



Dumfries and Galloway Council

Social Work Services

Non Residential Community Care Charging Policy and Procedure

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CONTENTS

Page

1	Introduction	2
2	Principles of the Non Residential Community Care Charging Policy	3
3	Charge Definitions	4
3.1	Chargeable Services	4
3.2	Services where there is no charge under this Policy	5
4	Calculating the Charge	6
4.1	Financial Assessment	6
4.2	Invoicing arrangements	8
4.3	Financial Assessment Calculation	8
5	Costs of care	11
6	Portability of Care	11
7	Anti-Poverty Approach to Charges	11
7.1	Income maximisation and benefit take-up	11
7.2	Non-payment of charges and debt recovery	12
7.3	Charging Policy Review and Appeals	12
App 1	Legislative Framework	13
App 2	Components of the Non Residential Community Care Charging Policy subject to annual update	14
App 3	Illustrations of Financial Assessment and Charges	15
App 4	Non Residential Community Care Charging Policy: Review and Appeals Procedure	20

NON RESIDENTIAL COMMUNITY CARE CHARGING POLICY

1. Introduction

The **Non Residential Community Care Charging Policy** establishes the basis of charges to adults who use non residential community care services. This policy only applies to non-residential social work services and is supported by procedures.

At the core of this policy lies a recognition that the role of Dumfries and Galloway Council is to create an enabling environment to support individuals who use care services, and their carers, building on their right to participate in society and supporting them to live independently, with control, freedom, choice and dignity.

This policy is compliant with legislation as detailed in Appendix 1. The Council's power to charge for these services is discretionary and subject to local accountability. The Council's initial Charging Policy was approved in September 1999.

The Non Residential Community Care Charging Policy aims:

- To clarify the principles which support the charging for services
- To provide details of which services are free or chargeable either at a flat rate or through financial assessment
- To support individuals in maximising their income through advice and support
- To clarify the processes available for review, appeals, non payment and debt recovery.

Charges for some non residential community care services are not subject to financial assessment but are usually charged for at the point of provision. These services are detailed in Section 3 of this document.

Charges for non residential community care services are reviewed annually to apply charges on the anniversary of the care package. The department may review these charges more frequently.

Appendix 2 sets out components included with the Non Residential Community Care Charging Policy. These components are reviewed annually to apply charges due from the following April. The department may also review these components more frequently. These components **(C)** are referred to throughout the Policy.

2. Principles of the Non Residential Community Care Charging Policy

In delivering the Non Residential Community Care Charging Policy the Social Work Service is committed to adhering to the following principles:

- **Participation** – Social Work Services seeks and encourages partnership working with individuals and carers to develop and review the Non Residential Community Care Charging Policy.
- **Ability to Pay** – as part of an anti-poverty approach, all charges to individuals will take account of their available income, assets and financial commitments. This will ensure we protect the poorest and generate income progressively, i.e. those with greater ability to pay make a greater contribution.
- **Cost of Service** – charges will not exceed the cost of providing the service.
- **Non-discrimination and Equality** – the Non Residential Community Care Charging Policy has been subject to Equality Impact Assessments. Charges, and the way that they are applied, will be fair to all individuals. The level of charge will not affect whether or not an individual receives a service.
- **Transparency** – individuals have the right to, and will be given, accessible information about this Policy which will include:
 - An explanation of the Non Residential Community Care Charging Policy
 - How charges are calculated
 - What to do if they have difficulty paying their charges
 - What to do if they disagree with their charge.
- **Consistency** – the application of the Non Residential Community Care Charging Policy will ensure that decisions made by managers and staff are consistent.
- **Compliance with national guidance** – this Policy has regard to the principles and best practice contained in COSLA's *National Strategy and Guidance for Charges Applying to Non Residential Social Care Services, 2016/17*, national Guidance on Self Directed Support under Section 5 (1) of the Social Work (Scotland) Act 1968 and Guidance on Free Personal Care and Nursing Care in Scotland.
- **Continuous Improvement and Best Value** – the Non Residential Community Care Charging Policy will be monitored and reviewed routinely, including Equality Impact Assessments and with due regard to the aims of the Public Sector Equality Duty.

