payment Agreement
- The period of time a person would be able to defer care costs
- The equity available in the property
- Whether the property is adequate security for the loan
- Contributions that may be made from a person’s savings

12.9 When a person is applying for a Deferred Payment Agreement they will be required to provide evidence that they are able to give the Council adequate security in return for the loan. Where a person owns a property this will be in the form of registering a legal charge against their property. If the property is jointly owned then all owners will need to agree to the charge being registered against the property.

12.10 A person entering a deferred payment agreement must have mental capacity to enter the agreement. If a person lacks capacity to enter into a deferred payment agreement a person may enter it on their behalf if they are appointed to manage the person’s property and financial affairs as a Lasting Power of Attorney or Court of Protection Deputy.

Administration Fees

12.11 The Council can charge an administration fee for setting up the deferred payment agreement. This is the actual cost of providing a deferred payment and includes the costs of registering a charge with the Land Registry, costs of valuing and any re-evaluation of the property, staff and legal costs. These fees will be included in the deferred payment agreement. The Council can also charge a fee during the course of the agreement reflecting charges incurred in the course of the agreement.

Interest Charges

12.12 The Council is able to charge interest on the deferred payment amount. Interest rate charges can go up to but not exceed the amount set by the Regulations set by the Government. The interest rate for the Council’s deferred payment scheme will be set taking into consideration the Regulations. These charges will be included in the Deferred Payment Agreement. Charges made by the Council for a deferred payment will be made publicly available.

Appeals
12.13 The outcome of an application for a deferred payment can be reviewed. You can request a review following the outcome of your deferred payment application. The council may review a decision where:

- There is new information that would have changed the decision
- There are eligible care costs that were not taken into account by the Council.

12.14 If a person remains dissatisfied with the outcome of an application for a deferred payment following a review then a complaint can be made under the Council’s complaints procedure.

Repaying the Council

12.15 Any deferred fees are to be repaid to the Council as soon as practicable after the termination of the agreement, sale of the property or the death of the service user.

12.16 The Council will use its debt management process, invoicing the customer or their estate as soon as the Council is aware of the change of situation. The invoice is payable within 30 days.

13 What If My Circumstances Change?

13.1 If your financial situation changes at all you must let us know so we can ensure your contribution is correct. Any change to your contribution will take effect from the date when you told us your circumstances changed and overpayment or underpayment will be backdated.

14 What If I Don’t Agree?

14.1 You have the right to appeal against your assessment if one of the following applies:

- If you think that the charge has been incorrectly worked out
- If you think you have expenses which we have not taken into account
- If you feel that you cannot afford the charge as it would cause you financial hardship

14.2 If you think one of the above applies you should contact:

Billing & Maintenance Team  
Support Services Centre  
Buckinghamshire County Council  
County Offices 12th Floor  
Walton Street  
Aylesbury  
HP20 1YU
Telephone: 01296 382590

15 Preventative Services

15.1 The Care and Support (Preventing Needs for Care and Support) Regulations 2014 allows the Council to charge for the provision of certain preventative services, facilities or resources. The Regulations also provide that some other specified services must be provided free of charge.

15.2 If the Council charges for preventative services it will ensure that you are able to afford any charges made.

15.3 The Council will not charge for the following:

- Preventative services to an adult suffering from Creutzfeldt-Jakob disease
- Community equipment (aids and minor adaptations)
- Intermediate care and reablement support services for up to first 6 weeks

16. Deprivation of assets

16.1 Deprivation of assets is the disposal of income and capital for the purpose of avoiding or to reduce care charges. For example, a disposal of income or capital may be when ownership is transferred, consideration for a transfer was less than the value of the asset or there was no consideration for the transfer. You will be asked by the Council and required to prove that you no longer own income or capital assets.

16.2 The Council will decide whether to conduct an investigation to determine whether deprivation of assets has occurred. After an investigation has been carried out, the Council will decide whether an asset has been deliberately deprived to avoid or reduce care charges. If it is found that you have deliberately deprived assets then you will be charged as if you still owned the assets.

