Rotherham Metropolitan Borough Council

Adult Social Care
Charging for Care and Support Policy

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1. Introduction

1.1 Adult social care (unlike some health care) is not free. You are liable to pay all your care costs yourself unless you qualify for financial assistance.

1.2 To work out whether you qualify for any financial assistance, you need to complete an application to enable a financial assessment to be completed. Failure to complete a valid application will mean that you must pay the full cost of your care.

1.3 This policy explains how the council will charge people for care and support in order to sustain the delivery of care services to some of the most vulnerable members of our community.

1.4 This policy covers care and support in community settings which include services such as homecare, shared lives, direct payments, day care and supported living and in care home settings which includes residential or nursing care on a permanent, short stay or respite basis in residential or nursing homes.

2. Policy Statement

2.1 The objectives of this charging policy are consistent with the council's core values and priorities to promote independent living, social inclusion, accessible quality services, sustainability, anti-poverty and fairness and equality.

2.2 The principle of this policy is that people will only be required to pay what they can afford towards their care and support. People will be entitled to financial support based on a financial assessment.

2.3 Only the person receiving services is liable to pay charges and charges are based on the financial resources legally owned or due to that person. A spouse/partner is not required to make a contribution towards their partner's care costs, however couples can volunteer to be jointly assessed. Where a person chooses a care provider where the cost exceeds the amount the Council would normally be prepared to pay there may be a top up payment required by someone willing and able to pay the shortfall.

2.4 The detail of how to charge is different depending on the type of care and support a person is receiving and they will be explained within this policy:

I. Receiving care in a care home
II. Receiving care in their own home

III. Receiving care in another setting, for example shared lives or day centre
IV. Receiving a direct payment

2.5 This policy responds to the requirements of, and all regulations issued under, the Care Act 2014, which provide a single legal framework for charging for care and support.

2.6 This charging policy applies to all adult social care services and support provided by the Council.

2.7 The policy applies from 1st April 2026 and supersedes all previous adult social care charging policies and practice before this date and for the purpose of this policy; an adult is a person aged 18 and above who is eligible for a Personal Budget from the Council.

2.8 In determining a charging policy that complies with the Care Act 2014 the Council must also have due regard to the Care and Support Statutory Guidance and Annexes issued under the Care Act 2014.

3. Legal and regulatory context basis for charging

3.1 The Care Act 2014, furthermore referred to as 'the Act', provides a single framework for charging for care and support under sections 14 and 17. It enables local authorities to decide whether to charge a person when it is arranging to meet their care and support needs.

3.2 Section 14 of the Act provides local authorities with the power to charge people in receipt of care and support.

3.3 Section 17 of the Act creates a duty for local authorities to carry out a financial assessment of a person's financial resources to determine how much, if anything, they are able to pay towards the cost of those services.

3.4 The Care and Support (Charging and Assessment of Resources) Regulations 2014 (as amended) describe the limitations on local authority powers to make a charge for meeting needs under section 14 of the Act; and provide details about the requirements for carrying out financial assessments for the purposes of section 17 of the Act.

3.5 The 'Care and Support Statutory Guidance' (CSSG), issued by the Department of Health in October 2014 (as amended) sets out how a local authority should perform its care and support responsibilities. This includes details about interpreting and applying the rules relating to charging and financial assessments as defined in both the Act and regulations.

3.6 This policy has been written in accordance with the CSSG and related primary and secondary legislation and explains the Councils approach to determining how much each person should contribute financially towards the cost of their Adult Social Care services.

3.7 The policy will need to be revised from time to time to consider either:

I. Any amendments to the Care Act 2014 that are brought into force.
II. Any amendments to Care and Support Statutory Guidance
III. New statutory instruments (e.g. the proposed increase in the capital limit or any amending or repealing legislation).

4. Chargeable and Non-Chargeable Services

4.1 The Council operates the following charging categories:

I. Means tested charging and full cost service following a financial assessment
II. Exempt services or care and support provided free of charge:
III. Full cost charge for customers who do not wish to disclose their finances.
IV. Flat rate charges:
    Community Alarms
    Meals at day centres
    Transport to day centres
    Blue car parking badges

V. The following services can be charged for but are provided free:
    Services provided for carers to enable them to care effectively and safely
    Assistive technology other than community alarms

4.2 Exempt services or care and support provided free of charge:

I. Intermediate care, including reablement, which must be provided free of charge for up to six weeks
II. Social work support
III. Occupational therapy
IV. Information and advice
V. Assessments and Care Management Services
VI. After Care Services provided under Section 117 of the Mental Health Act 1983
VII. Community equipment (aids and minor adaptations) and minor property adaptations costing £1,000 or less

VIII. Services that are the responsibility of the National Health Service e.g. continuing health care

IX. Any administration fee relating to arranging that care and support. The only exception is in the case of a person with eligible needs and assets above the upper capital limit who has asked the Council to arrange their care and support on their behalf. In such cases, the council will apply an administration fee to cover its costs.