3. Charge Definitions

3.1 Chargeable Services

3.1.1 Charges subject to Financial Assessment

- Care at home services: *non-personal*¹ care for all individuals including SDS options 1,2,3 and 4
- Care at home services: *personal*² care for individuals under 65 years of age including SDS options 1,2,3,and 4
- Day care attendance³
- Short breaks (respite care)⁴
- Laundry service, unless associated with particular care needs

3.1.2 Ceiling on Care Package Costs

The department places a ceiling on the amount of resource it is normally able to commit to an individual care package where the individual is aged 65 or over. The current ceiling can be found at Appendix 2. **C1**

In a small number of cases where the individual is aged 65 or over, a care package in excess of this ceiling may be put in place with the excess funded by the individual or his/her family. This situation usually arises when the individual and his/her family choose to supplement the services funded by the Council, either to enable an individual with very high level of care need to remain at home as an alternative to residential care, e.g. by purchasing an overnight care service, or to buy services to meet needs which are outwith the Council's Eligibility and Priority Framework⁵. The individual or family is required to pay for these additional services direct and they are not subject to the Non Residential Community Care Charging Policy.

3.1.3 Charges Not Subject to a Financial Assessment

- | | |
|---|------------|
| ▪ Meals on Wheels/Frozen Meals | C2 |
| ▪ Carecall Services/Telecare Services | C15 |
| ▪ Straight stairlift rental | C16 |
| ▪ Stairlift maintenance and repair charge | C17 |

¹ For example, shopping, budgeting, firelighting

² For example, assistance with personal hygiene, continence management, problems of immobility, dressing, feeding, using the toilet and washing

³ Excludes attendance at an ARC and dementia care but includes other older peoples day care (non personal care) and other adult groups using day care facilities other than ARC's

⁴ i.e. short breaks undertaken in a non-residential resource

⁵ Eligibility and Priority Framework Policy: September 2005

3.2 Services where there is no charge under this Policy

- Personal care tasks for individuals over 65 years of age. This includes the personal care services provided for assistance with preparation of food and includes the prompting of medication where this is part of a larger Free Personal Care package.
- Activity and Resource Centre Use
- Some laundry services for individuals who are incontinent.
- Minor adaptations⁶.
- Advice and information about availability of services
- Assessment of care and support needs or care management
- Services provided by the Criminal Justice social work services
- Assessment of care and support needs or care management
- Services for individuals who have a terminal illness where this has been confirmed by the issue of a certificate (DS1500) by a General Practitioner. The certificate is used by the Department for Work and Pensions to facilitate fast track access to Disability Living Allowance, Personal Independence payment or Attendance Allowance.
- Personal and non personal care services provided to individuals with a mental illness who are subject to a Community Treatment Order or a Supervision Order under the Mental Health (Care and Treatment) (Scotland) Act 2003. This will also apply where the order is suspended, e.g. to facilitate discharge from hospital.

Charges for personal and non personal care services will start from the day the Community Treatment Order or Supervision Order is revoked. Individuals on 28 day detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 who return home on a day pass or trial few days would not be charged for personal and non personal care services.

- **Leaving Hospital** – Individuals who are aged 65 years or over on the day of discharge from hospital, assessed as requiring new, intermediate or additional community care services should receive these free for a period of up to 42 days e.g. services received through Short Term Augmented Response Service (STARS). Services that were in place pre-admission and continue after discharge will continue to be chargeable.

This facility is not available if the individual has been an inpatient for 24 hours or less or if they are admitted to hospital on a regular or frequent basis as part of

⁶ Minor adaptations are non-structural, temporary and/or can be easily removed from the home of an adult or child, such as internal grab rails, external handrails and banisters.

their ongoing care arrangements. This would cover admissions for example for respite or for ongoing episodic treatment.

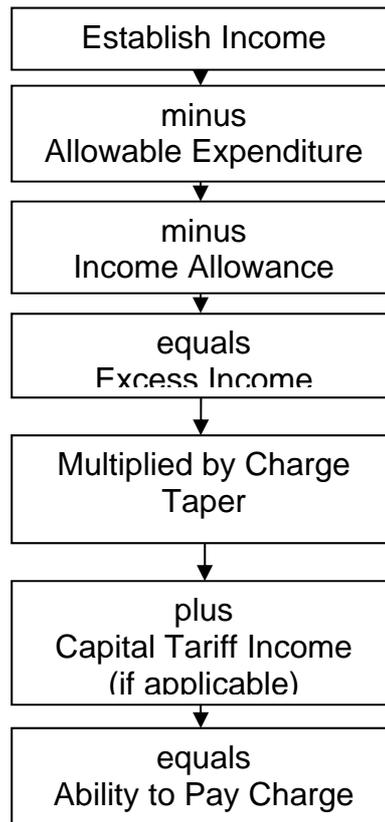
- **Temporary or Emergency Admission to Hospital, Care Home or Custody** - If an individual was receiving services before a temporary admission to hospital, care home or custody, there will be no charge for home care, day care or meals on wheels services while they are away from home. Charges for Community Alarm (Care Call) service will continue – see paragraph 4.2.7.