17 Debt recovery

17.1 The Care Act introduces a framework for local authorities to recover debts. The Council has the power to recover money for arranging and providing care and support services. This power may be exercised when a person refuses to pay the amount they were assessed as being able to pay. This power extends to the person receiving care and support and their representatives.
17.2 The Council actively pursues debts and seeks to prevent debts escalating and for the person to make affordable repayments. Legal action to recover debt through the County Court will only be taken by the Council as a last resort when all other alternatives have been pursued without success.

18 Equality and Diversity

18.1 The Council is committed to ensuring that no one is treated less favourably because of age, race, ethnicity, religion, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or other personal beliefs.

19 Complaints and Compliments

19.1 You can let the Council know when things go right or when things go wrong. You can also let the Council know your suggestions of how things could be done better to help the Council improve its services.

19.2 If you would like to make a complaint or send a compliment it should be sent by post to the following:

Statutory Complaints Officer
Adult Social Care
Buckinghamshire County Council
New County Offices
Walton Street
Aylesbury

Email: socialcarecomplaints@buckscc.gov.uk
Telephone: 01296 382947.
Annex 1 – Charges and Rates 2015/16

Subject to Cabinet Member Approval which is expected on 25 March 2015

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<tr>
<th>Service</th>
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<tr>
<td>Deferred Payment Set-up Fee</td>
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<tr>
<td>Annual Administration Fee for above</td>
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<tr>
<td>Care Package Set-up Fee</td>
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<tr>
<td>Main Meal per day</td>
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<td>Tea Box per day</td>
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<td>Transport per return journey</td>
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<td>High Dependency Day Care per day</td>
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<tr>
<td>Home Care per visit (single handed)</td>
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<tr>
<td>Home Care per visit (double handed)</td>
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<tr>
<td>Laundry per load</td>
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<td>Telecare per week</td>
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Annex 2 – Capital Limits and Tariff Income

Capital Limits 2015/16

Upper Capital Limit: £23,250
Lower Capital Limit: £14,250

Tariff Income from Capital

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<th>Capital between these amounts</th>
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<tr>
<td>£14,500.01</td>
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<tr>
<td>£15,000.01</td>
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<tr>
<td>Amount</td>
<td>Threshold</td>
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<tr>
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<td>-----------</td>
</tr>
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<td>£22,250.01</td>
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</tr>
<tr>
<td>£22,500.01</td>
<td>£22,750</td>
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<td>£23,000.01</td>
<td>£23,250</td>
</tr>
<tr>
<td>More than £23,250</td>
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</tbody>
</table>
Annex 3 – Disability Related Expenditure

Disability Related Expenditure (DRE) is an allowance made in the financial assessment for additional expenses a service user may have due to a disability.

Statutory Guidance issued under the Care Act by the Department of Health includes examples of possible DRE as below. This provides that the Council should include the following although this list is not exhaustive. If you feel that you incur additional costs directly related to your disability this will be considered on the production of supporting evidence which you will be asked to provide.

