Charging Policy
ASC Finance Team

Summary:

This policy details Portsmouth City Council's approach concerning the completion of the Financial Assessment and subsequent charging for individuals receiving care in the community or in a residential/nursing setting.

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Related Documents	• Care Act 2014 - Charging and Assessment of Resources • Care and Support Statutory Guidance • ASC Disability Related Expenditure (DRE) Policy • ASC Deferred Payment Policy • ASC Capital Depletion Policy • ASC Deprivation of Capital Policy • ASC Third Party Policy • ASC Debt Recovery Policy
Applicability	Adult Social Care Income Team - Finance Adult Social Care Teams including Older Persons, Learning Disability, Adult Mental Health and Physical Disability Teams
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Contents

1 Introduction

The purpose of this Policy is to set out the Local Authorities approach concerning the completion of the Financial Assessment and subsequent charging for individuals receiving Adult Social Care and Support services either in the community or in a residential/nursing setting.

This Policy should be read in conjunction with the Care Act 2014 Charging and Assessment of Resources and the Care and Support Statutory Guidance

The Care Act 2014 gives the council power to charge adults for their care and support.

This applies where adults are being provided with care and support to meet needs identified under Section 18, Section 19 or Section 20 of the Care Act 2014.

These needs can be referred to as 'identified needs' or 'eligible needs'.

The Care Act 2014 Charging and Assessment of Resources provides a universal approach to Local Authorities for the assessment of charging for eligible needs.

Portsmouth City Council conducts financial assessments in accordance with the Care Act 2014, the Care and Support (Charging and Assessment of Resources) Regulations 2014. Further details can be found on the Department of Health's (DoH) Website.

Portsmouth City Council's policy aims to ensure that the Council's approach to charging for Adult Social Care and Support services is open, transparent, and is a fair and consistent process for all.

2 Care Act 2014

The Care Act provides a single legal framework for charging for care and support under sections 14 and 17. It enables a local authority to decide whether to charge a person when it is arranging to meet a person's care and support needs.

Where a local authority arranges care and support to meet a person's needs, it may charge the adult, except where the local authority is required to arrange care and support free of charge (see page 5 for further details). Portsmouth City Council has decided to exercise its right to charge for Adult Social Care Services.

The framework is intended to make charging fairer and more clearly understood by everyone. The overarching principle is that people should only be required to pay what they can afford. People will be entitled to financial support based on a means-tested financial assessment.

The framework is therefore based on the following principles that local authorities should consider when making decisions on charging:

- Ensure that people are not charged more than it is reasonably practicable for them to pay.
- Be comprehensive, to reduce variation in the way people are assessed and charged.
- Be clear and transparent, so people know what they will be charged.
- Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice, and control.
- Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs.
- Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings.
- Be sustainable for local authorities in the long-term.

Any dis-application of the ASC Charging Policy would need to be agreed and signed off by the Director of Adult Social Care and Health and the S151 Director of Finance.

3 Scope

Portsmouth City Council will conduct a means tested financial assessment for all individuals in receipt of ASC fully funded or partially funded packages of care.

This policy is intended to provide guidance and detail the charging principles and assessment process for everyone involved.

4 Services provided free of charge.

The Care Act 2014, states that the Local Authority **must not** charge individuals for certain types of care and support, and these must be arranged for free.

These are as follows:

- Intermediate care, including reablement, which must be provided free of charge for up to 6 weeks to enable individuals to recover after a hospital discharge.
- Minor aids and adaptations costing no more than £1,000.00.
- Care and support provided to people with Creutzfeldt-Jacob Disease
- After-care services/support provided under section 117 of the Mental Health Act 1983
- Any service or part of service which the NHS is under a duty to provide. This includes Continuing Healthcare (CHC) and the NHS contribution to Registered Nursing Care (FNC)
- Assessment of individual needs, assessment of their finances or for any care and support planning undertaken

Portsmouth City Council also provides the following services free of charge:

- Carers Respite Options (Provided to carers via the Carer's Centre and subject to the Carer's Centre eligibility criteria)
- Administration and set up costs for Direct Payments
- Health related functions i.e. Counselling, needle exchange
- Professional / advisory services
- Preventative floating support for independent living - namely Oakdene Locksway Road flats.

5 Flat Rate Charges

The following services are provided and charged for by Portsmouth City Council via a "flat rate" charge regardless of the outcome of the financial assessment for care and support services also received:

- Meals/Drinks provided at Portsmouth City Council Day services.
- Corporate Appointeeship Service
- Telecare Responder Service
- Transport

6 The Financial Assessment

6.1 Where eligible care and support needs have been identified via the completion of a Care Act Assessment, a referral will be sent to the Financial Assessment and Benefit Team (FAB) for a means tested financial assessment.

6.2 The intention is for the financial assessment to be carried out prior to care commencing. This is to ensure that the individual and/or their representative are aware of the weekly maximum assessed charge and can make an informed decision as to whether they wish to proceed with the care and support services.

6.3 If the financial assessment is completed after the care services have commenced, the weekly care charges will be backdated to the start date of the care.

6.4 In all care settings, the preferred method of carrying out a financial assessment is "in person", at the individual's main residence. This allows for a holistic approach to be applied to the financial assessment, enabling viewing of any financial documents such as bank statements, observing any disability related expenditure needs and ensure there are no safeguarding concerns.

6.5 The Financial Assessments and Benefits team will obtain permission from the individual and/or their representative to access information pertaining to their income/benefits in advance of the scheduled visit, to help reduce the volume of evidence required.

6.6 During the financial assessment, a full income and welfare benefit check will also be completed ensuring that the individual is receiving everything they are entitled to. Support will be provided by the assessment officer in claiming any additional income identified.

6.7 After the visit, the individual or their representative will be advised, in writing, the result of their financial assessment and the weekly maximum assessed charge.

6.8 The individual and/or their legal representative will be asked to sign a declaration confirming that they understand why a financial assessment has been completed, that they are happy to proceed with the care, pay the weekly calculated assessed charge and that they are aware of their responsibilities in informing the council of any changes to their financial circumstances in the future.

6.9 Methods of payment will also be discussed during the assessment and re-iterated on the reverse of each invoice, Portsmouth City Council's preferred method of payment is via Direct Debit.

6.10 If it is not possible to visit the individual in their own home, a telephone financial assessment can be conducted upon request, and any financial documents required will need to be sent into the FAB team for review.

7 Generic Charging Principles

The Care Act 2014 sets out a number of generic principles to be applied for the purpose of the means tested financial assessment regardless of whether an individual is having care in the community or in a residential/nursing setting either temporarily or permanently.

The generic charging principles, are as follows:

7.1 **Income and Capital included in the Financial Assessment:**

- Most income and capital are included in the financial assessment, this includes:
  a. Income received including state pensions, private pensions, annuities, DWP welfare benefits, disability benefits, rental income from a property, income received from tenant/lodgers - (disregarding the first £20.00 in line with DWP).