4. Calculating the Charge

4.1 Financial Assessment

- 4.1.1** Everyone in receipt of chargeable community care services undergoes a financial assessment to determine how much they can afford to pay towards the cost of the services they receive. Everyone is offered an income maximisation assessment to ensure that they are receiving all the benefits to which they are entitled.
- 4.1.2** Where a full financial assessment has been completed within the last 12 months, information previously collected will be used to calculate the person's contribution.
- 4.1.3** Everyone will be advised in writing of their contribution. Contributions will be payable from the date the person first receives support. If the financial assessment is completed after this date, contributions will be backdated to the date the person first received support.
- 4.1.4** Everyone is treated equally. An individual's ability to pay does not affect the provision of care and support.
- 4.1.5** The **initial financial assessment** is updated by an **annual review**, to take account of changes to welfare benefits or national guidance. This annual review will take place on the anniversary of the care package being started or an initial date agreed. There will be no backdating of charges pre this date.
- 4.1.6** There is a maximum contribution. **C3**
- 4.1.7** **Individuals who do not wish to divulge financial information** for the financial assessment will be expected to contribute the full economic cost of the service. charged the current unit cost for any weekly or sessional service within their care package..

For individuals with capital below the upper capital limit, their Ability to Pay is calculated once the following have been determined:



4.1.8 Council staff will verify all financial assessment information.

4.1.9 Individuals have responsibility to advise the Council of a **change in their financial circumstances**.

4.1.10 If it is discovered that an individual has not advised the Council of a change in their financial circumstances, then any money due to be paid to that individual will be backdated to the date of the change in their financial circumstances. Any money that is due to be paid back to the Council will be recovered and backdated to the date of the change in the individual's financial circumstances.

4.1.11 If it is discovered that **incorrect financial information** has led to an individual being under or over charged we will carry out a new financial assessment and will apply the correct charge from the date the change took effect.

4.1.12 Where the **correct financial information** has been provided by the individual or his/her representative and the charge has been wrongly calculated, full reimbursement of any over-charge will be provided. In the case of an undercharge, no recovery will normally be sought.

4.1.13 Where the **incorrect financial information** has been provided by the individual or his/her representative and this has led to the charge being wrongly calculated, full reimbursement of any over-charge will be provided. In the case of an undercharge, recovery of charges will be sought up to a

maximum of 12 months or the date of the change in financial circumstances if less.

4.2 Invoicing arrangements

- 4.2.1** The charging for services will be calculated on a weekly basis from **Saturday to Friday**.
- 4.2.2** Invoices will be generated on a minimum of a calendar month.
- 4.2.3** A range of options are available to individuals to pay charges, including **cash, cheque, internet payments and direct debit**.
- 4.2.4** Individuals who have monthly charges falling below the minimum charge set by the Council's Financial Regulations will be encouraged to pay on a **quarterly** basis however if the wish to make payments on account weekly or monthly will have the option to do so.
C5
- 4.2.5** Individuals subject to Community Alarm (Care Call) plus assistive Technology charges only will pay quarterly, either by **invoice** or by **direct debit**.
- 4.2.6** Individuals should ensure the department is informed in advance of events which will impact on the need for service delivery, e.g. going on holiday, family or friends visiting, etc. Where a service provider attends to deliver a service and cannot do so charges will be applied where the individual or his/her representative did not inform the department in time for the service to be cancelled with the provider.
The department accept that there are times when this advance warning is not possible, e.g. emergency admission to hospital and charges would not be applied in these situations for any services that could not be cancelled in time.
- 4.2.7** Community Alarm (Care Call) services will continue to be charged for where an individual is temporarily not resident at the address where the alarm has been installed. However, the charge will cease in cases of hospitalisation in excess of 28 days, but will recommence on the day of discharge. Where a community alarm is installed, removed or reinstated part way through the charging week a pro rata charge for the part week will be applied.
- 4.2.8** Where a service user has opted for Option 1,2 or Option 4 under Self Directed Support legislation, the ability to pay will be deducted from the individual budget and the service user will be required to deposit their contribution to their care plan onto their pre-paid card or if under an option 2 arrangement then to the provider or if agreed a prepaid card.
- 4.2.9** Contributing towards the Individual Budget - The person in receipt of an individual budget will be contributing towards the annual agreed budget and not for individual services. The individual budget will be based on planned care on an annual basis to meet a person's outcomes. Contributions will not be refunded if a service is not received. If a balance is returned to the local authority via a suspension of payments or as a lump sum as this sum relates to the annual budget and not a weekly budget the service user will still require

to put their agreed contribution onto the prepaid card account. however, we may consider a refund of contribution under certain circumstances.

