Adult Services and Wellbeing
Calderdale Metropolitan Borough Council

Charging Policy for Community Based Services for Adults

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Policy Version Control

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2.0	February 2024	Zakera Pandor, Policy & Procedures Officer	Policy reviewed following consultation
3.0	June 2024	Zakera Pandor, Policy and Procedures Officer Michelle Neville Cooper, Team Manager Financial Assessment and Charging Team Chris Fawthrop, Team Leader Financial Assessment and Charging Team	Policy reviewed
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5.0	April 2025	Zakera Pandor, Policy and Procedures Officer Samantha Egan, Financial Assessment Team Leader	Policy reviewed to reflect the removal of the maximum charge and introduction of the self-funders administration charge. Updated section on careline.

		Jonathan Redfearn, Financial Assessment Team Leader	

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1. Introduction

1.1 Calderdale Metropolitan Borough Council (CMBC) arrange community-based services to provide support for people who have been assessed as being eligible for care and support, in order for them to remain independent in their own homes.

1.2 The Care Act 2014 is the overarching legislation alongside associated regulations and guidance that sets out the law relating to adult social care in England.

1.3 CMBC's charging policy follows Government guidelines. CMBC use a financial assessment to work out if the council can offer the person any help in paying for their care and support they receive to help them stay at home. This looks at person's individual income, capital and allowable expenditure. The charging policy will be applied fairly to everyone.

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

1.5 All community-based services fall within the scope of this policy and include (but are not limited to):

- Home care services
- Community Based Day Opportunities
- Supported Living
- Adult Shared Lives Placements
- Direct Payments
- Sitting Services
- Outreach services
- Provision of care and support in Extra Care settings
- Community Care Alarms
- Joint funded services – A person will be required to pay towards the cost of the services provided by CMBC but not those provided by the NHS as part of a joint package of support.

2. Personal Budget

2.1 Where a person has been assessed as eligible for care and support, an amount of money will be identified that will be enough to meet their needs. This agreed amount of money is called a personal budget. In most circumstances, the person will be expected to pay towards (in part or in full) their personal budget, and fund part or all of their care and support.

3. Financial Assessment

3.1 A person will be expected to pay the full cost of their care and support unless they can show CMBC that they cannot afford it. To do this they will need to complete a financial assessment.

3.2 CMBC use a financial assessment (a means test) to work out how much a person will need to pay towards the cost of their care and support. Not everybody will be required to pay the same amount.

3.3 Section 8.14 of The Care and Support Statutory Guidance instructs that local authorities are not permitted to charge for provision of the following types of care and support:

- Community equipment (aids and minor adaptations) less than £1,000.00
- Reablement, for a period of up to six weeks
- Services provided to those with Creutzfeldt Jakob Disease (CJD)
- Any service or part of service which the NHS is under duty to provide, this includes Intermediate Care, Continuing Healthcare and the NHS contribution to Registered Nursing Care
- Advice and information around care and support
- Assessment of needs, care planning and reviews including the cost of carrying out the financial assessment
- Services which the local authority has a duty to provide through other legislation, for example aftercare services under Section 117 of the Mental Health Act 1983. These are services which are provided to meet a need arising from, or related to, the person's mental disorder, in order to reduce the risk of a deterioration of the person's mental health condition and need for re-admission for the treatment of that mental disorder.

3.4 Local authorities are permitted to charge for provision of the following types of care and support:

- Care and Support Services that meet needs which are unrelated to Section 117 aftercare services as defined above at 3.3. These services will be subject to CMBC's charging policy.

3.5 The financial assessment looks at the person's individual income, capital and allowable expenditure to work out the maximum amount they will pay. CMBC will compare this to the cost of the person's care and support and the person will pay the lowest amount of the two.

3.6 For CMBC to carry out the financial assessment, the person will need to complete a financial information form and provide evidence to support it, such as bank statements. If a person refuses, or chooses not to be financially assessed, they will have to pay the full cost of their care and support.