5. The Financial Assessment

5.1 A financial assessment will need to be completed for all care and support provided or arranged by Rotherham Metropolitan Borough Council (RMBC)

5.2 The purpose of the financial assessment is to assess how much a person can afford to pay towards the cost of their care or support service(s) on a weekly basis; it is means tested.

5.3 The Council will not charge more than it costs to provide or arrange care and support.

5.4 A minimum assessed contribution of £1.00 per week will be necessary for charges to apply.

5.5 For non-residential services, a maximum contribution will be based on 100% of the current nursing support with dementia care service rate.

5.6 The financial assessment will consider the client's financial circumstance e.g. benefits, property, capital, pensions, stocks, shares, bonds and any other income. Income from paid employment is disregarded from the financial assessment.

5.7 Financial information can be submitted online using the online financial assessment form Calculate your contribution, by completing a postal 'Request for Financial Assistance' form, by disclosing financial information to our Financial Assessment Officers via a telephone appointment and in certain circumstances we will arrange a home visit.

5.8 Evidence to support the financial assessment requested by the council must be provided within 14 days of the request. The Council will only ask for documentary evidence that is necessary to complete an accurate and comprehensive financial assessment. Failure to submit supporting evidence will result in a full cost charge until we receive the information. Charges will be backdated where appropriate to the start of any care and support.

5.9 The Council will use other information sources available to validate and complete the financial assessment such as the Department for Work and Pensions customer information system and the Councils housing benefit and council tax systems.

5.10 The financial assessment will make sure a person (or both people, if they have elected to be jointly assessed) has money left after charges are applied for themselves in line with statutory amounts, these are known as 'Personal Expenditure Allowance' (PEA) for care in a care home and 'Minimum Income Guarantee' (MIG) for care at home. These amounts are set and reviewed annually by the Department of Health and Social Care.

5.11 Financial assessments will be completed for people as individuals. A spouse or partner is not required to disclose their own income, however couples can volunteer to be jointly assessed. Where capital is held jointly, it will be assumed that each party is entitled to 50% of that income or capital.

5.12 The financial assessment may calculate that a person can afford to pay the full cost of their care and support. An example of this is where the amount of disposable income available following a full financial assessment is more than the weekly cost of the care package.

5.13 If a person declines a financial assessment or refuses to disclose full financial information, it will be assumed they have the resource to fund the full cost of the care from the start of their service

5.14 Charges for support will be payable from the date services or packages start; not the date the financial assessment is completed.

5.15 Charges will be reviewed by RMBC annually in April to take into account changes to welfare benefits and pension increases.

5.16 A review, or a financial assessment may be requested at any time. This may be where circumstances have changed, or for people who are self-funding, if their total savings/capital has fallen to, or below the upper capital limit, or where they have not previously had an assessment.

5.17 Notification of changes to charges are sent to people informing them how it affects their assessed weekly contribution. This communication gives details on how charges have changed because of inflationary increases, changes to services and/or how changes in benefit rules and amounts awarded by the Department for Work and Pensions (DWP) affect their assessed weekly contribution.

5.18 The financial assessment will include a welfare benefits check to ensure the person is claiming all the benefits they are entitled to. We will make the necessary referrals other agencies or colleagues within the council who will assist in making the claims.

6. Duty to notify change in circumstances

6.1 The person receiving care (or any person acting on their behalf) must notify the Council of any change of circumstances, which the person receiving care (or that person) might reasonably be expected to know, might affect the financial assessment, or the amount of the care cost contribution.

6.2 This should be done by sending a change of circumstances notice to the Council by email, in writing or completing a new online financial assessment form.

6.3 Notice in all cases must be given within a period of 21 days beginning with the day on which the change occurs, or as soon as reasonably practicable after the change occurs, whichever is later.

7. Light Touch Financial Assessments

7.1 In some circumstances, the Council may decide that a full financial assessment is not necessary or appropriate. This type of financial assessment is defined as a “light touch financial assessment.” The light touch financial assessment will apply:

I. If a person does not wish, or refuses, to disclose their financial information.
II. If a person says they have significant financial resources and or savings above the upper limit (see Annex B) and does not wish to go through a full financial assessment for personal reasons.
III. Where the charges for the service are small and a person can pay and would clearly have the relevant minimum income left. Carrying out a full financial assessment would be disproportionate.
IV. Where a person is in receipt of benefits, which show they would not be able to pay towards their care and support costs.