  ➢ *For individuals subject to paying income tax on their income, the FAB team will calculate a tax deduction by applying the tax rate to income received over and above the personal tax threshold.*
  Calculations will be documented by the FAB Officer for future reference.

  ➢ *For individuals that have reached pension credit qualifying age and have a personal pension plan or annuity but have chosen not to draw down on it, notional income will be applied to the financial assessment.*
  Estimates of the notional income can be received from the pension provider which the FAB officer will use to calculate the notional income amount.

  b. Capital including cash, amounts held in a bank and building society accounts, savings accounts such as ISA's, premium bonds, stocks and shares and capital held abroad.
  c. Trust funds
  d. Property or land (*See guidance further in the policy on how property is treated depending on which financial assessment is being completed*)

Only income and capital for the "cared-for" person can be considered in the financial assessment. However, the Financial Assessments and Benefits team will ensure any spouse is financially protected by leaving them with a level of income equating to the value of the DWP Standard Minimum Guarantee.

Income amounts received monthly will be calculated into a weekly figure by multiplying the amount by 12 and dividing by 52.14 weeks.

7.2 **Income and Capital disregarded in the Financial Assessment:**

- There are some capital and income items that are disregarded from the financial assessment either partially or in full.
  e. Refer to "*Annex B - Treatment of Capital*" of the Care and Support Statutory Guidance for a definitive list of disregarded capital.
  f. Refer to "*Annex C - Treatment of Income*" of the Care and Support Statutory Guidance for a definitive list of disregarded income.
  g. For people receiving care and support other than in a care home, the full amount of savings credits the adult receives should be fully disregarded.

7.3 **Capital Thresholds:**

The capital thresholds are set by The Department of Health (DoH) to determine at which point an individual can access local authority funding for their care and support needs. The lower capital threshold is currently set at £14,250.00 (as of 1st April 2026).

Any capital held under this amount is disregarded from the financial assessment calculation, although it will still be shown on the financial assessment breakdown for information purposes.

7.4 The upper capital threshold is currently set at £23,250.00 (as of 1st April 2026)
If capital over £23,250.00 is held, an individual is considered a "Self-Funder" for their care.

7.5 A self-funder receiving care in the community, can either arrange/source their own care privately or they can request that the local authority arranges this on their behalf.
Should a request be made for the local authority to arrange and manage the community care needs, a one off "Self-Funding Set Up" fee and a weekly "Ongoing Self-Funding Fee" will be charged.
Refer to page 12 of this policy for further information on this.

7.6 If a Self-Funder is residing in a Residential/Nursing home, they will be referred to as a "Private Self Funder" and would be expected to pay the care home direct, and the Local Authority will cease all involvement
Exception to this will be if the individual is residing in a Local Authority care home, if this is the case, they would be expected to pay the Local Authority for their care home fees.

If an individual lacks mental capacity to manage their own finances and as such is unable to pay the care home direct, and there is no one with the appropriate legal powers to access funds, the Local Authority can agree to pay the fees in the interim to avoid the care home placement being at risk.

In these instances, approval will be sought by the practitioner to pay the care home until such time that the required legal powers are in place and funds can be accessed appropriately.

For further guidance on this, please see page 24 on Capacity.

7.7 To determine levels of capital held and private income received, a request will be made to the individual or their legal representative to provide bank statements and/or bank books for all accounts held.

- For those being financially assessed for the first time, who have never been in receipt of care services, 3 months' worth of bank statements/bank book will be requested.
- For those who are requesting financial support from the Local Authority for the first time but have been self-funding their care privately, and their capital has now fallen below the £23,250.00 upper capital threshold, 12 months' worth of bank statements/bank books will be requested.

7.8 Where an individual receives income as part of a couple or holds capital jointly, the income and/or capital will be halved by 50%.

7.9 If a dispute is raised as to who owns the capital, this will be escalated to the ASC Income Management Team and further evidence maybe requested to investigate further.

7.10 **Tariff Income**

Where an individual has assets between the lower and upper capital thresholds the Local Authority must apply tariff income.

This assumes that for every £250.00 of capital held between £14,250.00 and £23,250.00, or part thereof, a person can afford to contribute £1 per week towards the cost of their eligible care needs and this will be included in the weekly maximum assessed charge calculation.

7.11 **Allowable Expenses**

Allowable "expenses" such as rent/mortgage or council tax (net of any benefits provided in order to support with these costs) will be considered and added to the financial assessment.

Guidance on exact expenses allowed and the duration of such costs, are detailed further on in the policy dependent on whether the assessment is for care received in the community or in a residential/nursing setting, however some costs can include:

- Rent / Mortgage liability (not including amounts covered by Housing Benefit)
- Council Tax liability (not including amounts covered by Council Tax Support)
- Ground Rent / Service Charges
- Buildings Insurance for any privately owned property
- Disability Related Expenditure (DRE) (*Community Care Assessment Only*)
- Community Alarm / Telecare (*Respite Assessment*)

7.12 Expenses paid monthly, will be calculated into a weekly figure by multiplying the amount by 12 and dividing by 52.14 weeks.
Where expenses are incurred as part of a couple, they will be divided by 50%.

7.13 Allowable costs do not include expenses such as purchasing food, paying utility bills, mobile phone contracts or purchasing clothes and such expenses should be paid for out of the personal allowance left with each week to live on.

7.14 **Personal Allowances**

Part of the financial assessment calculation determines how much an individual must be left with each week to live on, these are referred to as the Minimum Income Guarantee (MIG) for community care and Personal Expense Allowance (PEA) for residential and respite care.

7.15 **Minimum Income Guarantee - Community Care**

The Department of Health (DoH) sets out how much a person must retain from their weekly income when living in the community to cover their living expenses, this is referred to as the "*Minimum Income Guarantee"* (MIG).

The purpose of the MIG is to promote independence and social inclusion and ensure there are sufficient funds to meet basic needs such as purchasing food, utility costs or clothes.

7.16 **Personal Expense Allowance (PEA) - Residential or Respite Care**

Part of the financial assessment calculation determines how much a person must be left with to live on each week when residing in a care home on a temporary or permanent basis. The Department of Health (DoH) sets out how much a person must retain from their weekly income to cover their personal expenses; this is referred to as the "*Personal Expenses Allowance"* (PEA).

The purpose of the PEA is to keep a set amount of income for personal use, and it is up to the individual as to how they spend it. The PEA should not be spent on aspects of care and support that the Local Authority have an obligation to meet.
Neither Local Authorities nor care providers have the authority to request that residents spend their PEA in a particular way and as such should not do so.

For further details on how the PEA and MIG are calculated, please refer to the following: Social care - charging for care and support 2026 to 2027: local authority circular - GOV.UK

The current amounts of PEA and MIG can be found in Appendix 1.