3.7 CMBC will always undertake a financial assessment to work out how much a person should pay, except when they have savings more than the upper capital

limit. The current upper capital limit is £23,250. CMBC use the upper capital limit set by the Department of Health.

3.8 If a person has savings more than the upper capital limit, they will be expected to meet the full cost of the care and support they receive.

3.9 When a person's financial assessment has been completed, they will be told the weekly charge they will need to pay towards the cost of the care and support they have (if anything).

3.10 If the financial assessment process concludes that a person needs to pay towards the cost of their care and support services, the charge will be applied from the Monday following the start of the services, unless the care and support starts on a Monday, in which case the charge will be applied from the same day. This may be subject to change upon review.

3.11 Reviews of a person's financial assessment will be completed in accordance with Care Act guidance. These will be conducted annually. The review will look at any changes to a person's financial circumstances. For example, a decrease in the level of their capital resources, or an increase in the level of their income.

3.12 The cost of care and support services provided or arranged through CMBC are reviewed annually and may be subject to an inflationary increase which may increase a person's care charge.

4. Minimum Charges

4.1 The minimum weekly charge for adult care and support services is £1.00 a week.

5. What Counts as Income

5.1 All income is included in the financial assessment unless the regulations to the Care Act require that it should be disregarded either partially or fully. Income that is available or due to a person but has not been sought or applied for may be included as notional income in the financial assessment. Notional income may also apply where a person has reached retirement age and has a personal pension plan but has not purchased an annuity or arranged to draw down the equivalent maximum annuity income that would be available from the plan.

5.2 All State and Welfare benefits count as income. These could include but are not limited to:

- Pension Credit
- Employment Support Allowance (ESA)
- Universal Credit
- State Retirement Pension
- Disability Living Allowance (DLA)
- Attendance Allowance
- Personal Independence Payment (PIP)

All private income. These could include but is not limited to:

- Private pensions
- Works/Occupational pensions
- Tariff income
- Any other income received on a regular basis.

5.3 CMBC currently disregard some types of income when carrying out a financial assessment for community-based care and support services. These include:

- War Pension
- Pension Credit - Savings Credit
- PIP mobility
- DLA mobility

5.4 This list is not exhaustive. The Care and Support Statutory Guidance, Annex C: Treatment of Income provides further details on sources of income which must be disregarded.

5.5 CMBC do not take into account:

- The difference between the higher and lower rate of Attendance Allowance (AA), unless nighttime care and support is being paid for by CMBC.
- The difference between the higher and middle rate of the care component of Disability Living Allowance unless nighttime care and support is being paid for by CMBC.

This is subject to review.

6. What Counts as Savings

6.1 For a community care and support services financial assessment, savings can include but are not limited to:

- Money held in a bank, building society or post office account (50% if a joint account)
- ISAs
- Stocks and shares
- Premium Bonds
- National Savings Certificates
- Property and/or land (other than the home in which they live).

7. How CMBC Work Out Tariff Income

7.1 The tariff income calculation is set by the Department of Health and may be subject to change. Tariff income is meant to represent an amount a person with savings between the lower and upper capital limits should be able to contribute towards their care and support and is not representative of any interest-earning capacity of those savings.

7.2 If a person has savings between the lower and upper capital limits, CMBC will include tariff income in their calculations. For 2025/26 the capital limits are:

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

7.3 CMBC calculate a notional income of £1 per week for each £250 (or part thereof) of any amount between the lower and upper capital limits. For example, savings of £16,400 will attract a tariff income of £9 per week (£16,400 - £14,250 ÷ £250 = £9)

8. What Counts as Outgoings

8.1 Some household expenditure can be considered. These include housing costs such as mortgage, rent (net of housing benefit), council tax (net of council tax reduction), and service charges. These are called Housing Related Expenses.

8.2 Expenses directly related to a disability or medical condition can be considered. This may include, for example, a domestic cleaner, excessive fuel costs (gas, electric, oil), excessive water and sewerage rates (if metered), specialist clothing etc. These are called Disability Related Expenses (DRE).