7.2 In circumstances where the person has refused a financial assessment but is eligible for care services the Council will assume the person can meet the full cost of the support needed and will pass on the full charge accordingly. The Council will inform the person to help them to understand that they will have to pay the full cost of any

support service and what that cost will be; the Council will remind them of their right to request a full financial assessment.

7.3 In circumstances where the person states they have sufficient financial resources to meet the cost of their support, the Council will advise the person to take independent financial advice regarding their options for meeting the cost of their care and support. The Council can offer advice to help the person access appropriate care and support services.

8. Self-Funders (full cost charging)

8.1 A “Self-Funder” financial assessment means that the person is required to pay the full amount of all qualifying charges for any means tested care and support they receive.

8.2 The Council will treat a person as being a “Self-funder”, where they:

I. Have savings and other financial resources above the national upper limit,(see Annex B).
II. Own a second property the value of which is over the national upper limit, (see Annex B)
III. Choose not to disclose their financial information to enable a full financial assessment.
IV. Fail to co-operate and/or do not provide a completed financial assessment form, within 14 days of the request to provide financial information; The Council will be deemed to have undertaken a financial assessment in accordance with regulation 10 of the “The Care and Support (Charging and Assessment of Resources) Regulations 2014 (as amended).
V. Declare that they agree to pay the full cost of services received.

8.3 Self-funders have the option for the Council to arrange a suitable social care package for them. There is an administration charge in operation to help fund the cost of arranging and administering these services. This administration charge will not be applied if the service user has no option other than using a specialist Council run service

8.4 The administration charge will be charged at the point that the care is initially arranged or if a change in the self-funders assessment means a new care package needs to be arranged and the Council is asked to do that.

9. Administration Fee

9.1 The Council will charge administration fees for work which it undertakes on behalf of people who fund their own non-residential care and have asked the Council to arrange care on their behalf.

9.2 Where the Council becomes the legal appointee for managing a person's finances (as there is no other person or legal representative to do so) the Council will use its power to charge an administration fee for the set up and annual running costs. In line with audit recommendations and national practice this will be paid for from the person's financial account.

10. Charging and Financial Assessments for Non-Residential Care and support in the community (not a care home)

10.1 The Council will charge for support delivered in community settings including a person's home or a community facility such as a day centre. The person's home includes tenancies within Extra Care Housing, Supported Living and Shared Lives accommodation.

10.2 All non-residential community-based support services fall within the scope of this policy and include:

I. Personal support delivered to the person in their own home
II. Day Care
III. Direct Payments
IV. Shared Lives
V. Supported Living
VI. Extra Care Housing Support Charge

10.3 Services not included within charging for care services in the community:

I. Meals at day centres
II. Transport costs to day centres

10.4 As meals and transport are not included in the unit cost, unless otherwise stated, where applicable, a charge will be made for meals and transport on a 'pay as you use' basis. This ensures people only pay for the activity and support provided to them.

10.5 Should the person receive more than one service per week, charges will be calculated up to the disposable income threshold.

10.6 If a person requires multiple carers at a care visit the cost of all carers is included when calculating a person's contribution

10.7 Treatment of Capital

I. The lower capital limit as set out in the Care and Support Statutory Guidance issued by the Department of Health and Social Care will be disregarded from the financial assessment

II. Where a person has assets between the lower and upper capital limits, we will apply a tariff income. This assumes that for every £250 of capital, or part thereof, a person is able to afford to contribute £1 per week towards the cost of their eligible care needs

III. Where a person has assets over the national upper capital limit, they will be required to pay the full cost of their care.

10.8 Treatment of Property

I. The value of the persons main home they are living in is not included in a non-residential financial assessment.

II. The value of other homes they own or part own, but do not live in, is included if the value or equity is over the national upper capital limit (see Annex B)

10.9 Treatment of Income.

All the following are included in the financial assessment:

I. All state benefits.
II. All occupational pension income.
III. Tariff income from capital and savings (see section10.7).
IV. Personal Independence Payment (PIP) Daily Living Component, Disability Living Allowance (DLA) (care component) and Attendance Allowance (AA) are taken into account, with the exception of the night-time care enhanced element of the higher rates which will be disregarded unless care is available/provided at night.
V. Any other income other than earnings and interest from savings and investments.

The following are disregarded from the financial assessment:

I. Personal Independence Payment (PIP) (mobility)
II. Disability Living Allowance (DLA) (Mobility)
III. Armed Forces Independence Payments
IV. War Pensions
V. Savings Credit

10.10 Housing Allowances

I. Where the person receiving care and support is the registered owner or tenant of a property, an allowance will be made for some housing costs such as mortgage, council tax and rent.
II. Where the person receiving care and support lives with other people, a housing allowance will be given to cover their percentage share of the total liability.
III. For further information on the types of housing allowance that can be considered and how an amount will be calculated, please see section 19.2 Appendix A, Housing Allowance.