4.3 Financial Assessment Calculation

There are essentially 7 stages to this calculation. Appendix 3 provides worked examples.

4.3.1 Stage 1 - Income

4.3.1.1 Income taken into account includes all earned and unearned income, including any rental income from property, and social security benefits, with the exclusion of the following:

- 50% of individual's net earned income
- Mobility component of Disability Living Allowance (DLA)
- Mobility component of Personal Independence Payment (PIP)
- All War Related Pension Benefits paid to veterans
- £10 of War Widows pension
- War Widows and Widowers special payments
- Independent Living Fund payments
- Carers Allowance (previously Invalid Care Allowance)
- Carers Premium

4.3.1.2 In Joint Households

- Only the income of the individual receiving the service is taken into account in calculating the charge.
- In joint households which qualify for income related benefits and only one person is receiving services, half the couple's entitlement is considered in the financial assessment.
- If both partners in a joint household are in receipt of a service both partners income will be taken into account.

4.3.1.3 Where an individual has the higher rate of Attendance Allowance, DLA (Disability Living Allowance) (Care Component) or the enhanced Daily Living rate of PIP(Personal Independence Payment), this higher rate is only taken into account in the financial assessment, if services are provided during the night as well as during the day. Where an individual is in receipt of Constant Attendance Allowance where the rate covers night time needs, only the day time rate will be included.

Where services are not provided during the night, only the lower rate of Attendance Allowance, the middle rate of DLA (Care Component) or the standard rate of PIP (Daily Living) will be treated as assessable income.

4.3.2 Stage 2 - Allowable Expenditure

If payable by the individual the following housing costs associated with an individual's **primary**⁷ residence are deducted when calculating available income –

⁷Primary residence is the individual's usual residence where a person owns more than one home.

- All capital and interest payments made by owner-occupiers towards mortgages
- Interest and insurance payments made towards an endowment mortgage
- Rent payable, minus any Housing Benefit received
- Council Tax including Water and Sewerage Rates, minus any Council Tax Reduction received
- Contribution towards ILF care.

Consideration will be given to representations to take into account other specific costs of living e.g. in relation to disability related expenditure. Formal evidence of such payments may be required. See section 7.2.

4.3.3 Stage 3 - Thresholds (income allowance)

The thresholds at which charges apply are based on the Pension Credit Standard Minimum Income Guarantee for people aged 60 and over and the Income Support Personal Allowance plus the Disability Premium for people aged under 60. In order to provide more help to those on low incomes and to recognise that not all income above these rates should be taken into account when calculating charges income thresholds are in line with COSLA and DWP guidance which ensures that at least 25% is added to the minimum income levels required. There are different rates for single and couples aged less than 60 years or age and for single and couples aged 60 years or over. These amounts may change annually in line with up-rates applied by the Department of Work and Pensions.

C9 and C10

Where an individual has relevant income below the threshold [income allowance] there will be no charge.

4.3.4 Stage 4 - Excess income

Excess income for Non Residential Community Care Charging Policy purposes is established by taking the Income as defined in paragraph 4.3.1 and deducting the Allowable Expenditure and Income Allowance as defined in paragraph 4.3.2 and 4.3.3.

4.3.5 Stage 5 –Tapers

The maximum level of charge which the individual will pay is a proportion of their Excess Income. The department will determine at least annually the percentage of the excess income that is available to the individual for charges. This percentage is called the Charge Taper.

C11

4.3.6 Stage 6 - Capital

4.3.6.1 Examples of capital taken into account:

- All savings held in a bank, building society, post office or other savings account;
- Bonds and premium bonds;
- Stocks and shares;
- Value of PEPs;
- ISAs;

- Care components of personal injury compensation payments;
- Trusts.

Please note the above list is intended as a guide only and is not exhaustive

Examples of capital not taken into account:

- Personal injury compensation payments held in trust
- Bonds with life assurance.

Please note the above list is intended as a guide only and is not exhaustive

4.3.6.2 Where the individual has capital shared jointly with another person, half of these savings should be included as the individual's capital.