7.17 **Financial Assessment Calculation**

Once all financial information has been obtained, the financial assessment will be completed to calculate the weekly maximum assessed charge:

a) All income received including notional income
\+ b) Tariff income from capital held between £14,250.00 - £23,249.99
\- c) Any allowable expenses such as rent or council tax
\- d) Disability Related Expenditure (DRE) *(Community Care Only)*
\- e) Minimum Income Guarantee (MIG) / Personal Expense Allowance (PEA)
= e) Disposable weekly income = **Maximum Assessed Charge**

7.18 The amount of any disposable weekly income remaining after the financial assessment calculation has been completed, is the *"Maximum Assessed Charge".*
This is the maximum amount a person will pay towards their care and support services based on their current financial circumstances.
If the amount of disposable weekly income is a minus figure, no contribution is required towards the care and support services.

8 Community Care Financial Assessment

8.1 For the purpose of this policy, Community Care is defined as services provided to individuals residing in the community rather than in a Residential/Nursing care setting.

The following guidance in section 8 relates to those receiving Community Care only, for guidance on the financial assessment process for Residential/Nursing care please refer to section 9 of this policy.

8.2 The following list details the Community Care services that are subject to a financial assessment and financial contribution should the provision be funded by Adult Social Care:

- **Direct Payment** - *money paid direct to an individual to fund services to meet their eligible care needs*.
  (Refer to the ***ASC Direct Payment Policy*** for further guidance on this type of care provision).
- **Homecare** - *(also known as domiciliary care), which can include personal care, bathing, shopping, cleaning, and prompting/assisting with taking medication.*
- **Day Centre Services** - *Where adults with learning disabilities or dementia for example can attend to carry out activities or socialise with others.*
- **Social Inclusion -** *Services provided to help improve independence and inclusion.*
- **Supported Living -** *Service designed to help people with a wide range of support needs to retain their independence by being supported in their own home.*
- **Extra Care Housing -** *Specialist housing designed for older people that include self-contained housing often with on-site 24-hour carers and a personal alarm service.*
- **Shared Lives** - *Where adults often live with a Shared Lives carer in the carer's home who provides the care and support required.*

8.3 Individuals will only be charged what they can reasonably afford to pay and will be financially assessed based on their own financial circumstances.

8.4 The financial assessment will determine the weekly "*maximum assessed charge*". However, if the care and support services cost less than the "*maximum assessed charge*", the individual will pay an "*actual charge*":

Example 1:

Client A has been assessed as needing 3 hours of homecare per week at a cost of £24.40 per hour = £73.20 per week.

Client A has a financial assessment completed and is assessed to pay a maximum assessed charge of £100.00 per week based on their financial circumstances.

As the cost of the care is lower than the maximum assessed charge, *Client A* will be charged an "*actual charge*" of £73.20 per week for their care and support services.

Client A care package is increased to 5 hours of care per week at a cost of £122.00.

Client A charge increases to the *maximum weekly assessed charge* of £100.00 per week.

**The above example is for illustrative purposes only*

Example 2:

Client B is assessed as requiring 10 hours of homecare per week at a cost of £24.40 per hour = £244.00 per week.

Client B is assessed to pay a maximum assessed charge of £125.00 per week based on their financial circumstances.

As the cost of the care is £244.00 per week, which is more than the weekly assessed charge, *Client B* will be charged the "maximum assessed charge" of £125.00 per week.

**The above example is for illustrative purposes only*

8.5 Portsmouth City Council will pay the care provider the full cost of the care and an ASC invoice will be sent separately each month to pay the weekly assessed contribution.
(See page 21 for further details on raising care charges and the billing process for adult social care clients)

8.6 **Additional Allowances for Community Care**

8.7 Where an individual is still living at home with parents because they are unable to live independently on their own, and they do not have any liability for housing costs but maybe contributing to "rent/keep" from their income which can be evidenced, the "non-dependent deduction" allowance amount will be added to the financial assessment as an expense in line with the Department of Work and Pensions (DWP).
Please refer to Appendix 1 for current rate of Non-Dependent Deduction.

8.8 If an individual has dependent children whether they live with them or not, any payments being made in relation to child maintenance will also be included as an expense on the financial assessment.

All income received in relation to a child is fully disregarded from the Financial Assessment.

8.9 If an individual is residing in "Extra Care Housing" (ECH) and jointly owns a property with their spouse and the spouse has remained in the marital home, 50% of any occupational pensions will be disregarded from the financial assessment for the spouse to retain this income to help support the upkeep of the property. Evidence that this financial arrangement was in place prior to entering ECH must be provided in the first instance.

8.10 **Treatment of Property**

If an individual is residing in their own home (their main residence) whilst in receipt of community care services, the property will be disregarded from the financial assessment.

8.11 If any other property other than the main residence is owned, (even if the main residence is rented i.e. Extra Care Housing), the individual will be financially assessed as having an asset worth more than £23,250.00, will be classed as a "Self-Funder" and will pay the full cost of their care and support services.

8.12 If the capital is tied up in the property and as such, the individual is unable to afford the full cost of their care and support services until the property is sold, they will be required to sign an *agreement to pay* with the Local Authority.

8.13 The terms of the agreement state that the individual is still required to make a weekly contribution towards the cost of the care services based on income and capital held and that any difference between the weekly contribution and the full cost of the care services will be repaid in full upon the sale of the property.

8.14 If a property is disregarded from the financial assessment, a *"Property Alert"* will be placed with the Local Authority Legal Services team so that any potential future sale of the property is identified.

Jointly Owned Property - Individual Not Residing In

8.15 If an individual is receiving care within the community and jointly owns a property that is not deemed to be their main residence, for example, they reside in Extra Care Housing and the jointly owned property is, and has been continuously occupied by an individual of State Pension age or above, the property will be disregarded in accordance with Residential charging and DWP mandatory property disregard regulations.

Should the following circumstances apply, the property will not be disregarded and will be included as a capital asset in the financial assessment:

1. The property owned is empty and not occupied.
2. The individual residing in the jointly owned property, is under state pension age.

8.16 **Disability Related Expenditure (DRE)**

8.17 Where an individual is in receipt of disability-related benefits and these are being included on the financial assessment, the local authority should allow the person to keep enough benefit to meet any care/disability needs which are not being met by the local authority - this is referred to as Disability Related Expenditure (DRE).

8.18 Please refer to the ***Disability Related Expenditure (DRE) Policy*** which offers further guidance on the assessment and application of DRE on the financial assessment.

8.19 **Self-Funding Arrangement Fee**

8.20 Where an individual has been assessed as having capital above the upper capital threshold of £23,250.00 and they request for Portsmouth City Council to commission, arrange and manage their community care and support services on their behalf, they will be subject to the "Self-Funding Arrangement Fee".

Please refer to Appendix 1 for the current amount of the weekly arrangement fees.

The fees will be shown on the monthly ASC Invoice and are included in the amount to be paid.

8.21 The ongoing weekly fee will be charged whilst the care package remains open. If an individual is admitted into hospital, for example, but the care package has remained open, the ongoing weekly fee will continue to be charged.

Only when there is a permanent end to the care package or the individuals' capital depletes under the £23,250.00 capital threshold, will the ongoing fee cease.

8.22 If the care package comes to a permanent end and then recommence at a later date, the self-funding fees will be charged again.

