



**FAIRER CONTRIBUTIONS POLICY
FOR NON-RESIDENTIAL CARE
SERVICES**

DRAFT

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Introduction

The City of York Council's Fairer Contributions policy has been designed to comply with the Government's fairer charging and fairer contributions guidance. Its aim is to provide a consistent and fair framework for all customers who receive non-residential care services following an assessment of their individual needs, and their individual financial circumstances.

1.0 Legal Basis for Charging

- 1.1 Section 17 of the Health, Social Services and Social Security Adjudication Act 1983 gives local authorities discretionary power to charge adult recipients of day and domiciliary care services.
- 1.2 To ensure consistency and fairness, the Department of Health has issued guidance in its publications "Fairer Charging Policies for Home Care and other Non-Residential Services" supplemented by "Fairer Contributions Guidance – Calculating an Individual's Contribution towards their Personal Budget" using powers conferred under Section 7 of the Local Authorities Social Services Act 1970.
- 1.3 City of York Council will refer to 'Charging for Residential Accommodation Guidelines (CRAG)', in relation to income and capital to be included or disregarded, or charging principles for financial assessments, not contained within Fairer Charging for Home Care and other Non-Residential Social Services.

2.0 Diversity and Equality

- 2.1 The council is fully committed to the broad principles of social justice and is opposed to any form of discrimination and oppression. It therefore willingly accepts not only its legal responsibilities but also wishes to embrace best practice in all areas of its work in order to secure equality of both treatment and outcome.
- 2.2 The council is committed to ensuring that no one is treated in any way less favourably on the grounds of personal differences such as age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental impairment (disability), caring responsibilities and political or other personal beliefs.

3.0 Policy Objectives

3.1 The principles underpinning this policy are:

- to be fair and equitable to all customers;
- to ensure that all customers are provided with appropriate welfare benefits advice, and assistance is provided to claim any additional benefits they may be entitled to;
- to generate an income to meet the costs of delivering the service and to re-investment in additional services;
- to ensure that contributions are consistent, fair and affordable for those customers that are assessed as eligible to pay for their service;
- to ensure that the way in which the contributions are calculated are easy for customers to understand;
- to support the principles of independent living within the community;
- to re-assess contributions as and when required by the customer where there has been a change in circumstances;
- to provide clear information about the cost of services, clear and concise billing and clear information about repayment methods and timescales.

4.0 Personal Budgets

4.1 City of York Council administers adult social care resource in the form of personal budgets.

4.2 Reablement care is provided free of charge for up to 6 weeks, and are exempt from personal budgets.

4.3 Following an individual needs assessment, the calculation of how much the personal budget might be, will be inputted into the Resource Allocation System (RAS). The RAS determines an indicative budget based on individual care needs identified in the following areas:

- Making Important Decisions About Life;
- Personal Needs;
- Staying Safe from Harm;
- Having Relationships;
- Community Involvement;
- Work, Leisure and Learning

Once the 'indicative amount' is known, an assessment of the customers financial circumstances will be undertaken in accordance with "Fairer Charging Policies for Home Care and other Non-Residential Services".

- 4.4 The financial assessment calculates what a customer's contribution towards their personal budget will be in accordance with Fairer Contributions Guidance. The combination of personal budget and customer contribution will be known as a 'Personal Account'. The customer contribution towards their personal account will be 100% of their notified maximum assessed charge, or lower should the personal budget value be less than the maximum assessed contribution.
- 4.5 Customers that have savings in excess of the higher threshold of savings as detailed in "Charging for Residential Accommodation Guidance" (CRAG), will pay the full cost of any non-residential care services they receive.
- 4.6 Customers will have the option to take a personal budget as commissioned services or as statutory direct payments or a mixture of both. Customers that take their personal budget as a direct payment may purchase different types of non-residential care as defined in section 46(3) of the NHS and Community Care Act 1990, including those listed in section 2 of the Chronically Sick and Disabled Persons Act 1970.
- 4.7 Customers are likely to choose varied forms of care or support to meet their specific agreed outcomes, as defined in their support plan. Where a customer can fully fund the cost of their care, they are still entitled to request that the services are arranged by the council. Customers are free of course, to choose the care designed to meet their outcomes.
- 4.8 A guide to self directed support in York is available by calling 01904 551550 or e-mail: mylifemechoice@york.gov.uk
- 4.9 Where a customer receives their personal budget as a direct payment, this will be paid net of the customer contribution, in advance. Contributions for services that are invoiced to the customer will be invoiced in arrears.
- 4.10 A personal budget will normally run for a period of 12 months. Customer Contributions towards a personal account will be invoiced monthly over 12 months, in arrears. Customers opting to receive their personal budget as a direct payment will receive 1/12th of their payment each month, net of their contribution. Funds within a personal account will remain available throughout hospital and planned short breaks, and as such, contributions will continue to be collected. Customers requiring