4.3.6.3 A capital disregard threshold is determined annually. Capital below this threshold is disregarded and excluded from the financial assessment.

C6

4.3.6.4 An upper capital threshold is determined annually. Where an individual has capital above this threshold they will be expected to contribute to the cost of their service as explained in 4.1.5 above.

C7

4.3.6.5 A capital tariff income is determined as £1 per unit (or part thereof) of capital between the lower capital and upper capital thresholds. The unit rate for this capital tariff income is reviewed annually.

C8

4.3.7 Stage 7 – Ability to Pay

The individual's Ability to Pay is calculated by applying the Charge Taper to the individual's Excess Income and then adding any Capital Tariff Income.

5. Costs of Care

Standard unit costs will usually be determined annually for each chargeable service and are used to calculate the total cost of each care package. Each unit cost contains an administration cost.

- | | |
|---|---------------|
| ▪ Home care services per hour | C4/C12 |
| ▪ Day Care service per session – individuals aged 65 years and over | C13 |
| ▪ Day Care service per session – individuals aged under 65 years | C14 |

6. Portability of Care

If an individual is looking to move between local authority areas, then he/she should be entitled to a description of any charges which would apply to them *as an individual* in advance of the move and any material differences in the nature of the service provided by the relevant authorities. We will work together with the current local authority to facilitate this.

7. Anti Poverty Approach to Charges

7.1 Income maximisation and benefit take-up

All financial assessments processed will be considered by the Financial Inclusion and Assessment Team (FIAT) and help offered to individuals applying for additional benefits they are entitled to.

Where individuals are receiving free services, and therefore not being financially assessed, they should be provided with information relating to the services offered by the Financial Inclusion and Assessment Team (FIAT) and be encouraged to take the opportunity to access this advice.

Where individuals choose not to disclose their financial information they should be provided with information relating to the services offered by FIAT.

7.2 Disability Related Expenditure (DRE)

7.2.1 Disability Related Expenditure will be considered on an individual basis. Where an individual has additional daily living expenses due to their disability or illness, consideration may be given to recognising this in the calculation of the person's contribution, by way of disregarding it. An individual must be in receipt of Attendance Allowance, Disability Living Allowance or Personal Independence Payments to qualify for a DRE.

7.2.2 Additional costs may relate to, but will not be restricted to:

- additional heating requirements
- purchase, maintenance and repair of disability related equipment
- specialist dietary requirement
- specialist clothing
- help with cleaning and other domestic tasks
- additional laundry costs

7.2.3 We will write to you annually offering you the opportunity to inform us of any expenditure you wish to be taken into account, outwith of this timeframe you should approach the Financial Inclusion & Assessment Team with your disability related additional living expenses. This will be based on it's relevance to the individuals care needs and care plan and may require evidence of the additional expenditure Low cost additional expenditure may be allowed without additional evidence.

Cases of significant costs will be considered on an individual basis by social work services

Any additional disregards will be reviewed regularly, to determine if it is still appropriate.

7.3 Non-payment of charges and debt recovery

An individual who refuses or fails to pay a charge for a service provided to meet his/her assessed social care needs will continue to receive that service. The Council will, however, seek to establish any reasons for non-payment and, in consultation with the respective Social Work Manager, take appropriate action for debt recovery.

7.4 Charging Policy Review and Appeals

In cases where an individual disputes the amount of their charge or where exceptional personal circumstances surrounding their financial situation would result in severe hardship then the Non Residential Community Care Charging Policy Review and Appeals Procedure is to be applied – see Appendix 4.

APPENDIX 1

The current legislative framework for charging includes the following:

- Social Work (Scotland) Act 1968
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Community Care and Health (Scotland) Act 2002.
- Guidance on Free Personal and Nursing Care in Scotland
- Social Care (Self-Directed Support) (Scotland) Act 2013

APPENDIX 2

COMPONENTS OF THE NON RESIDENTIAL COMMUNITY CARE CHARGING POLICY SUBJECT TO ANNUAL UPDATE

The following tariffs and unit costs require to be approved annually by Committee in preparation for implementation at the start of each new financial year.

TARIFF/UNIT COSTS WITH EFFECT FROM 10 APRIL 2017.