9 Residential and Respite Financial Assessment

9.1 For the purpose of this policy, Residential and Respite care is defined as services provided to individuals living permanently or temporarily in a Residential/Nursing care setting.

9.2 The following guidance in section 9 relates to services received in a Residential / Respite setting, for guidance on the financial assessment process for services received when residing in the community please refer to section 8 of this policy.

9.3 It will be the responsibility of the practitioner following the completion of a Care Act needs assessment, to determine whether the stay in the residential care home is permanent or temporary based on the identified eligible care needs.

9.4 **If there is an intention for an individual to return to the community after the stay in the residential care home, the care package provision will be recorded as temporary residential (respite).**

If there is no intention for an individual to return to the community and as such care needs can only be met in a care home, the care package provision is to be recorded as permanent.

9.5 If a 28-day trial in the residential/nursing home is being completed to see if the home is suitable but is has already been determined that the individual has permanent residential care needs, the stay in the care home will still be referred to as permanent as there is no intention to return home. However, the individual may move to a different residential home following the trial if required.

9.6 Weekly assessed charges for respite or residential/nursing care will be raised based on the number of **full days** that an individual resides in the care setting. Individuals who pass away will be charged up to and including the date of death.

9.7 The financial assessment for temporary respite stay is different to that of a permanent residential stay, any owned property will be disregarded, and a number of housing costs will continue to be allowed for the whole duration of the respite stay.

It is therefore important that the correct provision is determined from the start which accurately reflects the individual care needs and the type of care being received, as this will also impact the type of financial assessment to be completed and the amount of weekly assessed contribution.

9.8 If an individual is admitted to hospital whilst they are either residing temporarily or permanently in a care home, they will continue to be charged the weekly assessed charge whilst the room remains open for them to return to.

If an individual is not able to return to the care home because the home can no longer accommodate or meet the eligible needs, the practitioner will be responsible for communicating this to the care home, sourcing a care home that can accommodate the individual and ensuring that the relevant process has been followed to close/record care packages in an accurate and timely manner.

9.9 An individual may have a mixture of services received in the same billing week i.e. Homecare on a Monday and Tuesday and then a respite stay Wednesday - Sunday which are both subject to charging and a different financial assessment. For further guidance on how charges will be raised in this scenario see page 23.

9.10 Portsmouth City Council will pay the care provider the full day/night rate of the care and an ASC invoice will be sent separately each month to pay the weekly assessed contribution.

9.11 Permanent Residential Stay - Financial Assessment

9.12 Income / Capital included in the Financial Assessment

As per the Generic Charging Principles detailed on section 7, the majority of income and capital is included in the financial assessment, however there are a couple of additional rules when an individual is in residential care on a permanent basis:

- Disability benefits such as Attendance Allowance/DLA/PIP and disability premiums are taken into account for the first 28 days of the stay when the local authority is funding (any period in hospital prior to entering the residential care home is also included as part of the 28-day period). After 28 days an individual should cease receiving the care component of disability benefits and associated premiums and these will be removed from the assessment.
- 50% of any occupational/private pensions or retirement annuity will be left to a spouse who has remained in the marital home, where it is evidenced that financial support is already being provided and is required. This does not automatically apply to unmarried couples although the Local Authority can exercise its discretion on a case-by-case basis.
- If an individual is assessed as having capital over £23,250.00, they are considered a "Self-Funder". See point 7.6 for further guidance on private self-funders residing in a residential/nursing setting.

Self-funders who reside in a private residential care home (i.e. not a Local Authority care home) will be classed as a "Private Self-Funder" and will be expected to liaise directly with the care home in order to pay the care home fees and the Local Authority will cease all funding and involvement.

If an individual lacks mental capacity and there is no one with the appropriate legal powers to access funds to pay the care home direct, the Local Authority can agree to pay the fees in the interim to avoid the care home placement being at risk.

In these instances, approval will be sought by the practitioner to pay the care home until such time that the required legal powers are in place and funds can be accessed appropriately.

For further guidance on this, please see page 24 on Capacity.

9.13 Allowable Expenses

9.14 As per the Generic Charging Principles detailed in section 7, there are a number of allowable housing expenses for individuals that reside in a residential/nursing home, however these will only be allowed on the financial assessment **for the first 28 days**, after this the expenses will be removed from the financial assessment.

This is to allow time for a tenancy to be ended or for a spouse remaining in the property to take over the liability of the housing costs.

9.15 When a client enters residential care on a permanent basis, continuing housing expenses will not be included if there is a spouse living in the property.
Instead, we will leave 50% of any occupational pensions to ensure that the spouse income is at the minimum level as set out by the DWP.

9.16 There may be some instances where an individual will be liable for housing costs for more than 28 days i.e. if they lack capacity and are not able to end their own tenancy.

Such cases should be discussed with the ASC Income Management Team in the first instance.

9.17 Requests made for expenses to be added to a residential assessment that do not fall within the "Allowable Expenses" criteria in section 7 of this guidance, will need to be discussed with the ASC Income Management Team on a case-by-case basis.

9.18 Requests should include the rationale as to why the expense should be considered for the assessment as well as any supporting evidence from the allocated practitioner.

9.19 Any decisions made will be clearly documented for future reference.

9.20 **Treatment of Property**

9.21 When an individual is residing in a residential/nursing care home on a permanent basis, any property owned including their own home will be included in the financial assessment unless they meet the "Property Disregard" criteria as detailed in point 9.30.

9.22 If the property is to be included in the financial assessment, the effective date will depend on whether there is an eligibility for a "12 Week Property Disregard" period, see point 9.35 for guidance on *12 Week Property Disregard*.

9.23 The beneficial interest in the property will be calculated to see whether it is above the Upper Capital Threshold limit.

9.24 Should the amount of beneficial interest be above the upper capital threshold of £23,250.00 (after taking into account, any joint ownership and debts/loans such as mortgages and equity release secured against the property), the individual will be assessed as a self-funder, will be required to pay the full cost of the care fees and the Local Authority will cease all funding and involvement.

If an individual is not able to pay the full cost of the care home fees because the capital is tied up in the property, they may be eligible for a "Deferred Payment Arrangement" whereby the Local Authority will fund the full cost of the stay in the care home via a loan, place a legal charge against the property and once the property is sold, the loan will be repaid.

For further guidance on Deferred Payment Arrangement please refer to the **ASC *Deferred Payment Policy***.

9.25 **Treatment of Mobile Homes / Static Caravans**

9.26 Mobile Homes and Static Caravans will be treated the same as other property ownership on the financial assessment.

9.27 A "12 Week Property Disregard" period will be applied in the first instance whereby the value of the Mobile Home / Caravan will be disregarded from the financial assessment for the first 12 weeks.

9.28 From week 13 the individual will be assessed as a "self-funder" and full cost charges will be raised.

9.29 An *"Agreement to Pay"* will be signed by the individual or their legal representative to confirm that all monies owed to the Local Authority will be repaid upon the sale of the property.

9.30 A weekly contribution based on income and capital held will still be required towards the funded care package from week 13.