emergency respite will be assessed under CRAG, and will be invoiced for the additional cost of stays in arrears.

- 4.11 The cessation of a personal account must be agreed between care management and the customer.
- 4.12 A customer will only be eligible for a refund of contributions if the care received over the 12 months (or to the date of closure if the account is ended early) has a lower value than the customer contribution. Refunds will be only be calculated and paid at the end of the budget period, after all outstanding care bills have been paid to care providers.
- 4.13 Customers that have planned short breaks in residential settings, in excess of 28 consecutive nights per annum will be assessed under CRAG, additionally short breaks taken in residential settings in excess of 56 nights per annum will also be charged under CRAG.
- 4.14 A customer will only be permitted to carry forward money from their personal budget into the next budget year, subject to this being noted in the support plan, and agreed to, by exception, by the relevant service manager.
- 4.15 Contributions calculated at less than £1.25 per week will not be charged.

5.0 Commencement of contributions

- 5.1 Customer contributions are payable from the commencement of a Personal budget. If a customer has not had a financial assessment at the time care commences, the contribution will be commence from the date of the assessment.
- 5.2 If the council becomes aware that a customer is in receipt of income not previously declared within their financial assessment, then the council will backdate any amended contribution to the date the customer started to receive additional income.
- 5.3 If a customers' financial circumstances change within the budget period, then the council must be notified immediately, to arrange a re-assessment. This may result in a higher or lower contribution being charged.
- 5.4 When we review customer's contribution as part of the annual review process, any change to contribution will be applicable from the Monday following the re-assessment.

6.0 Services Covered by this Policy

6.1 As defined within Fairer Charging for Home Care and Other Non-Residential Social Services, local authorities have the discretion to charge for providing services. City of York Council will ask for a contribution towards care delivered as:

- personal care – care and support in your own home, or in the community on a 1:1 basis;
- day care activities - services provided away from your home in a group setting;
- Supported Living – where you are residing in, and receive support in a supported living environment;
- Direct payment of an individual budget – including planned short breaks whether in a residential setting or not;

Eligibility to contribute towards the cost of Transport is assessed under Fairer Charging Guidelines; however the present charge of £4 per journey is currently under review.

Supported Employment is currently not a service which the council assesses customers to contribute towards, however these services, and any cost to the customer is currently under review.

Eligibility to contribute towards the cost of Warden Call and Telecare Services are not assessed under Fairer Charging Guidelines, however the cost of these services are currently under review.

6.2 The following services are free of charge:

- social work support;
- occupational therapy;
- information and advice;
- assessment and care management services;
- aftercare provided under Section 117 of the Mental Health Act 1983. Customers receiving care that is not part on an aftercare plan will be assessed to contribute towards that care;

- services for people suffering from Creutzfeldt Jacob Disease
- services that are the responsibility of the NHS (e.g. Continuing Health Care funded at 100%).

7.0 Financial Assessment

- 7.1 All customers in receipt of one of the services listed in section 4.1 will be required to have a financial assessment, in order to assess their ability to pay. This payment is known as a 'contribution'.
- 7.2 The relevant care manager will ask for a Visiting Officer to arrange to see the customer to undertake a benefits check and financial assessment. This is normally done before the customer starts receiving care.
- 7.3 The financial assessment will take into account income, capital, and any expense incurred in relation to the disability.
- 7.4 If a customer has capital in excess of £23250, they will be asked to pay the full cost of the services they receive. The following is a list of items that are considered as capital but is not exhaustive :
- bank and building society balances;
 - cash;
 - premium bonds;
 - stocks, shares and investment bonds (excluding bonds with an element of life insurance);
 - property (except the property you live in);
 - land;
 - unit trusts;
 - trust funds (except those set up and administered by the Court of Protection).