Ceiling on Care Package

- **C1 - £467 per week**

Charges Not Subject to a Financial Assessment

- **C2 – Meals on Wheels/Frozen Meals - £2.66 per meal**
- **C15 – Telecare/Community Alarm (Care Call) per week - £3.60**

Components in Financial Assessment Calculation

- **C3 – Maximum charge - £467 per week**
- **C4 – Contribution towards full economic cost of care per hour – £25.23**
- **C5 – Minimum value for a debtor account per Financial Regulations - £25**
- **C6 – Capital disregard - £15,250 for each individual**
- **C7 – Upper capital threshold - £24,750 for each individual**
- **C8 – Tariff income assumed from capital - £1 per £250 over the capital disregard for all age groups.**
- **C9 – Buffer percentage amount above Minimum Income Guarantee – 25%**
- **C10 – Thresholds (income allowance) per week:**
 - Single Person aged 18 to under 60 years - **£133**
 - Single Person aged 60 years and over - **£200**
 - Couple aged 18 to under 60 years - **£202**
 - Couple aged 60 years and over - **£305**
- **C11 – Taper (proportion of Excess Income over threshold amount) – 65%**

Unit Costs of Services

- **C12 – Home care services per hour - £15.91**
- **C13 – Day Care Service per session – individuals aged 65 years and over - £18.69**
- **C14 – Day Care Service per full day session – individuals aged under 65 years - £21.70**

APPENDIX 3 – Illustration of financial assessment and charges using examples

Example 1

A 90 year old woman lives in social housing.

She receives 9.25 hours personal care and 7.5 hours home care services.

Her income consists of retirement Pension, Pension Credit with Severe disability premium and higher rate Attendance Allowance of £83.10.

Calculation	£ Per Week
<i>Income</i>	
Retirement Pension	£100.00
Pension Credit	£51.20
Attendance Allowance *	£55.65
Total income	£206.85
<u>Allowable Expenditure</u>	
Housing cost – Council Tax	£3.79
<u>Income Allowance</u>	
Single persons income allowance	£200.00
Total allowances	£203.79
Excess income	£3.06
Taper of 65% of excess	£2.64
Ability to Pay	£1.99
<u>Cost of Care Provided</u>	
Cost of home care services 7.5 hours @ £15.91 per week	£119.32
Cost of free personal care 9.25 hours @ £15.91 per week (not chargeable)	£147.16
Total cost of Service	£266.48
Total cost of chargeable services	£119.32
Charge	£1.99

*Only Lower rate AA taken into account in the calculation of charge

APPENDIX 3 – Illustration of financial assessment and charges using examples

Example 2

Mr and Mrs A (aged 76 and 77) live in sheltered accommodation.

They receive 4.5 hours home care services.

Their income is £337.79 made up of Retirement Pension, Pension Credit and Attendance Allowance for both claimants.

They receive full Housing Benefit and pay £3.79 in Council Tax.

Calculation	£ Per Week
<i>Income</i>	
Retirement Pension – Mr	£102.96
Retirement Pension – Mrs	£85.75
Pension Credit – Guarantee	£37.78
Attendance Allowance – Lower Rate - Mr	£55.65
Attendance Allowance – Lower Rate – Mrs	£55.65
Total income	£337.79
<u>Allowable Expenditure</u>	
Housing cost – Council Tax	£3.79
<u>Income Allowance</u>	
Couples allowance	£305.00
Total allowances	£308.79
Excess income	£29.90
Taper of 65% of excess	£18.85
Ability to Pay	£18.85
<u>Cost of Care Provided</u>	
Cost of home care services 4.5 hours @ £15.91 per hour	£71.59
Total cost of chargeable services	£71.59
Charge	£18.85

APPENDIX 3 – Illustration of financial assessment and charges using examples

Example 3

A 30 year old man with learning disabilities lives in social housing. He receives 5 hours personal care and 6 hours home care services (domestic assistance).

He is in receipt of Income Support of £72.40 plus DLA Care Component of £55.65 per week. He has part time work from which he earns £50 net per week.

He has full Housing Benefit and pays £3.79 in Council Tax.

Calculation	£ Per Week
<i>Income</i>	
Income Support	£72.40
DLA Care – Middle Rate	£55.65
50% Earned income	£25.00
Total income	£153.05
<u>Allowable Expenditure</u>	
Housing cost – Council Tax	£3.79
<u>Income Allowance</u>	
Single persons income allowance	£133.00
Total allowances	£136.79
Excess income	£16.26
Taper of 65% of excess	£10.57
Ability to Pay	£10.57
<u>Cost of Care Provided</u>	
Cost of personal care 5 hours @ £15.91 per week	£79.55
Cost of home care services 6 hours @ £15.91 per week	£95.46
Total cost of chargeable services	£175.01
Charge	£10.57

APPENDIX 3 – Illustration of financial assessment and charges using examples

Example 4

A 66 year old woman lives in a social housing. She pays rent of £50 per week and has £20,000 in savings. She is in receipt of state pension of £151.20 per week. She also has an occupational pension of £50.50 per week and receives low rate Attendance Allowance.