9.31 **Mandatory Property Disregard Criteria**

9.32 Where an individual no longer occupies the property, but it is occupied in part or whole as the main or only home by any of the people listed below, the property will not be taken into account for the Residential Financial Assessment, and it will be disregarded.

The disregard only applies where the property has been continuously occupied since <u>before</u> the individual went into the care home on a permanent basis:

(i) the persons partner, former partner, or civil partner, except where they are estranged
(ii) a lone parent who is the person's estranged or divorced partner.
(iii) a relative as defined in paragraph 35 of the person or member of the person's family who is either:

1) aged 60 or over

2) is a child of the resident aged under 18

3) is incapacitated

9.33 If the property is to be disregarded, the reason for the disregard will be discussed with the individual/or their representative. It will also be explained as to what the impact on the financial assessment would be should the property disregard no longer apply, and the property is taken into account in the future.

9.34 A *"Property Alert"* will be placed with the Local Authority Legal Services team on the property so that any potential sale of the property in the future is identified.

9.35 Should an individual and/or their representative challenge a decision when a property has not been disregarded or they request for the Local Authority to consider a *Discretionary Property Disregard* to be applied, the request will be escalated to the ASC Income Management team with supporting evidence who will review on a case-by-case basis.

9.36 **<u>12 Week Property Disregard</u>**

9.37 An important aim of the charging framework is to prevent individuals being forced to sell their home at a time of crisis. The regulations under the Care Act 2014 therefore create space for people to make decisions as to how to meet their contribution to the cost of their eligible care needs when they own a property.

9.38 A local authority must therefore disregard the value of a person's main or only home for the first 12 weeks in the following circumstances:

(a) when they first enter a care home as a permanent resident, and they have not been self-funding their stay privately from their capital in the bank.

(b) when a property disregard other than the 12-week property disregard unexpectedly ends because the qualifying relative has died or moved into a care home

9.39 If the above criteria is met, the property will not be included in the financial assessment for the first 12 weeks and the individual will be financially assessed based on their income and capital only.

This will allow the individual and/or their representative time to consider what they wish to do with the property and how the stay in the care home will be funded from week 13.

9.40 The care home will be advised of the end of the 12-week property disregard period and when Local Authority funding will cease.

9.41 Allowable Housing Expenses that are being incurred by the individual such as rent, mortgage and council tax will be allowed on the financial assessment up to and including the entire 12-week property disregard period.

9.42 From week 13, the individual and/or their representative will either choose to self-fund privately and liaise with the care home directly or sign up to a Deferred Payment Arrangement until such time the property is sold.

For further guidance on Deferred Payment Arrangement please refer to the ***ASC Deferred Payment Arrangement policy***.

9.43 There are certain circumstances when an individual will not be eligible for the 12-week property disregard period and the property will be included in the financial assessment from the first day they enter the care home:

a) Has been self-funding the care home stay from their own capital held in the bank.

b) Was not living in their main residence prior to entering the care home (i.e., may have been living with family)

If however, an individual has been self-funding their stay for only a short period of time, less than the 12-week period, we will allow the difference and disregard the property for this period of time.
I.e. individual has been self-funding for 4 weeks and their capital has now fallen below the upper capital threshold; we will disregard the property for the remaining 8 weeks.

9.44 **Capital Reducing Assessment**

9.45 Once capital held has reached £30,000.00, an individual who was previously assessed as a self-funder can request a *Capital Reducing Assessment* to be undertaken.

9.46 The assessment will calculate the point the capital will fall below the £23,250.00 Upper Capital Threshold limit considering the person's weekly income, current capital held and the weekly rate of the home they are residing in.

From this assessment, a date will be determined that an individual may be eligible for local authority funding.

9.47 For further guidance on Capital Depletion and the completion of the Capital Reducing Assessment please refer to the ***ASC Capital Depletion Policy***.

9.48 Temporary Residential Stay (Respite) - Financial Assessment

9.49 **Income / Capital included in the Financial Assessment**

As per the Generic Charging Principles detailed on section 7, the majority of an individual's income and capital is included in the financial assessment, however there are a couple of additional rules when someone is residing in residential care on a temporary basis:

- The care component of DLA or PIP is completely disregarded from the financial assessment but any disability premiums for Guaranteed Pension Credit or Employment and Support Allowance or the Health Allowance for Universal Credit will still be included.
- If an individual is still residing in the care home after 28 days, the care component of DLA or PIP or Attendance Allowance must cease. (Any period in hospital had prior to entering the residential care home is also included as part of the 28 days).
- The mobility component of DLA or PIP is completely disregarded from the respite financial assessment.
- If an individual has a spouse that they live with, the spouse must be left with the "Minimum Income Guarantee" amount as set by the DWP, to ensure they are not financially worse off whilst a person is temporarily residing in a care home. This will be determined from the income the spouse receives and may involve having to discuss the financial circumstances of the spouse.

Where the spouse income is less than the Minimum Income Guarantee, a "Spouse Allowance" will be added to the financial assessment for the cared for person.

9.50 **Allowable Expenses**

As per the Generic Charging Principles detailed on section 7, there are a number of allowable expenses when residing in a residential/nursing home on a temporary basis and these expenses will remain on the assessment all the time the intention is to return home.

9.51 Requests made for expenses to be added to a respite assessment that do not fall within the "Allowable Expenses" criteria in section 7, will be discussed with the ASC Income Management Team on a case-by-case basis.

9.52 Requests should include the rationale as to why the expense should be considered for the assessment as well as any supporting evidence from the allocated practitioner.

9.53 Any decisions made, will be clearly documented on the finance system.

9.54 **Treatment of Property**

9.55 Where an individual owns their own home and it is the intention for them to return to that home after the temporary residential stay, the property will be fully disregarded for the purpose of the financial assessment.

9.56 Should the individual's stay than change to a permanent residential stay following the temporary stay, the property will be treated in accordance with the permanent residential financial assessment process as per guidance detailed from section 9.20 of this policy.

10 Notional Income, Non-Disclosure & S117

10.01 **Notional Income - Applies to ALL Financial Assessments**

10.02 In some circumstances a person may be treated as having income that they do not actually have; this is known as *notional income*. This might include for example, income that would be available on application but has not yet been applied for, income that is due but has not been received or income an individual has deliberately deprived themselves of for the purpose of reducing the amount they are liable to pay for their care and support services.

10.03 Notional income will also be applied where an individual has reached pension credit qualifying age and has a personal pension plan but has not yet purchased an annuity or arranged to draw down the equivalent maximum annuity income that would be available from the plan.

10.04 For the purposes of the financial assessment, any means tested benefit, state pension or annuity that has not been applied for/drawn down, but an individual has eligibility to receive it, **will be included in the financial assessment calculation** and a full explanation regarding the notional income will be provided advising of the impact this will have on the financial assessment and the maximum weekly assessed charge.

10.05 Support will be provided by the Financial Assessment and Benefit Team (FAB) in claiming any welfare benefits or state pensions where necessary.

10.06 **Non-Disclosure - Applies to ALL Financial Assessments**

10.07 Should an individual refuse to provide the full details of their financial circumstances or chooses to "opt out" of the financial assessment process, their assessment will be classed as "Non-Disclosure".