If a customer chooses not to disclose details of their financial circumstances they would be required to pay the full cost of the services provided.

- 7.5 The Visiting Officer will calculate a customer's income. The financial assessment takes into account the following income:
- State Retirement Pension;
 - Occupational/Private Pensions;
 - Incapacity Benefit;

- Disability Living Allowance Care Component;
- Jobseekers Allowance;
- Employment and Support Allowance;
- Attendance Allowance;
- Income Support and the Guarantee Credit Element of Pension Credit;
- Income from investment bonds;
- Tariff income from savings (if you have savings between £14250 and £23250, the tariff income is set at a rate of £1 for every £250 or part £250).

The following income will be noted but will be disregarded from the financial assessment:

- Earnings from paid work;
- Mobility component of Disability Living Allowance;
- Working or Child Tax Credit;
- Carer's Premium;
- Savings Credit element of Pension Credit;
- War Disablement and War Widow Pensions;
- Compensation Payments (as detailed in CRAG);
- The higher rate element of Disability Living Allowance or Attendance Allowance if care is not provided during the night;
- Some housing costs.
- Guaranteed Income Payments (from October 2012)

The Visiting Officer will ask about any additional expenditure that is incurred as a direct result of any disability. The customer must provide evidence of this additional expenditure. A guide to Disability Related Expenditure is set out in **schedule 2** of this policy.

- 7.6 To ensure that all customers have enough to live, on, the assessment will ensure that they have the equivalent of the basic level of income support plus 25%. The 25% buffer is added on to the basic level of income support, allowances and premiums according to age, level of disability, and family status or the appropriate Guarantee Credit of Pension Credit. This is currently equivalent to:
- £178.38 per week for customers who are over pension age
 - £126.69 per week for customers who are under pension age
- 7.7 All customers will be asked to sign a form to authorise the council to obtain benefits information from the Department of Work and Pensions, Job centre Plus, Disability Benefits Centres, Pensions

Service and the council's benefits section.

- 7.8 Customers will normally be provisionally advised of their contribution at the end of the initial visit, provided all relevant information has been made available. Written confirmation of a customer's contribution will be sent out within 5 days of a visit, or telephone review.
- 7.9 Customer contributions will be reviewed and assessed annually. There will be a rolling programme of reviews carried out (without a home visit unless absolutely necessary) of contributions. This review will normally be undertaken around the same time as a customer's annual social care review. All customers are however, required to inform the council if there is a change in their financial circumstances within the current contribution year, when arrangements will be made to reassess and recalculate their contribution.

8.0 Financial Assessment Considerations

8.1 Deprivation of assets

Deprivation is the disposal of capital assets (both property and investments) in order to avoid or reduce care charges. Disposal could take the form of transfer of ownership or conversion into a disregarded form, and will be treated as notional capital when calculating non-residential care contributions. If you are considering, or have transferred property or assets, whilst in receipt of care, any disposal during this time may also affect your eligibility for funded residential or nursing care if you need it in the future, and your entitlement to welfare benefits. It is recommended that independent legal advice is sought prior to taking this course of action.

8.2 Dependent Children

The assessment of charges will take into account dependent children. Any additional allowance will be based upon individual customer circumstances, and the council reserve the right to disregard income as appropriate.

8.3 Treatment of Couples / Partners income and assets

For the purposes of this policy a service user will be financially assessed on their sole income, capital assets and disregards. However, if there are savings and capital held jointly with another person it will be assumed that 50% belongs to the social care customer unless proven otherwise. A couple is defined (for administration of their financial affairs) as two people living together as spouses or partners.

8.4 Second Property

The ordinary residence of a customer (i.e. the property in which the customer normally lives) will not be taken into consideration in the financial assessment for non-residential care services. Customers that have two or more properties will have the value of each residence included as capital within the financial assessment.