- Payment for any community alarm system
- Costs of any privately arranged care services required, including respite care
- Costs of any specialist items needed to meet the person’s disability needs, for example:
  - Day or night care which is not being arranged by the local authority
  - Specialist washing powders or laundry
  - Additional costs of special dietary needs due to illness or disability
  - Special clothing or footwear, for example, where this needs to be specially made or additional wear and tear to clothing and footwear caused by disability
  - Additional costs of bedding, for example, because of incontinence
  - Any heating costs or metered costs of water above the average levels for the area and housing type
  - Occasioned by age, medical condition or disability
  - Reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual’s disability and not met by social services
  - Purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council
  - Personal assistance costs, including any household or other necessary costs arising for the person
  - Internet access for example for blind and partially sighted people
  - Other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable for a council not to take account of claimed transport costs if, for example, a suitable cheaper form of transport, e.g. council provided transport to day centres is available but has not been used.
  - In other cases, it may be reasonable for a council not to allow for items where a reasonable alternative is available at lesser cost. For example, a
council might adopt a policy not to allow for the private purchase cost of continence pads where these are available from the NHS.
### Appendix 4 - Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>Any person over the age of 18.</td>
</tr>
<tr>
<td>Adult with care and support needs</td>
<td>Any person over the age of 18 who has needs for care and support to live their day to day life.</td>
</tr>
<tr>
<td>Care and support</td>
<td>A mixture of practical, financial and emotional support and services that the council offers or can support, for any person aged 18 or over in order for them to live their day to day life.</td>
</tr>
</tbody>
</table>
| Carer                                          | Any person over 18 who provides or intends to provide care or support to another adult who needs care. This includes emotional care and support as well as physical.  

A person who is paid to provide care or does so as a voluntary worker is not considered a carer. |
| Carers Assessment                               | This is where the Council gathers information to help determine the carer’s need for care and support to help them live their day to day life and continue to provide care for the adult they are caring for. It also helps to determine whether or not they meet the eligibility criteria. |
| Direct Payment                                  | Payments made by the council directly to a person with care and support needs so they can chose where, how and when to get their own care and support.                                                         |
| Duty                                            | Something that the law says the Council must do.                                                                                                                                                           |
| Financial Assessment                            | This is the dialogue the Council has to have with the service user or their representative to gather information and the formal means-test under the relevant charging policy rules, once all the information has been gathered. This helps determine whether or how much an adult can afford to contribute towards any care and support services and to record other financial details such as benefits. |
| Indicative Budget                               | The maximum monetary value that indicates how much the council believes is required to meet your care needs as calculated by our RAS                                                                            |
| Independent Advocate                            | An appropriate individual separate from the Council who can represent a person where they are not able to...                                                                                              |
| **Light Touch Financial Assessment** | This is the information the Council gathers and the process by which the Council uses proxy measures such as benefit entitlement or assurance from the individual, instead of carrying out an in-depth information gathering exercise, to determine whether or how much an adult can afford to contribute towards any care and support services. |
| **National Eligibility Criteria** | These are the minimum levels of care and support needs for a person which the Council must support to meet the assessed needs. |
| **Needs Assessment** | This is the dialogue the Council has with an adult to gather information that helps to determine the adult's needs for care and support in order to help them live their day to day life. It also helps to determine whether or not they meet the eligibility criteria. |
| **Nursing Care** | The social and health care provided to a person who is living in a care home registered with the Care Quality Commission as a nursing home, rather than their own home. |
| **Personal Budget** | This is a statement of what it costs the Council to meet an adult's care needs. The breakdown includes the amount the adult with care and support needs pays towards the total cost as well as the amount the Council pays towards the total cost. It also looks at other funding options available to meet needs and considers services where there is no cost, such as a community resource. |
| **Prevention** | The individual interventions the Council makes to promote health; improve skills or functioning for one person or a group; or reduce the impact of caring on a carer's health and wellbeing. |
| **Reablement** | Free of Charge Intermediate care including up to 6 weeks care to help you recover from a major event such as a stay in hospital. |
| **Residential Care** | The care provided to a person who is living in a care home on a temporary or permanent basis (any establishment providing accommodation with personal or nursing care). |
rather than their own home.

<table>
<thead>
<tr>
<th><strong>Respite Care</strong></th>
<th>Temporary residential care for the cared for person which enables a carer to look after their own health and wellbeing and to take a break from caring.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Funder</strong></td>
<td>Any person who funds all their own care and support services or who has their care costs paid for by a third party such as a family member.</td>
</tr>
<tr>
<td><strong>Wellbeing</strong></td>
<td>The individual aspects of wellbeing are those outcomes most relevant to a person with care and support needs and carers.</td>
</tr>
</tbody>
</table>