10.11 Disability Related Expenditure (DRE)

I. The CSSG says that the council must leave a person with enough money to pay for necessary disability-related expenditure (DRE) to meet any needs which are not being met by the Council.
II. Included in the non-residential financial assessment is a consideration of any DRE's a person may have and what the amount of money this would equate to per week. This amount is then deducted as an allowable expenditure from the disposable income.
III. The nature of the DRE's and whether they are considered to be essential costs as a result of a disability will need to be agreed by the care practitioner and documented in the social care assessment or review.
IV. The financial assessment officer will look into the details of the expenses taking into account any bills (e.g. heating bills, cleaner, gardener etc) or receipts (e.g. for specific items related to a disability). Once the details have been evidenced and agreed the appropriate amount of money will be included in the financial assessment.
IV. For further information on the types of expenses that can be considered and how an amount will be calculated, please see section 19.1 Appendix A, Disability Related Expenditure

10.11 The financial assessment will make sure a person (or both people, if they have elected to be jointly assessed) has money left after charges are applied for themselves to cover their living costs in line with statutory amounts, these are known as a 'Minimum Income Guarantee' (MIG) for care in the community.

10.12 These amounts are set and reviewed annually by the Department of Health and Social Care.

10.13 It is expected that this allowance will cover costs such as food, clothing, water rates, leisure activities, TV license and television subscriptions.

11 Direct Payments

11.1 When an individual chooses to take their personal budget as a Direct Payment, their assessed contributions must be paid first towards the total of their care budget and the remainder is paid by the Council. The Council pays the Direct Payment net of the client's contributions.

11.2 There are regular audits of Direct Payments to ensure money is spent appropriately. Clients must provide details of their expenditure. Any unused funds will be reclaimed by the Council.

11.3 Where Direct Payments are being made and a person is not spending the direct payment as designated within their care and support plan, the Council will take steps to recover or reconcile any payments that have been inappropriately used. In these cases, a review of the care assessment and the financial assessment will also be undertaken.

11.4 Where a client does not comply with the conditions of the Direct Payment agreement, the Council reserves the right to make appropriate changes to the way in which the Direct Payment is administered. E.g. switch to a different method of payment or a commissioned service.

12 Charging and Financial Assessment for <u>permanent</u> care and support in a care home

12.1 Where a person's on-going care and support needs are to be met permanently within a care home and they are seeking financial support from the Council, a financial assessment will be carried out to determine the amount they will be required to contribute towards the cost of their care.

12.2 As the residential home will become the person's permanent address providing board and lodgings in addition to care and support, the financial assessment for residential care will take into account the person's property, income and savings.

12.3 If a person receives community support services in addition to their placement at a residential home such as attending a day service with another provider, the person will be financially assessed for charges towards the cost of the residential/nursing placement only.

12.4 If a person arranges to move into a residential home without having an assessment by the Council, and later asks for financial help with charges, the Council will determine whether the person meets the national eligibility for social care support. If the person does meet the

criteria, it will carry out assessments, both financial and personal to establish if financial support can be provided. If eligible for financial support in residential care, the Council will contribute towards the cost of care from the date of the referral (application date) to the Council and not from the date the person moved themselves into the residential home.

12.5 For people who have funded their own care and support within a residential home and their financial resources have depleted near to, or below the financial limit, the Council will consider assistance with funding from the date a referral is made to the Council, subject to a completed care act assessment and financial assessment.

12.6 If a person cannot afford their existing residential home and do not qualify for help from the Council, or for a deferred payment agreement then the person will need to seek alternative arrangements such as moving to a residential home that is affordable.

12.7 If customers are paying for their own care, the Council strongly advises seeking independent financial advice to ensure that customers will be able to afford the care they choose for the foreseeable future.

12.8 Treatment of Capital

I. The lower capital limit as set out in the Care and Support Statutory Guidance issued by the Department of Health will be disregarded from the financial assessment

II. Where a person has assets between the lower and upper capital limits, we will apply a tariff income. This assumes that for every £250 of capital, or part thereof, a person is able to afford to contribute £1 per week towards the cost of their eligible care needs

II. Where a person has assets over the national upper capital limit, they will be required to pay the full cost of their care

12.10 Treatment of Property

I. The value or percentage share of the persons main or only home is included in the financial assessment (see 15 Deferred Payment Agreement)

II. The value of other homes they own or part own, but do not live in, is included if the value or equity is over the national upper limit of £23,250 (see 14 Deferred Payment Agreement)

12.11 Treatment of Income

All the following are included:

I. All state benefits

II. All occupational pension income (50% if the spouse lives in the community)

III. Tariff income from capital and savings (see section10.6)

IV. Personal independence Payment Daily Living Component, Disability Living Allowance (care component) and Attendance Allowance (AA) up to 28 days.