8.5 Cancellation of services

Customers should provide a minimum of 24 hours notice when canceling personal care, days support and transport services. Services cancelled within 24 hours of planned delivery time will be charged the full applicable rate. Consideration will be given in exceptional circumstances only (such as emergency hospitalization) to waive charges where the appropriate notice period has not been given.

8.6 Independent Living Fund

Customers in receipt of ILF funding have their local authority contribution determined by the ILF. Customers in receipt of funding through the ILF, will be advised annually of their local authority contribution.

8.7 Adult Placement Schemes

Customers in adult placement schemes are not subject to a standard financial assessment, due to the nature of the scheme. Customers on this scheme will be advised of any contribution towards their care by the care manager and scheme provider.

9.0 Ability to pay - appeals procedure

9.1 Any customer who feels that the payment of their assessed contribution would cause financial hardship may request a re-assessment.

9.2 The customer must first contact their care manager to explain why they feel they are unable to pay their contribution and to provide any relevant documentary proof of this. The care manager will request a review of the contribution. If they are satisfied through the review process that the customer is unable to pay all or any of the contribution, the care manager can refer the customer's request to have all or part of their contribution waived by the Assistant Director of Assessment and Personalisation.

- 9.3 The Assistant Director of Assessment and Personalisation will consider the request and either reduce, waive, or uphold the charge in accordance with Section 17 (3) of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA Act 1983). Any decision to waive or reduce the charge will be reviewed on a regular basis.
- 9.4 The appeals and complaints procedure in relation to ability to pay is noted in **schedule 3** of this policy

10.0 Debt Management Process

- 10.1 Each customer is individually assessed on their ability to contribute towards the cost of their care.
- 10.2 Whilst the council will ensure that arrears are pursued in a timely manner, and in a firm but fair way, it does recognise that the management of outstanding debt for certain individuals will require a more sensitive approach. This approach should complement the guidance provided within the Corporate Debt Policy.
- 10.3 To enable customers to understand this approach, there is a detailed and staged recovery process that will be followed to ensure that all preventative action has been taken, and that customers are in receipt of the maximum income possible, including enhanced income from state benefits. Where the customer has additional debts with the council, these will be considered and where possible, a structured but shared repayment plan is agreed.
- 10.4 The council will review all its debts on a regular basis and as part of this process will consider the viability of pursuing some on the basis that it may be un-economical to do so. There may be other circumstances, such as when a deceased person has no assets that recovery of a debt will be unlikely, and in these circumstances, the debt may be written off. The council also understands that where a customer cannot pay, full support and debt advice will be provided, in line with the Corporate Debt Policy.
- 10.5 The council recognises that the person receiving care may not have the capability to manage their financial affairs. In these situations, the council will contact a responsible person, or a person with the legal capacity to undertake financial transactions on behalf of the customer. A responsible person could be the parent, spouse/partner, carer or other family member of the person receiving care. Where the customer lacks

capacity to manage their financial affairs, and there is no person able, willing or suitable to act on their behalf, the council may apply to become court appointed deputies, or corporate appointees to avoid the customer getting into further debt.

10.6 **Stage 1:** Where an invoice is outstanding for more than five weeks we must:

- confirm that the customer has been issued with notice of charges and their assessed contribution;
- confirm that the customer has a signed care or support plan;
- check to see whether there is any reason for late payment (e.g. hospital admission/respite stay/holiday);
- ascertain whether other monies are outstanding to the Council;
- check whether a waiver has been agreed after the invoice has been issued.

Care management teams will be advised of all customers that have not paid their invoice at this stage. Care management teams have 10 days to respond to Customer Finance to advise whether the standard recovery letter should be issued. Care managers may decide to deliver the letter themselves to ascertain reasons for non-payment. Care managers may advise that letters are best sent to a relative or nominated appointee who manages the customers' finances, or care managers may be aware of an ongoing complaint. After 10 working days, letters will be automatically issued to customers, where an alternative arrangement has not been agreed.

If the customer is having difficulty paying a bill, the customer and Council will agree an interim and immediate payment if possible. Occasionally, customers may receive a larger than expected bill if the care provider did not submit the record of care timesheet in the correct billing period, and the customer is invoiced for 2 periods in the subsequent period. Customer Accounts Team will notify the care manager.