10.08 The individual will be assessed as having the capital resources above the upper capital threshold and will be treated as a "Self-Funder" and will pay the full cost of their care and support services.

10.09 Should an individual be in receipt of Community Care service; they will also be subject to the "Self-Funding Arrangement Fees".

10.10 **Section 117 After Care**

10.11 A person is eligible for S117 aftercare once they have been discharged from hospital after being admitted under the following sections of the Mental Health Act 1983:

- Detained in hospital for treatment under **Section 3**,
- Transferred from prison to hospital under **Sections 47 or 48,**
- Ordered to go to hospital by a court under **Sections 37 or 45A**.

10.12 S117 places an enforceable duty on both Health (NHS) and Social Care (Local Authority) to provide aftercare services to an individual upon discharge from hospital.

10.13 Neither Health nor Social Care departments can charge for the services engaged to meet eligible needs arising from or related to a mental health disorder.

10.14 Details of any S117 aftercare in place should be made clear at the time of referring for a financial assessment.

10.15 Individuals subject to S117, are able to "top-up" their care provision if they so wish. For example, if an individual was going into residential care and chose a more expensive home to reside in, they can use their own financial resources to pay the difference between the local authority funded amount and the full cost rate of the home.

11 Changes to the Financial Assessment

11.01 **Change of Circumstances**

11.02 It is the responsibility of the individual and/or their legal representative to inform the Financial Assessment and Benefit Team of any change to financial circumstances so that the financial assessment remains accurate.

This could be receiving additional income, capital held in the bank has increased or even moving to a new address.

The change can be reported via telephone, email, letter or in person by visiting the Civic Offices.

If it is identified that a change of circumstances has occurred that the assessed individual or representative has failed to inform the FAB team, which would have resulted in a lower maximum assessed client charge, the change will not be backdated and will only be applied from the date the FAB team were informed.

Exceptional circumstances will only be considered on a case-by-case basis and should be escalated to the ASC Income Team manager/s.

11.03 The financial assessment will be reviewed and amended from the date that the change was reported.

11.04 A new financial assessment breakdown showing the change of circumstances and the impact this has had on the maximum assessed charge will be sent along with a new declaration form to be signed and returned.

11.05 **Backdated Financial Assessment**

11.06 In some circumstances, the Local Authority may identify a change to financial circumstances i.e. additional welfare benefits awarded or a property has been sold and this has not been reported to the FAB team.

11.07 The financial assessment will be amended to include the change in circumstances and backdated to the Monday following the effective date.

11.08 If there is any doubt as to whether the financial assessment should be backdated or not, the case will be discussed with the ASC Income Management Team for a decision to be made.

11.09 If the decision is made to backdate the financial assessment, a new financial assessment will be recorded backdated to the Monday following the effective date.

11.10 If the decision is made not to backdate the financial assessment, the rationale for this decision will be documented for future reference.

11.11 Any changes made to the financial assessment as a result of backdating and the impact of such change will be clearly communicated with the individual and/or their representative.

11.12 **Yearly Review of the Financial Assessment**

11.13 Each year, as a minimum, the Local Authority will carry out an annual review of the financial assessment for anyone in receipt of chargeable Adult Social Care and Support services at that time. This is in line with increases to Welfare Benefits, and State Pensions via the DWP effective from April.

11.14 The financial assessment will be updated to show the increased income and the new weekly assessed charge.

11.15 Those who are paying the full cost of their care or are paying the actual cost of their care under their maximum weekly assessed charge, may also see an increase in the amount they pay from 1st April each year in line with the increase to provider rates.

11.16 The review will take place "in office" using information already held from previous assessments and resources available to the Local Authority such as the DWP system "Searchlight" and the Local Authority Housing system "Northgate - Revs and Bens."

11.17 Assessment letters advising of the new weekly assessed charge and the effective date, will be sent out prior to the April Adult Social Care invoices being sent.

11.18 Should a change to financial circumstances be identified during the annual review that was not previously reported, the financial assessment will be backdated to the Monday following the effective date.

See section 11.04 for further guidance on Backdating Financial Assessments.

12 Deprivation of Assets

12.01 Deprivation of Assets is where a person has intentionally deprived or decreased their overall assets in order to reduce the amount they are charged towards their care and support services. This means that the individual must have known that they needed care and support and have then reduced their assets in order to reduce the contribution they are asked to make towards the cost of that care and support.

This includes:

- the deprivation of capital in order to avoid or reduce care and support charges.
- the deprivation of income in order to avoid or reduce care and support charges.

12.02 Should possible deprivation of either capital or income be identified whilst conducting the financial assessment, further investigation will be carried out to determine whether deprivation has occurred.

12.03 Deprivation should not be automatically assumed, there may be valid reasons why someone no longer has an asset, and the local authority will ensure it fully explores this first. However, the overall principle should be that when a person has tried to deprive themselves of assets, this should not affect the amount of local authority support they receive.

12.04 A person can deprive themselves of capital in many ways, but common approaches may be:

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

12.05 It is the responsibility of the individual and/or their legal representative to prove to the local authority that they no longer have the asset, and that deprivation has not occurred. If they are not able to do this, the local authority will financially assess as if the asset is still owned.

12.06 Factors to consider when deciding whether deprivation has occurred could be:

- The timing of when the asset was disposed of
- The health and care needs of the individual when the asset was disposed of

12.07 If it is unclear as to whether deprivation has occurred or not, the case should be discussed with the ASC Income Management Team for further investigation.

12.08 For further guidance on the Local Authority approach to Deprivation of Capital, refer to the ***ASC Deprivation of Capital/Assets Policy***

13 Top Ups

13.01 Where a person has chosen care and support services that cost more than the personal budget, a contractual arrangement will need to be made as to how the difference will be met. This is known as an additional cost or ‘top-up’ payment and is the difference between the amount specified in the personal budget and the actual cost of the care service being received.

13.02 There are two types of "Top Up":

- First Party Top Up - where an individual meets the difference from their own financial resources (only applicable in certain circumstances)
- Third Party Top Up - when a third party such as a relative, friend or a charity meets the difference from their own financial resources.

13.03 An individual may choose to make a "First Party Top Up" if they meet one of the following criteria:

- Where they are subject to a 12-week property disregard period
- Where they have a deferred payment agreement in place with the local authority. *When this is the case, the terms of the agreement should reflect this arrangement*.
- Where they are receiving accommodation provided under S117 for mental health aftercare

13.04 If an individual does not meet any of the criteria for a "First Party Top Up" they cannot be asked to pay any more towards their care and support services other than their assessed maximum contribution following the completion of a financial assessment.

13.05 For those wishing to make a "Third Party Top Up", a contractual agreement between the third party and the Local Authority will be made and an affordability assessment completed to ensure that the top up is affordable and can be sustained.

13.06 For further guidance on this please refer to the ***ASC Third Party Policy.***

14 ASC Billing and Invoicing

14.01 Adult Social Care Charges are raised on a weekly basis via the ASC finance system *ContrOCC* and then imported via an interface into the Local Authority Corporate finance system *Fusion*.