V. Any other income other than earnings and interest from savings and investments

The following are disregarded:

I. Personal Independence Payment (PIP) (mobility)
II. Disability Living Allowance (DLA) (Mobility)
III. Armed Forces Independence Payments
IV. War Pensions

The following are partially disregarded:

I. The first £10 per week of War Widows and War Widowers Pension, survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme, Civilian War Injury pension, any War Disablement pension paid to non-veterans and payments to victims of National Socialist persecution (paid under German or Austrian law)

II. A savings credit disregard based on qualifying criteria within the Care Act 2014 (Annex C: Treatment of Income, part 33, section (b)

12.12 Housing Allowances

I. Housing allowances will be included for the first 4 weeks of a permanent stay to allow any notice to be given on tenancy agreements.

II. Where the person receiving care and support is the registered owner or tenant of a property, an allowance will be made for some housing costs such as mortgage, council tax and rent.

III. Where the person receiving care and support lives with other people, a housing allowance will be given to cover their percentage share of the total liability.

IV. For further information on the types of housing allowance that can be considered and how an amount will be calculated, please see section 19.2 Appendix A, Housing Allowance

12.13 The financial assessment will make sure a person has money left after charges are applied for themselves to cover their living costs in line with statutory amounts, this is known as 'Personal Expenditure Allowance' (PEA) for care in a care home.

12.14 These amounts are set and reviewed annually by the Department of Health and Social Care.

13. Charging and Financial Assessment for short term or respite care in a care home

13.1 Where a person requires care and support needs that are to be met temporarily within a care home and they are seeking financial support from the Council, a financial assessment will be carried out to determine the amount they will be required to contribute towards the cost of their care.

13.2 As the care home will become the person's main place of stay on a temporary basis providing board and lodgings in addition to care and support, the financial assessment for short term or respite care will take into account the person's property they don't reside in, income and savings.

13.3 If a person receives community services in addition to their placement at a care home such as attending a day service with another provider, the person will be financially assessed for charges towards the cost of the short stay or respite placement only.

13.4 If customers are paying for their own care, the Council strongly advises seeking independent financial advice to ensure that customers will be able to afford the care they choose for the foreseeable future

13.5 Treatment of Capital

I. The lower capital limit as set out in the Care and Support Statutory Guidance issued by the Department of Health and Social Care will be disregarded from the financial assessment.

II. Where a person has assets between the lower and upper

capital limits, we will apply a tariff income. This assumes that for every £250 of capital, or part thereof, a person is able to afford to contribute £1 per week towards the cost of their eligible care needs.

14. Where a person has assets over the national upper limit they will be required to pay the full cost of their care.

13.6 Treatment of Property

I. The value or percentage share of the persons main or only home is not included in the financial assessment for temporary stays in a care home.

II. The value of *other homes* they own or part own, but do not live in, is included if the value or equity is over the national upper capital limit

13.7 Treatment of Income

All the following are included:

I. All state benefits

II. All occupational pension income (50% if the spouse lives in the community)

III. Tariff income from capital and savings (see section 13.5)

IV. Any other income other than earnings and interest from savings and investments

The following are disregarded:

I. Personal Independence Payment (PIP) (mobility)
II. Disability Living Allowance (DLA) (Mobility)
III. PIP Daily Living Component, DLA (care) and Attendance Allowance (AA)
IV. Armed Forces Independence Payments
V. War Pensions

The following are partially disregarded:

I. The first £10 per week of War Widows and War Widowers Pension, survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme, Civilian War Injury pension, any War Disablement pension paid to non-veterans and payments to victims of National Socialist persecution (paid under German or Austrian law)
II. A savings credit disregard based on qualifying criteria within the Care Act 2014.

13.8 Housing Allowances

I. Where the person receiving care and support is the registered owner or tenant of a property, an allowance will be made for some housing costs such as mortgage, council tax and rent.

II. Where the person receiving care and support lives with other people, a housing allowance will be given to cover their percentage share of the total liability.

III. Housing allowances will be included for the duration of the temporary stay.

IV. For further information on the types of housing allowance that can be considered and how an amount will be calculated, please see section 19.2 Appendix A, Housing Allowance

13.9 The financial assessment will make sure a person has money left after charges are applied for themselves to cover their living costs in line with statutory amounts, this is known as 'Personal Expenditure Allowance' (PEA) for care in a care home.

13.10 These amounts are set and reviewed annually by the Department of Health and Social Care.

14. Deferred Payment Agreements (DPA)

14.1 A deferred payment agreement is an interest-bearing secured loan that self-funding eligible persons can apply for from the Council for the purposes of paying residential care costs.