Where a customer advises a change of circumstances, care management/customer finance will arrange for a new financial assessment to be carried out, The result of any re-assessment is only applicable from the date of notification of any change.

Confirmation of agreed actions including staged re-payments should be sent to the customer in writing, and noted within the councils debt management systems. Advise the customer that failure to act will lead

to stage 2 procedure being invoked in 28 days.

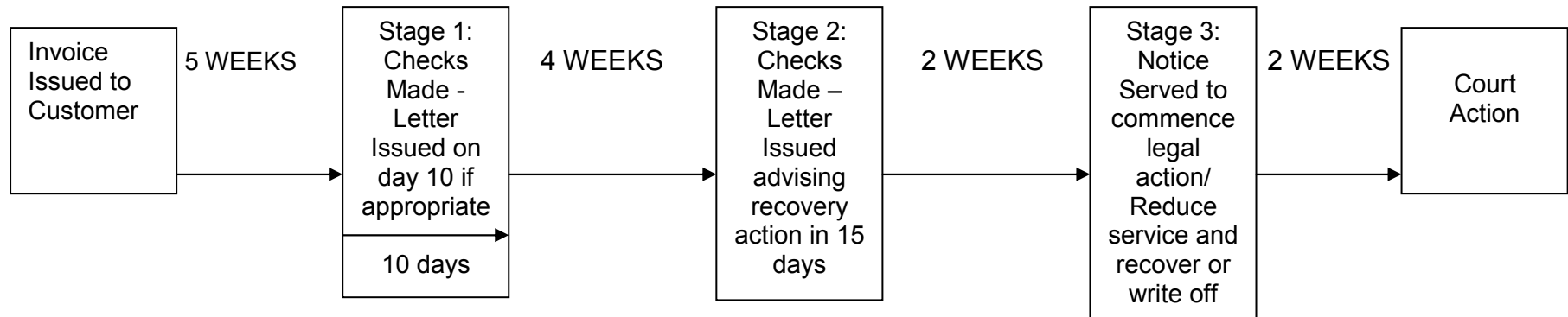
10.7 **Stage 2:** If a payment has still not been received after 4 weeks, customer accounts will contact the customer to ascertain the reason for delay. Discuss with the customer that formal debt recovery action will commence if payment is not received within 15 consecutive days. Again, remind the customer of the ways that payment can be made.

10.8 **Stage 3:** If a payment has not been received 15 days following the issue of the Stage 2 letter, formal recovery action will commence. Care management will be notified and will have the final decision of any action to be taken. Where legal action is agreed, notice will be served on the customer directly or through a responsible person acting on their behalf.

This notice will inform the customer that court action will be taken if payment is not received within 10 days. If payment has not been received within 10 days, the matter will be passed to legal services for court action to commence.

At each stage, customers will be offered the opportunity to contact Customer Finance to arrange an appropriate repayment plan.

Recovery timeline



101 Day Process

Schedules

Schedule 1 – Charging Treatment of Non-Residential Services

The following flat rate charges will be effective from 18th April 2011, for the following services:

Transport: £4 per journey

Warden Call: £4.25 per week

Meals at Day Centres (where charged): £2.50 per meal

Schedule 2 - Charges for non-residential services – comprehensive guidance notes and Disability Related Expenditure Assessment Form

All customers will be entitled to an assessment of expenditure incurred as a direct result of their disability. All expenses will be reviewed against the customers agreed support plan. Expenses will be allowed to ensure that customers are able to maintain a basic healthy, hygienic and safe standard of living. The form below covers the most common items of disability related expenditure – should you have other disability related costs, please specify these at the bottom of the form.

Guidance Notes

Before assessing a customers' disability related expenditure, it is important to know what the customers' specific needs are likely to be, and what assistance the customer may already be in receipt of to contribute towards any disability related costs. It is important to remember that allowances will only be made where costs are met entirely by the customer, exceed 'normal' cost of living expenses, and are specifically resulting from the customers' disability.

DRE assessments should only be completed when a customer is in receipt of disability related benefits (AA/DLA and SDP), or in the case of new customers', when an award of a disability related benefit is likely in the very near future.