9. Eligibility for Disability Related Expenses (DRE)

9.1 If a person has any additional expenditure due to a disability or medical condition, this must be supported within their Care Act assessment as being necessary. As the DRE is allowed on the basis of a person's needs, CMBC officers use the persons support plan to decide whether an allowance should be made.

9.2 DRE will only be considered if a person is living at home and the spend is:

- necessary to meet any needs which are not being met by CMBC
- not something a person would pay for if they did not have a disability or medical condition
- not a health need that should be provided by a government agency like the NHS
- not covered by a grant or donation

9.3 In order to be eligible for DRE:

- A person must be in receipt of the care component of Disability Living Allowance, Personal Independence Payment (Care) or Attendance Allowance.
- The costs must be reasonable and can be verified.
- A person must be able to provide evidence for any amounts claimed. For example, with receipts, invoices, or appropriate documentation.
- The disability related expenditure will be limited to a maximum of the disability care benefit that a person is entitled to.

9.4 The onus is on the person or their representative to provide all the evidence required for consideration of DRE. If the person or their representative is unable to provide this evidence during the financial assessment, they will have 21 days to provide it. On receipt of the evidence being provided within 21 days, any award or reduction in charge due to the DRE will be backdated to the date of the assessment.

9.5 Where evidence requested by CMBC is not provided by the person or their representative within 21 days, the application will be treated as withdrawn. CMBC will only consider evidence provided after 21 days if there are extenuating circumstances and any reduction will be made from the date of receipt of the last supporting evidence. If no evidence is provided, then no allowance will be made.

9.6 As CMBC includes disability-related benefits in the financial assessment calculation, it must also allow the person to keep enough of these benefits to pay for necessary, reasonable disability-related additional costs to meet any needs which are not being met by adult social care. CMBC will carefully consider a person's level of disability-related expenditure in the financial assessment.

9.7 Regular and one-off expenses are calculated differently:

- Energy costs and metered water charges are compared to the average usage for the type of property you live in and the number of adults living in your property. An allowance for cost above the average is considered. The figures are obtained from Yorkshire Water and Consumer price inflation tables - Office for National Statistics.
- Basic gardening costs are considered March to October (34 weeks) and are calculated on an average weekly cost
- Regular expenses are calculated as an average weekly cost
- One-off expenses, usually for equipment, are calculated over an approximate life span, such as 1 year, 5 years or 10 years

9.8 In cases where a person is asking for a larger disability related expense than is usually allowed or is requesting an unusual disability related expense this may be referred to adult social care for a decision.

9.9 Payments to family members are not usually considered as disability related expenses unless identified in the Care Act assessment and support plan for exceptional circumstances, including cultural or religious reasons.

10. Minimum Income Guarantee (MIG)

10.1 CMBC must leave a person with a minimum amount of money each week. This is known as the minimum income guarantee (MIG). CMBC will use the amounts set by the Department of Health in their local authority circulars which are usually reviewed and published in April of each year. These circulars can be found at Local authority circulars - GOV.UK (www.gov.uk)

11. Mental Capacity

11.1 CMBC will follow the Care and Support Statutory Guidance when undertaking a financial assessment and will establish whether the relevant person has capacity to take part in the financial assessment.

11.2 Where a person lacks capacity, CMBC will ascertain if they have an enduring power of attorney (EPA); lasting power of attorney (LPA) for property and affairs; lasting power of attorney (LPA) for health and welfare; property and affairs deputyship under the Court of Protection or any other person dealing with their affairs (for example, someone who has been given appointeeship by the Department for Work and Pensions (DWP) for the purpose of benefits payments).

11.3 A person who lacks capacity to give consent to a financial assessment and who does not have any of the above people with authority to be involved in their affairs, may require the appointment of a property and affairs deputyship if they have assets other than benefits. A family member could apply for this to the Court of Protection. In the absence of any family members CMBC may make the application for the appointment of a deputy for property and affairs.

11.4 If CMBC is appointed corporate appointee by the DWP then it will only provide benefit information for the purposes of the financial assessment, in the person's best interests. If there are other assets, and in the absence of others to do so, an application will need to be made to the Court of Protection to provide CMBC with the authority to use this information for the purposes of the financial assessment and in the person's best interests, in accordance with the Mental Capacity Act 2005.