14.2 Providing a person and their property meet eligibility criteria, the person may be entitled to enter into a Deferred Payment Agreement (DPA) with the Council. The intention of a DPA is to enable a person to get the support they need without them having to sell their home within their lifetime.

14.3 A DPA is a loan provided by the Council and is not a free service. The Council will charge set up costs, administration costs, interest on the loan and termination costs on all DPA's that are set up from and including the date this policy comes into effect. The loan monies, any interest and any administration costs (that are not discharged on an as and when basis) that are at any time secured under the deferred payment agreement is known as the "Deferred Amount".

14.4. The loan is secured on the self-funder's home and the Council makes weekly payments to the care home. Each payment being the difference between the persons assessed contribution and the full cost

of the care home. This is the amount that will be accrued under the Deferred Payment Agreement.

14.5 The Council will charge the person for the costs of setting and running the deferred payment agreement. The administrative costs can either be paid for separately when they are incurred, or they can be added to the loan. The Council's costs along with the loan will be then recouped upon completion of the sale of their home. Interest will be charged on the costs during the term of the deferred payment agreement if the costs are added to the loan.

14.6 Property owned by a person is included in the financial assessment. It will not be taken into account (disregarded) subject to meeting conditions when a spouse or partner continues to live there after a person moves permanently into residential care.

14.7 Where the property is to be included in the financial assessment, if eligible, the Council will exclude from the assessed charge, its value for the first twelve weeks of a person's stay. This period is called the twelve-week property disregard period and gives people time to seek independent financial advice and consider the options available to them to fund their support costs.

15. Third Party Top Ups in permanent and temporary stays in a care home

15.1 A person may choose a home that is more expensive than the fees the Council has set for residential or nursing care, which is arranged on behalf of the person who is eligible for support from the Council.

15.2 Where a person has chosen a setting that costs more than this, an arrangement will need to be made as to how the difference will be met. This is known as a 'top-up' payment. If the person is part or fully funded by the Council, the 'top up' must be paid for by a third party i.e. not the person or the Council.

15.3 Where there is no option but to use a more expensive residential or nursing home at the time of the needs assessment the Council may be required (short term) to pay the top-up costs. The Council reserves the right to transfer the client to suitable alternative accommodation at the standard Council rates at a later date, at which point, a third party would then have a choice whether they agree to pay for the client to stay, (i.e. third party to pay "top up" rate) or move to the alternative accommodation.

15.4 Where a choice does exist, the third party will be responsible for "top up" payments and must sign a top up agreement within the placement agreement. All parties including the care home will need to agree on the 'top-up' prior to the person moving into the care home.

15.5 The Council needs to be satisfied that the third party has indicated they are willing and able to meet the cost for the person's care and support. This includes ensuring the person has sufficient information and advice to understand the terms and conditions of the 'top up' agreement. The person will need to pay the top up fees direct to the home. The Council encourages the third-party payee to get independent financial advice before entering into this agreement.

15.6 In the event the 'top up' arrangements fail the Council may have to consider moving the person to an alternative home that can meet the person's needs and is within the fees the Council has set.

15.7 Any increase to the top up payments should be agreed between the three parties involved, i.e. the Council, the Care Home and the third-party payer

16. Deprivation of Assets

16.1 Deprivation of income and/or assets means a person deliberately educes or tries to hide how much capital they have to avoid paying towards the cost of their care. Examples of this are signing property, investments, or assets over to relatives or giving large monetary gifts.

16.2 Gifting money which would otherwise be available to pay for care fees is considered as deprivation. This may mean that the value of the money gifted would have to be added back to the persons savings. The responsibility falls on RMBC Adult Social Care to prove why the money or possessions were gifted despite being aware of care costs, relevant evidence would have to be provided to the Council.

Rules about paying for care differ from Inheritance and Tax planning rules and gifts should not be made on the assumption that the two rules are the same. For gifting cases, the Council will need to consider the reasons for gifting money or possessions as well as evidence of previous gifting history and transactions. Gift amounts exceeding £500 will require proof of approval from authorising bodies such as the Court of Protection or the Office of Public Guardian.

16.3 Placing a property in Trust - Trusts are legal devices designed to hold assets on behalf of named beneficiaries. The law states that you must not place a property in trust to secure more financial assistance for adult social care.

16.4 If the Council establish this is the case, then the client or their representative will not qualify for financial assistance and will have to pay all of the care home fees.

16.5 The Council will decide whether to investigate to ascertain if deprivation of income or assets has occurred where there are indicators as noted above. Where the Council determines that someone has deliberately deprived themselves of an asset or income in order to reduce or avoid a charge for care and support, the Council will charge services as though they still owned the asset or income. The Council may also take legal action for fraud.