Other factors to take into consideration are:

- Does the customer receive DLA Mobility Component and at what rate?
- Does the customer receive a direct payment that incorporates and allows some disability related expenditure
- Is a carers premium/grant paid to cover some of the expenses related to a customers' disability
- Does the customer have expenses that are paid for by the NHS (e.g. incontinence aids, special diet, medication)
- DRE is not intended to cover gaps within an existing care plan
- Customers contributing to other schemes such as ILS and ILF – their contribution is a financially assessed charge and must not be considered as a disability related expenditure
- Can any costs be paid by the NHS – such as physiotherapy, chiropody, transport etc.

Everyday Living Expenses: The following items are considered to be everyday living expenses

- Food & Non alcoholic beverages
- Clothing/Shoes

- Accommodation Costs e.g. Rent/Mortgage/Repairs & Maintenance
- Accommodation Related Costs e.g. house/contents insurance
- Fuel e.g. gas/electricity/oil/coal
- Water
- Furniture & Flooring (inc carpets), and Household Appliances
- Household textiles, cutlery, crockery and cooking utensils
- Personal transportation costs e.g. fuel/tax/insurance/servicing
- Entertainment & Media (TV inc. digital TV reception/Telephone (inc. mobile phones)/Internet & Broadband), Computing and Gaming Hardware and Software
- Domestic Pet expenses
- Short Breaks and Holidays

Assessment Considerations:

Transport Costs: Mobility costs should be met through DLA Mobility Component and travel concessions such as Bus Passes and Transport Tokens. The need for specialist transport should be noted in a care/support plan. Payments to family members will not be considered, or to customers who have use of a motorability vehicle and choose not to use it. Only costs in excess of DLA Mobility will be considered, up to a maximum of £10 per week.

Special Clothing and Footwear: Additional costs may be incurred due to customers requiring specially tailored garments, or through exceptional disability related wear and tear. All clothing and footwear allowances are discretionary, up to a maximum of £5.40 per week.

Garden Maintenance: The allowable amount will be discretionary based upon maintaining a garden to a safe but basic standard. This will only be paid where there is no one else in the household capable of attending to garden maintenance. Gardening allowance will be considered up to £6.25 per week. Note – most gardens are only maintained for part of the year, therefore any allowance will be made over 52 weeks

Special Dietary Costs: The allowable amount should reflect costs over and above 'normal' dietary related expenditure. A special diet should be noted in the support plan. The average grocery bill for an adult is £31 per week. Only food costs above this should be considered, and only where they are not subsidised or provided free of charge by the NHS. A maximum allowance of £10.85 per week will be allowed where grocery bills exceed £32.50.

Community Alarm Costs: Will be met subject to this being an assessed need, and not already paid for by a supporting people subsidy.

Exceptional Laundry: A fixed amount of £3.75 per week will be allowed where laundry needs exceed 4 loads per week. This allowance incorporates additional water and washing powder costs (inc. specialist washing powder).

Extra Incontinence Aids: The actual cost will be met provided this is an assessed need and incontinence aids are not already provided free of charge by the NHS.

Extra Bedding: An allowance will be made for reasonable expenditure incurred over the normal replacement cycle for bedding. Annual replacement costs above £40 will be considered, up to a maximum of £2.20 per week (£114.40 per annum)

Additional Fuel/Heating: Covers the costs of Gas, Electricity, Coal and Oil. Annual household fuel costs are supplied by the National Statistics Office and are used in calculating appropriate allowances. Additional heating costs over the published averages must be incurred as a result of any disability.

Fuel costs - any amount of household fuel costs over and above that of the rates identified below for relevant accommodation type			
Accommodation type	Annual cost	Eqv. Monthly cost	Eqv. Weekly cost
Single people in flats and terraced housing	£1128.00	£94.00	£21.69
Couples in flats and terraced housing	£1487.00	£123.91	£28.59
Single people in semi-detached housing	£1198.00	£99.83	£23.03
Couples in semi-detached housing	£1577.00	£131.41	£30.32
Single people in detached housing	£1457.00	£121.41	£28.01
Couples in detached housing	£1920.00	£160.00	£36.92

Privately Arranged Personal Care: An allowance will be made if there is an assessed need that is documented within the customers support plan, which cannot be met through personal budget expenditure. Items considered under privately arranged personal care include chiropody, and hair washing. Care purchased privately by a customer where the council has been unable to meet the immediate care needs, but the care has been assessed as a required need, should also be considered. Basic grooming and exceptional costs (e.g. hair cut, perms/highlights) are deemed to be everyday living

expenses and will not be covered. A maximum of £10.85 per week will be allowed for all aspects of personal care.