12. Charging Couples

12.1 The Care Act 2014 requires that financial assessments are completed for people as individuals. Where charges are related to couples who are both in receipt of services, CMBC will also carry out a couple's financial assessment. If this charge is lower than the combined total of the two individual financial assessments, this charge will apply. Charges are posted to one of the couple's accounts.

12.2 A couple is defined (for the purposes of this charging policy) as two people living together as spouses, civil partners or unmarried partners.

13. Light Touch Financial Assessments

13.1 In some circumstances, CMBC may decide that a full financial assessment is not necessary or appropriate. This type of financial assessment is defined as a "light touch financial assessment."

The light touch financial assessment will apply:

- If a person does not wish, or refuses, to disclose their financial information.

- If a person says they have significant financial resources and/or savings above the limit of £23,250 and does not wish to go through a full financial assessment for personal reasons.
- Where the charges for the service are small and a person is able to pay and would clearly have the relevant minimum income left. Therefore, carrying out a financial assessment would be disproportionate.
- Where a person is in receipt of benefits, which show they would not be able to pay towards their care and support costs.

13.2 CMBC will inform a person when a light-touch assessment has taken place and will make it clear that the person has the right to request a full financial assessment.

14. Outcome of the Financial Assessment

CMBC will send the person or their representative a letter to explain:

- How much they need to pay towards their care and support (if anything)
- How it has been calculated
- How to pay it

14.1 It is the person or their representative's responsibility to check the letter carefully and let the Financial Assessment and Charging Team know straight away if anything is missing or incorrect.

15. Direct Payments

15.1 When a person chooses to take their personal budget as a form of direct payment, assessed charges are deducted from the personal budget amount and a net payment is made by CMBC for contribution to the personal budget.

15.2 If a person does not pay their assessed charge correctly into their direct payment account, CMBC will carry out an audit and send them an invoice for any underpaid charges.

15.3 There are regular reviews of direct payments to ensure money is spent appropriately.

15.4 Where direct payments are being made and the person is not spending the direct payment for the appropriate purpose, CMBC will take steps to recover any payments that have been inappropriately used. This may also result in the direct payment being terminated. In these cases, a review of the care and support assessment and the financial assessment will also be undertaken.

15.5 More information is available in CMBC's separate Direct Payments Policy.

16. Self-Funders

16.1 If a person chooses for CMBC to broker their care and support on their behalf, they are a “Self-Funder”. “Self-Funder” means that a person will be charged the full amount of their care and support.

16.2 CMBC will treat a person as being a “Self-funder” where they:

- Have savings and other financial resources above the upper capital limit, currently £23,250
- Choose not to disclose their financial information to enable a full financial assessment;
- Fail to co-operate and/or do not provide a completed financial assessment form, within 21 days (14 days for Care Alarms) of agreeing a support plan or the commencement of chargeable services (whichever is sooner);
- Provide an incomplete financial assessment form. Where possible CMBC will use other information sources available to complete the financial assessment, however, where this is not possible and the person (or their representative) fails to provide all of the information requested within 21 days; CMBC will be deemed to have undertaken a financial assessment in accordance with regulation 10 of the “The Care and Support (Charging and Assessment of Resources) Regulations 2014 (as amended), and the person/representative will be charged the full cost of the care and support service(s).
- Receive a declaration from the person that they do not wish to go through a full financial assessment.

17. Self-funders Administration Charge

17.1 Where people pay privately for their care and support, they are still entitled to ask that CMBC help them arrange their services. These people have the choice to have CMBC arrange a suitable social care package for them.

17.2 There is a weekly administration charge of £5.70 for new self-funders. This is to cover the cost of setting up a person’s care and support, the on-going cost of managing payments for this on their behalf, as well as contracting, monitoring and responding to any issues about the quality of care and support being provided.