14.02 Charges for care are raised on a weekly basis, Monday - Sunday up until the last Sunday of the month.

14.03 At the end of the billing month a consolidated invoice (Balance Forward Bill) is created and sent to the individual or their legal representative. The invoice will include either 4 or 5 weeks' worth of charges depending on how many Sundays there are in the billing period.

14.04 Charges are based on actual care received and as such individuals will be invoiced in arrears of services received, thus ensuring opportunity to reflect any variations to care packages which impact on charging.

14.05 Payment is due the following month on the chosen payment date and there are 4 payments dates to choose from 7th, 15th, 22nd or 28th of the month.

14.06 Portsmouth City Council preferred method of payment is via Direct Debit and this will be promoted by staff. If, however, Direct Debit is not a viable option, all methods of payment shall be available and will include cash, cheque, BACS, and credit/debit card payment in person, by telephone and via the internet.

14.07 All opportunities for 'netting' should be taken, where lawful (i.e. where sums are both due to the City Council and due from the City Council in respect of the same customer).

14.08 **Client "Actuals"**

14.09 Charges for care are raised based on the "Actuals" recorded by the care provider.

14.10 The "Planned" package of care following the outcome of the Care Act Assessment completed by the practitioner as well as the "Actual" care received is detailed on the ASC finance system.

14.11 The "Actual" care will be the same as the "Planned" care unless the provider records any variations for Missed (M), Frustrated (F) or Extra (E) care received for a particular week.

14.12 It is the responsibility of the care provider to update the "Actuals" to accurately reflect the care and support services received which will ensure the individual is charged correctly.

14.13 **Community Care - Charging**

14.14 If an individual is receiving care in the community, they are required to give a **minimum of 24 hour's notice** to the provider if the service is not required on particular day/week to ensure charges are accurate and the provider will record the care as "*Missed*" in the system.

14.15 If notice is not provided and the care is not received, the care will be referred to as *"Frustrated",* and the individual will still be charged as if the care was received.

However, it is expected that in some circumstances i.e. in emergency situations, notice may not be able to be given. In these circumstances, cases will be judged on an individual basis whether charges will still be raised, and approval will need to be sought from ASC finance management in the first instance, however as a general rule, if a cost is incurred by the Council, then charges will be raised to the client.

14.16 If notice is provided and care is not received; an individual may not always see a reduction in their care charge contribution for that week - this will depend on the amount of the maximum assessed charge and/or whether they still received care from other providers and the total cost of the care provided during the billing week.

14.17 **Residential / Respite Stays - Charging.**

14.18 For respite and permanent residential/nursing care, individuals will be charged based on the start and end dates of the stay.

14.19 If an individual dies whilst in permanent residential care, they will be charged up to and including the date of death.

14.20 Individuals will be charged the full weekly assessed charge, or the charge will be apportioned based on the length of their stay by dividing the weekly assessed maximum charge by the number of days of the stay.

14.21 **Charging for Community Care and Respite Care in the same week**

14.22 Where an individual has an assessed charge and receives both Community Care **and** Respite Services in the same billing week, the individual will only be charged against the respite services received and will not be charged for their community care services, ensuring individuals are never left with less than their weekly minimum income guarantee in any one billing week.
Individuals who have financial resources above the upper capital threshold of £23,250.00 will be charged for both community care and respite care costs in the same billing week.

14.23 **Transport Flat Rate - Charging**

14.24 Where Portsmouth City Council provides transport for individuals to access services, a daily flat rate charge will be applied as a contribution towards the overall cost of providing transport. This charge does not reflect the actual cost incurred by the local authority but is intended as a partial contribution. For further details, please refer to PCC's Assisted Transport Policy.

14.25 Charges are determined based on planned services, and adjustments to transport charges will only be made if an entire billing week (Monday to Sunday) is missed and no transport is received during the week, provided that a minimum of 24 hours' notice is also given. The only exception to this is when services are unavailable due to bank holidays or centre closures.

14.26 If an individual receives any planned transport during a billing week, no adjustments to the transport charge will be made

14.27 Failure to provide the minimum 24-hour notice will result in no adjustment to the transport charge.

14.28 Individuals are responsible for contacting the ASC Billing Team if an adjustment to their transport charge is required.

14.29 **Community Care Disputed Charges**

14.30 Disputed charges need to be raised with the ASC Income Team within 3 months from the disputed date. Any disputes received after 3 months will not be considered and the charges will remain due for payment.

14.31 Should the charges be inaccurate due to the "Actuals" recorded by the provider, a "Dispute" will be raised via the finance system which will show the disputed dates and comments will be provided as to why the charges raised are being disputed.

14.32 The care provider will be responsible for checking raised disputes and if in agreement, will adjust the "actuals" to reflect the care received. Any credit or adjustment to the charges for the disputed period will be shown on the next ASC invoice.

NOTE: If the amount of credit and the amount of the next weekly charge is the same amount therefore resulting in an overall charge of £0.00, no charges will be imported or shown on the ASC invoice for that particular week.

EXAMPLE:

Credit of £55.00 is created for week commencing 1st July 2024 due to be imported on the next weekly bill run for week commencing 8th July 2024.

Charge of £55.00 is created for week commencing 8th July 2024 due to be imported on the next weekly bill run for week commencing 8th July 2024

Therefore, the overall charge for week commencing 8th July 2024 = **£0.00**

As the charge for week commencing 8th July is £0.00, no charges will be raised for this week due to the credit raised for the previous week and it will not be shown on the ASC invoice.

14.33 If the care provider does not agree with the raised dispute and has declined to amend the actuals, they will provide a response advising of this and no adjustment will be shown. The individual or their representative will be informed of the outcome of the raised dispute.

14.34 **Residential and Respite Care Disputed Charges**

14.35 Disputed charges need to be raised with the ASC Income Team within 3 months from the disputed date. Any disputes received after 3 months will not be considered and the charges will remain due for payment.
The CPLI recorded start and end date will need to be adjusted on the finance system to accurately reflect the period of the stay.

14.36 Any credit or adjustment created following the amendment of the start and end dates will be shown on the next ASC monthly invoice.

14.37 **Recovery of Arrears**

14.38 If care charges are not paid in full by the payment due date, recovery action will be taken by the ASC Debt Recovery Team in accordance with the **ASC Debt Recovery Policy.**

15 Mental Capacity

15.01 All individuals will be assumed to have the mental capacity to manage their finances in accordance with the principles set out in the Mental Capacity Act 2005.

15.02 Carrying out the financial assessment, discussions regarding charging for adult social care services and signing of the declaration will be arranged with the assessed individual unless a professional has deemed them to lack the mental capacity to manage their own finances.

15.03 The assessed individual will be set up as statement receiver and they will receive all correspondence in relation to the financial assessment and ASC invoices.

15.04 If the individual does lack capacity this should be evidenced by a completed Mental Capacity Assessment (MCA) carried out by a professional.