Cleaning/Domestic Costs: No allowance will be made unless this service is a requirement in the customers' support plan and cannot be met through a direct payment or commissioned service.

Prescription Charges & Medication: Costs relating to prescribed and essential non-prescribed medication will be considered when this is documented in the care plan, and is not already covered by an NHS pre-payment certificate.

Telephone/Communication/Media Needs: Allowance will be made for any equipment that is required to assist with basic communication needs e.g. Large Button Telephones, Voice activated equipment, magnifying equipment etc. Allowances for telephone/communication needs are entirely discretionary, but will only be considered when the costs exceed everyday living expenses, and only the excess costs should then be allowed. Allowance for telephone or Internet access, or Digital TV Subscriptions will only be considered where this is in excess of everyday living costs and are incurred as a direct result of a disability.

Disability Related Equipment: No allowance will be made for equipment that has been provided either through a funding grant, or has been provided free of charge. No allowance will be made for servicing or repair costs where the customer has not purchased the equipment privately. Allowance will not be made for equipment purchased privately that is available through Occupational Therapy (OT) services.

Equipment needs should be documented within the care plan, and where purchased privately, must be endorsed by the OT department. All allowances will include servicing and repair costs, and the cost of replacement. Replacement frequencies will be period determined by OT, and the allowance made weekly over that time. For example if a wheelchair costs £400 and is expected to require replacing in 5 years time, the weekly allowance will be $\text{£}400/260(\text{weeks}) = \text{£}1.54$ per week. Evidence of purchase will be required.

Where the customer has equipment listed below, nationally produced guidelines advise that replacement costs (up to a maximum amount each week) can be allowed over a 10 year life cycle. Replacement costs will only be allowed where the customer has privately purchased the equipment and can provide evidence of purchase.

- Powered Beds – maximum of £3.96 per week
- Turning Beds – maximum of £6.86 per week

- Powered Reclining and Lifting Chairs – maximum of £3.12 per week
- Stair Lifts – maximum of £5.55 per week
- Hoists – maximum of £2.72 per week

Holidays/Breaks: No additional cost will be allowable for the customer to have a break/holiday outside of any agreed allowance made within a personal budget, as this is considered to be a normal living expense. It is recognised that a customer may however, incur additional costs if they take a break/holiday accompanied by a paid carer. Carer costs will be taken into consideration providing breaks/holidays are specified within a support plan care plan.

Other Expenditure: Customers may incur other costs not already covered above. Examples could include adaptations to household appliances for safety reasons (note we would only allow the additional costs e.g. a standard gas cooker costs £400, but an adapted gas cooker that cuts off if not used within 5 minutes costs £600, then we would allow £200 over the expected life of the cooker), specialist feeding equipment, or equipment that has a reduced life-span due to a disability (e.g. food blenders).

All White Goods are deemed to have a life expectancy of 5 years
 All small appliances are deemed to have a life expectancy of 3 years

Day Care Activities: Additional costs for day care activities that are not already covered as part of a support plan and assessed under Fairer Charging Guidelines will not be allowed.

Customer Name..... **D.O.B.**
FWI Ref.....

DISABILITY RELATED EXPENDURE (DRE) – This is expenses you incur because of your disability.