17.3 The weekly administration charge does not apply:

- To people receiving direct payments
- To care and support for people with Creutzfeldt-Jakob Disease (CJD).
- To after-care and support provided under Section 117 of the Mental Health Act 1983.
- To people whose care and support is fully funded by the NHS (e.g. Fast Track)
- To intermediate care or reablement services up to 6 weeks (including out-of-hours support)

- To minor adaptations to property that cost less than £1,000 or aids to assist daily living
- To advice and information given around care and support
- To assessments, support planning and reviews
- To carers support services
- Where a person has no option other than to use a specialist council run service
- If care and support is put in to respond to an emergency or urgent safeguarding situation. The weekly administration charge would need to be paid when discussions have been held with the person (or their representative(s)) about arrangements for longer-term care and support and whether they wish to make these arrangements themselves or have the council arrange their care and support.

17.4 The administration charge does not currently apply to existing self-funders. This is because their decision to enter this arrangement was made on the basis that there would not be a charge. However, if an existing self-funders care and support arrangements change in the future then they may incur the weekly administration charge.

17.5 For further details on when the self-funders administration charge applies, please refer to the "Information Sheet for Residents and Providers on the Introduction of the Self-Funders Administration Charge – New Self-Funders" and the "Information Sheet for Residents and Providers on the Introduction of the Self-Funders Administration Charge – Existing Self-Funders".

18. Former Self-Funders

18.1 Former self-funders are those people whose assets fall below the threshold to become eligible for council funding (below the £23,250 upper capital limit).

18.2 There are two distinct cohorts of former self-funders:

- Those known to CMBC where CMBC purchases the care and support on behalf of the person and the person or their representative pays the cost to CMBC. It is the responsibility of the person or their representative to contact Gateway to Care three months prior to the person's savings dropping below the £23,250 asset threshold. At this point, the existing charging rules will apply because the person is already in receipt of services purchased on their behalf by CMBC.

- Those not known to CMBC. It is the responsibility of the person or their representative to contact Gateway to Care three months prior to their savings dropping below the £23,250 asset threshold. CMBC will become responsible for paying for care and support:

    - If CMBC assesses there that there are eligible care and support needs

    AND

- a financial assessment has been completed and confirmed the person is below the financial limit

18.3 If a person self-funds their care and support and their capital falls below the threshold, CMBC can only be responsible for any funding from the Monday following the date assets fall below the threshold.

18.4 CMBC will not be responsible for debts incurred before the former self-funder or their representative not known to CMBC has completed a financial assessment. CMBC will become responsible for paying for care and support:

- If CMBC assesses there that there are eligible care and support needs

AND

- a financial assessment has been completed and confirmed the person is below the financial limit

18.5 It is the responsibility of the self-funder or their representative to contact Gateway to Care three months prior to the person's savings dropping below the £23,250 asset threshold. CMBC's responsibility starts only when the self-funder, or their representative has made contact.

18.6 The financial assessment will identify the date the former self-funders funds will become depleted and calculate the charge towards the cost of meeting their eligible care and support needs.

19. Deprivation of Income/Assets

19.1 Deprivation of income and/or assets is the disposal of income and capital (for example, property and investments) to avoid or reduce care and support charges; disposal can take the form of transfer of ownership or conversion into a disregarded form.

19.2 In all cases, it is up to the person to prove to CMBC that they no longer possess an income or an asset, and the reason for this. CMBC will determine whether to investigate if deprivation of income or assets has occurred.

19.3 Any investigation will have regard to guidance contained within the Regulation of Investigatory Powers Act, 2000. Following the investigation, where CMBC decides that a person has deliberately deprived themselves of an asset or income to reduce a charge for care and support, CMBC will initially charge the person as though the deprivation has not occurred and treat them as still owning the asset or income. This will be treated as notional capital or notional income.

19.4 Where the person has transferred the asset to someone else, that person may be liable to pay CMBC the difference between what it would have charged and did charge the person receiving care and support. However, that person is not liable to pay any more than the benefit that they have received from the transfer. If the person has transferred funds to more than one person, each of those

people may be liable to pay CMBC the difference between what it would have charged or did charge the person in proportion to the amount they received.