15.05 Only a representative that has been awarded the appropriate legal powers to act, such as a DWP Appointee, Lasting Power of Attorney (LPOA) or Court Appointed Deputy is able to complete the financial assessment on an individual's behalf and/or receive correspondence relating to the financial assessment including the ASC invoices.

15.06 Only if the assessed individual has provided permission and this is clearly documented, can an informal representative receive a copy of the financial assessment correspondence and/or ASC invoices, but the individual will always receive the original correspondence in the first instance.

15.07 If someone is applying to become an Appointee, LPOA or Deputy and they are not aware of the individual's financial circumstances to complete a financial assessment, they will be asked to sign a "*Third Party Agreement To Pay*" document.

15.08 The *Third-Party Agreement To Pay* document confirms that the representative is applying to manage the financial affairs of the individual, that they will provide evidence of such application, will fully co-operate with the Local Authority in respect of completing the financial assessment and will pay all monies outstanding once the appropriate legal powers have been granted and they are able to access the individual's funds.

15.09 If the financial circumstances of the individual are not known at the point they start to receive adult social care and support services, a financial assessment will be completed on the basis of "Non-Disclosure" until financial information can be obtained and disclosed.

15.10 **Safeguarding**

15.14 Concerns that the DWP Appointee, LPOA or Deputy are not acting in the best financial interests and/or potential financial abuse is being carried out against an individual, will be reported to the appropriate authorities.

15.15 A safeguarding referral will be sent in the first instance to the Local Authority Safeguarding Team for them to investigate further.

15.16 Concerns will also be raised with the DWP for concerns regarding Appointees or the Office of Public Guardian for concerns regarding LPOA's or Deputies and Hampshire Constabulary if required.

15.17 The individual's allocated practitioner should also be informed of any safeguarding concerns.

16 Re-Assessments and Complaints

16.01 Complaints regarding the outcome of a financial assessment and/or a request for a re-assessment should be forwarded to the ASC Income Team manager/s. All requests for a reassessment should be made in writing within 20 working days of the original assessment being completed.

16.02 A re-assessment request can be for several reasons, including change of circumstances, reviewing Disability Related Expenditure or because an individual/rep does not agree with the outcome of the original financial assessment.

16.03 Upon receipt of a re-assessment request, the team managers will assign a different FAB officer to review the original assessment and if necessary, the officer will arrange to visit the individual or their representative.

16.04 Once the reassessment has been completed, the outcome will be confirmed in writing, explaining either that the charge has reduced and why this has changed from the original calculation or that the charge remains unchanged and why this charge is correct.

16.05 If the individual or their representative remain dissatisfied with the outcome of the re-assessment, they have the right to make a formal complaint by contacting the ASC Complaints Team.

16.06 Complaints regarding the conduct of a member of staff or how a financial assessment has been carried out should be sent to the ASC Complaints Team for formally logging with the service.

16.07 The ASC complaints team will forward the complaint to the ASC Income Team Manager/s for investigation and a formal response.

16.08 Upon receipt of the complaint, the ASC Income Team Manager/s will ask any individually named member of staff to provide a written statement of account.

16.09 The complaint response may also require input from the ASC service as well as the finance service, if this is the case, the ASC finance team managers will discuss this with the ASC service managers.

16.10 Upon receipt of all information required, the ASC Income Team Manager/s will fully investigate the complaint and formally respond within the corporate timescale of 15 working days.

APPENDIX 1 - RATES AND CHARGES

The table below details the rates, fees and charges that are detailed throughout the policy as of 1st April 2026 and will be updated annually:

RATE/FEE/CHARGE	AMOUNT £	FREQUENCY
PCC Self-funding One off Arrangement Fee	£49.12	Weekly
PCC Self-funding Ongoing Arrangement Fee	£13.07	Weekly
Deferred Payment Set Up Fee	£786.68	One-off
Deferred Payment Annual Fee	£576.70	Annually
Non-Dependent Deduction Rate	£20.40	Weekly

Details of the weekly Personal Expense Allowance and Minimum Income Guarantee as detailed on page 9 are shown below:

RESIDENTIAL AND RESPITE CARE - PERSONAL EXPENSE ALLOWANCE

Personal Expense Allowance (PEA)	£31.80 per week
Savings Credit Disregard:	£7.30 per week
PEA + Savings Credit Disregard (If Eligible)	£39.10 per week
Deferred Payment Arrangement (DIA)	£144.00 per week maximum amount

COMMUNITY CARE - WEEKLY MINIMUM INCOME GUARANTEE AMOUNTS

** For a Lone Parent the child allowance of £106.85 is also added to the standard lone parent allowance for the first child. If client has other children the child allowance will need to be added manually as a reference item*	Minimum Income Guarantee (MIGs) for 2026/27				
	18 to 24 - Single	25 to Pension Age - Single	Pension Age - Single	*Lone Parent	Reference Item to be added to apply applicable MIG
Standard Allowance	£95.40	£120.40	£241.45	£227.25	No reference item needed for single client aged 18 +, the standard income buffer will be applied based on age of client. If client a lone parent add Child Benefit to apply lone parent standard income buffer
Disability Premium (£51.55) (In receipt of DLA Low/Middle or Standard PIP or Limited Capability for Work and Work Related Activity of Universal Credit and no disability benefits)	£146.95	£171.95	N/A	£278.80	DLA - Low/Middle Rate or PIP - Standard Rate and Child Benefit if Lone Parent
Carers Premium (£55.25) (Client in receipt of carers allowance - **FOR JOINT CLAIMS** - if the carer premium relates to the partner NOT the client - disregard the income and don't allow the MIG)	£150.65	£175.65	£296.70	£282.50	Carers Allowance and Child Benefit if Lone Parent
Disability Premium (£51.55) and **Enhanced Disability Premium** (£25.15) (In receipt of DLA High or Enhanced PIP only or Income Related ESA Support Group and any rate of DLA/PIP or Limited Capability for Work and Work Related Activity of Universal Credit and any rate of DLA/PIP)	£172.10	£197.10	N/A	£303.95	DLA - High rate or PIP Enhanced rate and Child Benefit if Lone Parent *(£197.10 MIG is to be manually applied if client 18-24, in Support Group of ESA but receiving over 25 personal allowance)*
Disability Premium (£51.55) and **Carers Premium** (£55.25) (In receipt of DLA Low/Middle or Standard PIP and Carers Allowance)	£202.20	£227.20	N/A	£334.05	DLA - Low/Middle Rate or PIP - Standard Rate, Carers Allowance and Child Benefit if Lone Parent
Disability Premium (£51.55), **Enhanced Disability Premium** (£25.15) and **Carers Premium** (55.25) (In receipt of DLA High or Enhanced PIP only or Income Related ESA Support Group and any rate of DLA/PIP or Limited Capability for Work and Work Related Activity of Universal Credit and any rate of DLA/PIP) **and Carers Allowance)**	£227.35	£252.35	N/A	£359.20	DLA - High rate or PIP Enhanced rate, Carers Allowance and Child Benefit if Lone Parent