Weekly Cost

Transport Costs (in excess of DLA Mobility/Subsidised Transport Tokens/Buss Pass)	£
Special Clothing or Footwear	£
Garden Maintenance	£
Specialised dietary costs (Only allowable if not available on the NHS and have been advised by your Doctor – no allowances will be given for items that are considered to be part of a healthy eating plan) <u>Please give name and address of your doctor if claiming dietary costs:</u>	£
Community Alarm Costs/Warden Call	£
Exceptional Laundry (more than 4 loads per week)	Number of Loads
Extra Incontinence Aids	£
Extra Bedding	£
Additional Heating/Fuel Costs Property Type: Flat/Terraced/Detached/Semi-Detached Number of Occupants <ul style="list-style-type: none"> • Gas • Electricity • Coal • Oil 	£
Privately Arranged Personal Care <ul style="list-style-type: none"> • Hair Washing • Chiropody • Massage • Aromatherapy 	£
Cleaning/Domestic Costs	£

Prescription Charges	£
Telephone/Communication/Media Equipment	£
Disability Related Equipment	£
Other Expenditure – Please Specify	
<p>***Please enclose the last 5 weekly, or 2 monthly receipts for all purchases or services. In the case of utility bills, please provide bills covering the last 4 quarters***</p> <p><u>We will not be able to allow any expenditure without evidence.</u></p> <p><i>All items/services above may be checked against your Care Plan or discussed with your Care Manager, if applicable.</i></p>	

Schedule 3 - Charges for non-residential services – appeals and complaints procedure

Under section 17 (3) of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA) customers have the right to request a review of their contribution if they consider that the calculation is incorrect, that it is unfair or that it is not affordable. The service user must satisfy the council that they have insufficient means to pay before consideration can be given to a charge being waived.

Fairer Charging guidance requires that careful consideration is given to any request for a contribution to be reviewed and emphasises that any consideration to reduce or waive a contribution must take account of the circumstances of the customer, and the possible implications for other customers.

Where a customer believes that their contribution has been incorrectly calculated, because the information provided has been noted incorrectly, or misinterpreted, this should be notified immediately to the responsible Visiting Officer, or the Manager,
Customer Finance Team,
City of York Council
PO Box 402
10-12 George Hudson Street
York
YO1 6ZE

Where an assessment is correct and a customer has already advised the care manager that they are unable to afford their full contribution, and this has been considered by the Assistant Director, Assessment and Personalisation, the customer can request a formal review in the following circumstances:

- An informal review/consideration has been conducted but the customer remains dissatisfied
- The customer is satisfied that the charging policy has been correctly applied but considers that paying their contribution would result in financial hardship because of special circumstances.

In the first instance the complaint should be notified to the Complaints Manager,

In writing to:
Freepost RLXT-AYJJ-RXST
The Complaints Manager
City of York Council
PO Box 402
York
YO1 6ZE

By phone to: The Complaints Manager 01904 554145

Or by e-mail at: haveyoursay@york.gov.uk

Where possible, and if not already provided, please provide as much information relating to household income and expenditure as possible, together with any other information that will substantiate and support your appeal.

Full details of the stages of the procedure can be found in the 'Have Your Say' brochure, available at council buildings or via the e-mail and phone number noted above.

Schedule 4 – Summary of publications referred to in this policy

Health and Social Services and Social Security Adjudication Act 1983:
<http://www.statutelaw.gov.uk/content.aspx?LegType=All&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&sortAlpha=0&PageNumber=0&NavFrom=0&activeTextDocId=2109217&parentActiveTextDo>

[cld=0&showAllAttributes=1&hideCommentary=0&suppressWarning=0&versionNumber=1](#)

Fairer Charging Policies for Home Care and other Non-Residential Services
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4117930

Fairer Contributions Guidance – Calculating an Individual’s Contribution towards their Personal Budget
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121224

Local Authorities Social Services Act 1970
http://www.google.co.uk/url?q=http://www.england-legislation.hmso.gov.uk/acts/acts1970/pdf/ukpga_19700042_en.pdf&sa=U&ei=eYfmTI7ZJ4nQhAexvYDSDA&ved=0CBEQFjAA&usq=AFQjCNF4-cZAWuFVL0YkQMSTLKO3WoWt0w

Mental Health Act 1983
<http://www.cqc.org.uk/guidanceforprofessionals/mentalhealth/workingwithpeoplewhoserightsarerestricted/mentalhealthact1983.cfm>

Charging for Residential Accommodation Guidance (CRAG)
http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_115533.pdf

Section 46 NHS and Community Care Act 1990
<http://www.legislation.gov.uk/ukpga/1990/19/contents>

Chronically Sick and Disabled Persons Act 1970
<http://www.opsi.gov.uk/acts/acts1970a>