20. Notional Capital/Income

20.1 In some circumstances, CMBC may treat a person as having capital/ income that they do not actually have. This is known notional capital or notional income.

20.2 Notional capital may be capital which:
a) would be available to the person if they applied for it
b) is paid to a third party in respect of the person
c) the person has deprived themselves of to reduce the amount of charge they have to pay for their care

20.3 Notional income may be income which:
(a) would be available to the person if they applied for it
(b) income that is due to the person but has not been received
(c) the person has deliberately deprived themselves of for the purpose of reducing the amount they are liable to pay for their care

21. Diminishing Notional Capital

21.1 Where a person has been assessed as having notional capital, the value of this will be reduced weekly by the difference between the weekly rate the person is paying for their care and support and the weekly rate they would have paid if notional capital did not apply.

21.2 Notional capital included in a financial assessment will be re-calculated when the annual review takes place.

22. Services Not Provided as Planned

22.1 <u>Managed packages of care</u>

22.2 For services where CMBC are given less than 24 hours' notice of a cancellation, charges will typically still apply and therefore there will be no reduction to the weekly charge (with the exception of unavoidable emergencies, such as emergency hospital admissions).

22.3 When CMBC are given more than 24 hours' notice or if there is an emergency, charges will not apply for this element of the service and the persons account will be adjusted accordingly. However, because CMBC charge against the weekly cost of care and support, cancellations will not necessarily result in a reduced overall charge.

22.4 There may be several reasons why services are cancelled in advance, such as hospital admissions, holidays or health appointments.

22.5 <u>Direct Payments</u>

22.6 If there is a period of no care and support, for example if the person does not receive care and support because they are away with family or in hospital, and there are no costs paid to the provider or Personal Assistant (PA) for this period, the care charge payable will be reduced by the appropriate number of weeks (full weeks only).

22.7 If the person does not receive care and support and a retainer is paid to the provider or the PA, the care charge due will also be reduced by the appropriate number of weeks (full weeks only).

22.8 If the period of no care and support includes a part week, the person will be charged only for the cost of care delivered in that week. If the cost of care and support in the week is less than the assessed care charge, a reduction of the difference will be made for that week.

22.9 Mixed packages

22.10 If there is a period of no care and support, for example if the person is away with family or in hospital, and the provider payable through the Direct Payment charges a retainer, the care charge due will be reduced by the number of weeks that the person was in hospital or away for both elements of the package.

22.11 If the period of no care and support includes a part week, the assessing CMBC Officer will calculate the charge due for the managed element and use the guidelines above for the Direct Payment element of the charge.

23. Duty to Notify Changes of Circumstances

23.1 A new financial assessment needs to be completed when there is any change in the person's financial circumstances, for example where their income goes up or down or there is a change in their savings. A person must tell the Financial Assessment and Charging Team about any change within one month of the change happening who will then complete a new financial assessment from the Monday following the date of the change, unless the changes start on a Monday in which case the change will be applied from the same day.

23.2 If a person does not tell the Financial Assessment and Charging Team about any change within a month and the change means that they have been paying too much for their care and support, the assessing CMBC officer will only complete the financial assessment from the Monday following the date of the change, unless the changes start on a Monday in which case the change will be applied from the same day.

23.3 If a person does not tell the Financial Assessment and Charging Team about any change within a month and the change means they haven't been charged enough they will have to pay the extra charges going back to when the change happened or a maximum of 12 months if an annual review of finances has not been carried out by the Financial Assessment and Charging Team since their last financial assessment.

24. Carers

24.1 The Care Act 2014 provides CMBC with the power to charge for support for carers, where a carers assessment has been completed, they have an eligible support need and CMBC has agreed to pay a carers budget to them.

24.2 The support which CMBC can charge the carer for must not be provided directly to the adult being cared for. CMBC does not presently routinely charge carers.

24.3 In some circumstances, CMBC may not agree to fund certain support requested by a carer, in which case they would be expected to pay for this support themselves.