She receives 2 hours shopping and laundry visits and 6 hours free personal care per week.

Calculation	£ Per Week
<i>Income</i>	
State Pension	£151.20
Attendance Allowance - Lower rate	£55.65
Occupational Pension	£50.50
Total income	£257.35
<u>Allowable Expenditure</u>	
Rent	£57.00
Council Tax	£25.00
Single persons income allowance	£200.00
Total allowances	£282.00
Excess income	£0.00
Taper of 65% of excess	£0.00
Tariff income on capital	£19.00
Ability to Pay	£19.00
<u>Cost of Care Provided</u>	
Cost of home care services 2 hours @ £15.91 per week	£31.82
Cost of free personal care 6 hours @ £15.91 per week (not chargeable)	£95.46
Total cost of services	£127.28
Total cost of chargeable services	£31.82
Charge	£19.00

APPENDIX 3 – Illustration of financial assessment and charges using examples

Example 5

A 55 year old woman lives in a social housing. She has capital of £55,000.

She receives 15 hours home care services per week, 14 hours personal care and attends Day Care 2 days per week.

Calculation	£ Per Week
<i>Capital in excess of £24,750</i>	
<i>Cost of Care Provided</i>	
Contribution towards full economic cost of home care services 15 hours @ £25.23 per week	£378.45
Contribution towards full economic cost of personal care 14 hours @ £25.23 per week	£353.22
Day Care 2 sessions @ £21.70 per session	£43.40
Total Cost of services	£775.07
Total cost of chargeable services	£775.07
Charge (maximum charge applied)	£467.00

APPENDIX 4

Non-Residential Community Care Charging Policy- Review and Appeals Procedure:

1. Outcome

To ensure that fair, consistent and timely consideration, management and decisions are applied to all appeals against an assessed charge, in a manner which does not prejudice the right of individuals to use the statutory Social Work Complaints procedure.

2. Legislation and Guidance Basis

- Social Work (Scotland) Act 1968 Section 5(B)
- COSLA Charging Guidance
- Non Residential Community Care Charging Policy
- Non Residential Community Care Charging Procedure

3. Procedure

3.1 There are several reasons for individuals and/or their carers requesting a review, for example these may include:

- Incorrect dates or amounts have been used
- The charge assessed has been incorrectly calculated
- Additional expenditure, not previously stated as part of the financial circumstances details
- Being invoiced for services not received

In addition to the above grounds for review an individual and/or their carers can request a formal appeal where there are exceptional personal circumstances concerning their financial situation and they believe that payment of the assessed amount will cause them severe hardship.

3.2 The Review and Appeals Process

This two-stage process will start with and include an initial re-assessment or re-working of the assessed charge by the Billing, Ordering & Purchasing (BOP) Team (Stage 1) along with Financial Inclusion & Assessment Team (FIAT), followed by the more formal appeal (Stage 2) involving a Senior Social Work Manager (SSWM), or a suitable and appropriately delegated Manager.

3.3 Stage 1 - Review

3.3.1 If individuals wish to dispute the assessed charge, they can request an immediate re-assessment or re-working of it by the BOP and FIAT Teams. In normal circumstances this request will be expected to have been made **within 28 working days**, unless there are exceptional circumstances, through which it has not been possible to submit or lodge the review request within that timescale. The Council will apply discretion, as reasonable in such circumstances, to accept a request beyond the above timescale, but preferably no later than 3 months of the decision being made. The right to access the Council's statutory social work complaints procedure, beyond making an appeal, will remain until there is any change by the Scottish Government to the procedure.

3.3.2 On receipt of a request for a review, invoices will continue to be raised but the debt recovery process will be placed 'on hold' pending the outcome of the review and/or subsequent decision following consideration of the matter as a complaint.

3.3.3 The BOP Team's initial re-assessment or re-working will be restricted to a simple check for possible mathematical errors or inaccuracies of dates, figures, etc, which can be easily rectified or amended. Beyond these situations, the Financial Inclusion & Assessment Team will need to refer any other requests for a formal appeal, directly to the relevant SSWM for convening the Stage 2 appeal. The BOP Team will write to the individual with the outcome of his/her re-assessment or re-working **within 7 working days** of the request being received, and they will also explain what the individual can do if they remain dissatisfied with the response.