16.6 Where deprivation of assets has been proven, the Council will seek to recover monies for charges owed from the person who requires care and support, their representative or the third party. This is in line with national guidance (Care Act 2014, Annex E: Deprivation of Assets, parts 18-23).

16.7 Financial assistance is strictly means-tested so, if the Council believe you have placed your house (or any of your assets) in trust for the avoidance of paying care fees, we will decide that you have deprived yourself of your own assets to take advantage of state financial assistance and you will not qualify

17. Appeals and Complaints

17.1 If a person is unhappy about the outcome of their financial assessment, they can appeal against the level of assessed charge.

17.2 The appeal will be considered by the Team Leader of the Revenue and Payments Service. They will review the financial assessment considering evidence provided as part of the appeal.

17.3 The Team Leader will also check to ensure the Charging Policy has been applied correctly.

17.4 All requests for further information from the customer must be provided within 14 days of the request letter.

17.5 The outcome of the review should be confirmed in 14 days of receiving further information or as soon as reasonably practicable.

17.6 If the person receiving care and support or their representative is still unhappy with their reviewed charge, a further appeal can be requested.

17.7 At the second appeal stage the case will be reviewed by a senior practitioner within Adult Social Care.

17.8 The appeal process can take up to 28 days from the time the completed appeals form is received, to the time the individual is informed of the outcome.

17.9 Confirmation of the outcome at each stage of this process is communicated with the individual.

17.10 The person receiving care and support will continue to be charged the original assessed contribution during the review and appeal process.

17.11 If after the review and appeal the Council asks the person to pay a different weekly charge or personal contribution, the difference will be backdated. Any overpaid charges or contributions will be refunded.

17.12 At any stage a person has the right for representation to be made through the RMBC Complaints Procedure

18. Related Documents and help and Advice

- The Care Act 2014
- Care and Support Statutory Guidance
- Equality Act 2010
- Data (Use and Access) Act 2025
- Human Rights Act 1998
- Mental Capacity Act 2005
- RMBC website Adult social care and support

19. Appendix A

19.1 Disability Related Expenditure (DRE) for Non-Residential Services only

When considering Disability Related Expenditure, an allowance is made for reasonable spending directly related to a disability to help people stay as independent as possible and to ensure they are able to maintain a healthy, hygienic and safe standard of living.

The following extracts from the guidance show what should be considered in relation to DRE (See link for Annex C: Care Act 2014)

Annex C 39)
Where disability-related benefits are taken into account the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary DRE's to meet any needs which are not being met by the local authority.

Annex C 40)

In assessing DRE's, local authorities should include the following. However, it should also be noted that this list is not intended to be exhaustive, and any reasonable additional costs directly related to a person's disability should be included.

Annex C 41)
The care plan may be a good starting point for considering what is necessary disability-related expenditure. However, flexibility is needed. What is disability-related expenditure should not be limited to what is necessary for care and support. For example, above average heating costs should be considered.

Calculating Disability Related Expenditure

Disability Related Expenditure is calculated based on evidence of relevant spending, and local information, for example typical heating costs for different types of housing in the North East region are calculated against the national average regional area costs. If the DRE is higher than usual or is of a more unusual nature this will be discussed with the person during the financial assessment.

Everyday living expenses

Everyday living expenses will not be considered when awarding DRE's. **The following items are considered to be everyday living expenses or a lifestyle choice (this list is not exhaustive):**

- Food & Beverages (unless special dietary needs)
- Clothing/Shoes (unless specialist as above)
- Water
- Furniture & Flooring (including carpets)
- Household Appliances
- Household textiles, cutlery, crockery and cooking utensils
- Entertainment & Media (TV including digital TV reception/Telephone (including. Mobile phones)/Internet & Broadband)
- Computing and Gaming Hardware and Software
- Domestic pet expenses
- Short Breaks and Holidays

Typical DRE's the Council will consider

This list is not exhaustive. There may be other items that can be reasonably considered to be a disability related expense.

Table 1 Household Bills DRE

Household Bills	Amount
Fuel (gas/electricity)	Evidence of higher use, compared to national average based on property type and number of bedrooms.