25. Careline

25.1 CMBC, in partnership with Progress Lifelines, offer a community care alarm service which offers direct access to a Contact Centre from a person's home. The Centre provides emergency personal assistance 24 hours a day in a person's own home, 365 days a year.

25.2 There is a weekly charge of £8.65 per week for the Community Care Alarm Service and invoices will be sent annually. However, if the person has a careline installed midyear the invoice would start from that date up to April of the following year.

25.3 The community care alarm service charge is reviewed annually.

25.4 If the person is in receipt of any of the following, they will have to pay for their community care alarm:

- Have over £23,250 in capital
- Attendance Allowance, Disability Living Allowance (DLA) or Personal Independence Allowance (PIP) - (High rate)
- If they are pension age with total income of more than £194.00 per week
- If they are working age with total income of more than £156.45 per week

25.5 It may be that the person is entitled to this service free of charge. The criteria for possible exemption are listed below:

- They are in receipt of Universal Credit (and if they are in work and earning less than £7,400 – net earned income)
- They in are receipt of Pension Credit Guaranteed
- They are in receipt of Employment and Support Allowance
- They are in receipt of Job Seekers Allowance
- They are in receipt of Income Support
- They are in receipt of DLA or PIP (Low rate only)
- They are in receipt of Section 117 aftercare or a CJD sufferer
- They have under £23,250 in capital

26. In House Day Services

26.1 When a person is assessed to attend day services, this includes transport if required. The charge is incorporated into what the person pays to attend the day centre. Meals are paid for separately at the day services.

27. Intermediate Care

27.1 Intermediate Care services provide support for a short time to help the person recover and increase their independence. This refers to both care within an intermediate care bed and reablement. Intermediate care beds are in a dedicated 24-hour rehab facility. Reablement is a type of care in the person's own home.

27.2 Intermediate care services are free for up to six weeks. For example, if a person has received 3 weeks in an intermediate care bed, they would only be eligible for up to 3 weeks reablement at home. If intermediate care services are required after 6 weeks, charges will be based on a full financial assessment.

28. Recovery of Debt

28.1 The Care Act 2014 consolidates CMBC's powers to recover money owed for arranging care and support for people. These powers can be exercised where someone refuses to pay the amount they have been assessed as being able to pay.

28.2 The powers granted to CMBC for the recovery of debt also extends to the person or their representative, where they have misrepresented or have failed to disclose (whether fraudulently or otherwise), information relevant to the financial assessment of what they can afford to pay.

28.3 CMBC will approach the recovery of debt in line with its Debt Recovery Policy which sets out the approach to debt recovery for Adult Social Care.

29. Review and Appeals Process

29.1 If a person or their representative believes the result of the financial assessment is incorrect, due to inaccurate information being used, or if they wish to claim additional expenses, they can ask for a review of their assessed weekly charge by emailing or writing to the Financial Assessment and Charging Team below who will look at the calculation again and let them know the outcome.

Financial Assessment and Charging Team
Calderdale Council Adult Services and Wellbeing
PO Box 51
Halifax
HX1 1TP
FinAssess@calderdale.gov.uk
01422 393639

29.2 If the person or their representative still disagrees, they can appeal the decision by email or in writing. Their appeal will be acknowledged within three working days. The appeal will be investigated with the aim to respond within 20 working days. The person or their representative will receive a response in writing.

29.3 If the person or their representative is still not satisfied, they can make a complaint. The complaint can be made online, by email, in person or by letter. They can do this themselves or they can ask someone to do it for them. The person or their representative should contact the Financial Assessment and Charging team directly if they need help to do this.

29.4 Complaints and Compliments can be contacted directly using the information below:

Phone: (01422) 288005
Visit a Customer First in person
Post to: Calderdale Council Complaints and Compliments, FREEPOST RTGL-EXHR-SRLH, 19 Horton Street, Halifax. HX1 1QE.
Email: complaintsandcompliments@calderdale.gov.uk
Complaints and compliments | Calderdale Council

29.5 If the person or their representative is not satisfied with the outcome of the complaint, the Complaints and Compliments Team will provide them with contact details of the Local Government and Social Care Ombudsman.