3.4 Stage 2 – Appeal

If the individual remains dissatisfied with the BOP Team's decision or their reason (s) for making a formal appeal requires involvement by senior managers, he/she can request for the matter to be considered by a SSWM (or an agreed delegated Manager) on appeal. The SSWM may choose to form a panel to consider the appeal, and this may involve:

- A Team Manager with no prior involvement in the matter, and /or
- A Finance Officer.

3.4.1 The SSWM (or panel's) role will be to review the information, process and decisions involved in arriving at the assessed charge. They will have delegated authority to decide on whether a charge is either waived or revised, and to explain the reasons for their decision, and also consideration will need to be given regarding the application of any charge, which has been the subject of a dispute, pending the outcome of the Stage 2 Appeal.

3.5 Process involved for conducting a Stage 2 Appeal

Upon receipt of a request for an appeal by a SSWM, the individual will be sent a letter acknowledging his/her request **within 5 working days of its receipt**. This will also indicate when the Stage 2 Appeal will take place. The individual can choose to attend and/or be represented appropriately (e.g. by a friend or independent advocate, etc), and where they decide not to attend, it will still be possible for them to submit, **3 days** before the meeting, any information that they consider as relevant to their case for the panel's consideration. The Care Manager is also to be offered the same opportunity.

3.5.1 Following the appeal, the individual will be informed in writing of the decision **within 7 working days** of the review having taken place. This will also include information explaining how they can challenge this decision, if they still remain dissatisfied with the result of the appeal.

3.5.2 The individual will be required to confirm if they are satisfied with the decision. Unless a written reply to that effect is received **within 7 days**, the decision will be deemed as being acceptable to the individual and the charge will therefore be applied.

3.5 Beyond the internal Charging Policy Review and Appeals Procedure – Access to the Social Work Complaints Procedure

3.6.1 It should be possible for individuals to obtain a reasonable solution or explanation as a result of their appeals being considered in respect of an assessed charge, under the two-stage Review and Appeals Procedure - as described above, without recourse to the statutory Social Work Complaints Procedure. Staff must therefore encourage individuals to follow the Stage 1 (Review) and Stage 2 (Appeal) process first, before taking the route to complaining.

3.6.2 Where an actual complaint is received about the assessed charge or a request is made for a disputed charge that has been considered beyond the Charging Policy Review and Appeals procedure, further consideration must be given by the SSWM to suspend that assessed charge, to refer the complaint to the Corporate Complaints Manager, and to await the outcome and decision in the complaint. This will involve access to the last stage (that is, Stage 3) of the statutory Social Work Complaints Procedure, where the complaint matter will be dealt with by an independent Complaints Review Panel (CRP).

3.7 Social Work Complaints Procedure (3rd Stage) – Independent Complaints Review Panel

3.7.1 The Social Work Complaints Review Panel is made up of lay and independent individuals with the statutory responsibility to undertake reviews into the decisions and actions of the social work services, in relation to, and following, where appropriate, the formal investigation of complaints made about specific aspects of the service, including charging.

Access to a complaints review will usually be after the Stage 2 Appeal and any further consideration that may be required, by the Director of Social Work Services, when the individual indicates that they remain dissatisfied with the decision on the assessed charge. It is at that point, that they should be advised and/or given information (e.g. Complaints Leaflet) to pursue the matter as a complaint under the statutory Social Work Complaints Procedure.

A referral to the statutory Complaints Procedure will only be for the purpose of an independent review by the CRP into the decision reached by the SSWM. The referral must be received in social work **within 7 days** from when the individual received the previous decision of the SSWM.

3.7.2 The independent Complaints Review Panel will meet **within 28 days** of a request being received for a review. Both parties, including the individual and/or his/her representative and social work can attend the Panel to present their case to the Panel. The decision and any recommendation made by the Panel will be sent, in writing, to all parties, **within 5 working days** of the Panel's meeting. The Panel will also send a copy of its report to the Social Work Services Committee, who has to make the final decision, before the complaint could consider making any approach to the Scottish Public Services Ombudsman (SPSO).

3.7.3 For more information on the operation of the statutory Social Work Complaints Procedure or the independent Complaints Review Panel, please access the Council's web site on:

<http://www.dumgal.gov.uk>

or contact the Corporate Complaints Manager and/or the Corporate Complaints Unit on:
complaints@dumgal.gov.uk or on telephone number 01387 260475.