Table 2 Services DRE

Services	Amount
Privately arranged care	Evidenced cost up to maximum of £34.41 per week
Private Domestic help	Evidenced cost up to maximum of £34.41 per week
Laundry/Washing Powder	Evidenced cost up to maximum of £5.02 per week
Gardening	Evidenced actual cost up to a maximum £9.15 per week

Table 3 Equipment

Equipment	Amount
Wheelchair	Evidenced actual cost up to a maximum £5.24 per week for manual Evidenced actual cost up to a maximum £12.71 per week powered
Powered bed	Evidenced actual cost divided by 500 (10 year life) up to a maximum of £5.78 per week
Turning bed	Evidenced actual cost divided by 500 up to a maximum of £10.12 per week
Powered reclining chair	Evidenced actual cost divided by 500 up to a maximum of £4.59 per week
Stair-lift	Evidenced actual cost divided by 500 up to a maximum of £8.17 per week
Hoist	Evidenced actual cost divided by 500 up to a maximum of £4.02 per week

Table 4 Personal Items

Personal Items	Amount
Bedding If you need to replace your bedding due to extra wear and tear or damage because of your disability. We will also allow the cost of replacing staff bedding if reasonable and not covered by other funding	Evidenced actual cost over a weekly amount of £36.35
Clothing – needing to replace more frequently due to extra wear and tear	Evidenced actual cost over a weekly amount of £11.01
Footwear – needing to replace more frequently due to extra wear and tear	Evidenced actual cost over a weekly amount of £2.72
Prescriptions If you don't access free prescriptions.	Evidenced cost
Specialist dietary requirements as evidenced in care and support plan	Evidenced cost

19.2 Housing Allowances

I. Non-Residential Services

Local authorities must ensure that a person's income is not reduced below a specified level after charges have been deducted (Minimum Income Guarantee - MIG). The amounts are set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014 (as amended). The purpose of the MIG is to promote independence and social inclusion and ensure that they have sufficient funds to meet basic needs such as purchasing food, utility costs or insurance. This **must** be after any housing costs such as rent and council tax net of any benefits provided to support these costs – and after any disability related expenditure.

Housing Allowances the Council will consider for Non-Residential Services

This list is not exhaustive. There may be other items that can be reasonably considered.

Table 5 Housing Allowance

Housing Allowance – Non-Residential	Amount
Buildings and/or Contents Insurance	Evidenced actual cost (divided by number of occupants)
Council Tax	Evidenced actual cost (divided by number of occupants)
Garage Rent	Evidenced actual cost (divided by number of occupants)
Ground Rent	Evidenced actual cost (divided by number of occupants)
Mortgage Payment	Evidenced actual cost (divided by people named on mortgage)
Rent	Evidenced actual cost (divided by people named on tenancy)
Community Alarm	Evidenced actual cost
Community Alarm line rental	Max £5.39 (based on BT line rental)
Water/Gas/Plumbing Insurance	Evidenced actual cost (divided by number of occupants)

Housing Allowances the Council will consider for Residential Services

This list is not exhaustive. There may be other items that can be reasonably considered.

Where a person's property has been disregarded the local authority should consider whether the PEA is sufficient to enable the person to meet any resultant costs. For example, allowances should be made for fixed payments (like mortgages, rent and Council Tax), building insurance, utility costs (gas, electricity and water, including basic heating during the winter) and reasonable property maintenance costs.

Housing Allowance – Residential	Amount
Buildings and/or Contents Insurance	Evidenced actual cost (divided by number of occupants)
Community Alarm	Evidenced actual cost

Council Tax	Evidenced actual cost (divided by number of occupants)
Garage Rent	Evidenced actual cost (divided by number of occupants)
Ground Rent	Evidenced actual cost (divided by number of occupants)
Life insurance payments/ Funeral Payment Plans	Evidenced where it would be economically detrimental to cash in before death
Mortgage Payment	Evidenced actual cost (divided by people named on mortgage)
Rent	Evidenced actual cost (divided by people named on tenancy)
Water/Gas/Plumbing Insurance	Evidenced actual cost (divided by number of occupants)
Water meter	Evidenced actual cost (divided by number of occupants)
Water rates	Evidenced actual cost (divided by number of occupants)
Gas/Electric Standing Charge	Evidenced actual cost (divided by number of occupants)

20. Appendix B

Standard Rates for Financially Assessed Services

Type Of Service	Charge
Maximum Charge for Non-Residential Services	£875.00
Day Care Attendance	£76.80
Contracted Fee for Residential Care	£720.00
Contracted Fee for Residential Emi Care	£750.00
Contracted Fee for Nursing Care	£788.00
Contracted Fee for Nursing Emi Care	£875.00
Contracted Fee for LA Care home	£754.98

Flat Rate Charges	Charge
Blue Car Badge	£10.00 per badge
Community Alarm (Rothercare)	£5.50 per week
Transport to Day Care	£6.70 per return journey
Meals at Day Care	Cost dependent on day centre

Capital Limits	Charge
Capital assets under £14,250	Capital will not be included
Capital assets between £14,250 and £23,250	£1.00 for every part or complete £250 over £14,250 will be included
Capital assets over £23,250	Full cost of your service will be charged