

Your guide to charging for care provided in your own home and support in the community

Edition 3

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About this booklet

This booklet contains information about how Kent County Council (KCC) works out charges for care provided in your own home and in the community.

We make a charge for most of the services we provide. We do this in order to continue to help as many people as possible live safe and independent lives in their own homes.

There are lots of complex rules regarding charges for care in your own home or in the community. Although this booklet covers the key information that you need to know, it doesn't contain all of the rules.

Please speak to us if you would like more information about any of the points covered in this booklet.

This booklet is available in alternative formats and can be explained in other languages.

Telephone: 03000 41 61 61 or
Text Relay: 18001 03000 41 61 61

For more copies of this guide please email:
socialservicesleaflets@kent.gov.uk

Part 1: Which services are chargeable?

Most of the care and support services that we provide are chargeable.

This means that if you need these services, we will look at your finances to see how much you can pay, if anything, towards the cost.

These services include:

- Care workers, to provide assistance with tasks at home and away from the home like washing and dressing
- Most day care services¹
- Support in the community
- Kent Shared Lives – provides eligible individuals the opportunity to stay in the homes of recruited, trained and approved hosts and their families who live in the community. This can be for a long or short-term basis or day support depending on assessed need
- Meal services
- Care and support in extra-care housing settings.

¹ Some day care services are funded through grants and are free of charge.

Some of the other services that we provide are not chargeable.

These services include:

- Information and advice
- Advocacy
- Assessing your care needs and finances
- Equipment to help you around the house²
- A short-term intensive care service which helps you to learn or re-learn how to manage daily tasks for yourself (called Enablement)
- Intermediate care services which help you get home after a hospital stay - up to a maximum of six weeks

- Sensors that can be installed into your home, and are monitored 24 hours (called Telecare)
- Employment services funded by us

Some of the services we provide are not listed here. Please speak to us if you would like more information on these.

After care services for people who have been discharged from hospital having been detained under the Mental Health Act do not pay for those services provided under Section 117 of the Mental Health Act.

A person can have some care needs which do not relate to or arise from their mental health condition and might have to pay. For example, after a fall, a person develops a need requiring physical assistance

² Up to certain amounts set out by the Government.

Part 2: Working out how much you will need to pay

STEP 1 : Care needs assessment

Looking at your care needs

In order to find out how we can best support you we will carry out a care needs assessment over the telephone or face to face.

The assessment is an opportunity for you to tell us about your situation and discuss your care needs. This helps us to understand things from your point of view. It will also help us to identify if you are eligible for care and support from us. If you are not eligible, we will let you know about other organisations that can help you. Any assessment that we do will be free of charge.

Following your care needs assessment your social care contact will ask you to read and sign a letter which tells you we will undertake a financial assessment to tell you how much you will pay towards the cost of your care if we provide you with assistance for the cost of your care. The charge for the care that you receive is effective from the date that your care and support plan was agreed by us.

STEP 2 : Personal budget

The total cost of your care

If we are able to support you, we will then work out your personal budget.

Your personal budget is the total amount that we think it will cost to buy the care services you need. Initially, this figure will be an estimate and is called your estimated personal budget. We will confirm the final amount after we agree your care and support plan.

If you are living in an extra-care housing schemes, your personal budget will always include an amount for the 24 hour a day emergency cover

they provide. This will be added to the cost of any regular care and support you receive.

If you are in a Shared Lives service, we will work out the cost of the care and support you receive in a specific way. Your social care contact will be able to explain this to you.

STEP 3: Financial assessment

What happens?

Once we have agreed the total cost of your care and support, we will work out how much you will be required to pay towards the cost of it.

Your charge will be against the total cost of your care and support (i.e. the cost of all chargeable services you receive added together). We do this by carrying out a financial assessment which is means tested.

A financial assessment looks at your capital and your weekly income to see how much you can afford to pay towards the cost of your care.

Your capital includes most savings and investments including the value of any second properties/land but not the home that you live in (see step 4).

Your income includes most pensions and benefits, and any other money you may have coming in, and an assumed level of income from any savings and investments (see step 4).

The financial assessment is carried out by one of our Financial Assessment Officers and may take place in your home or over the telephone.

If we already hold your financial information from a previous financial assessment or where your income and capital has already been verified by the Department for Work and Pensions (DWP), we can complete the financial assessment without needing to contact you or your representative.

Your Financial Assessment Officer will also tell you about the kinds of benefits you are able to claim. You will need to claim all of these benefits. When we work out your charge, we will assume you have this income and take it into account. After we have completed your financial assessment, we will write to you to give you information about what you need to pay.

All charges are reviewed on an annual basis. If your income, benefits, pension, savings or investments change you will need to tell us as soon as possible.

If you do not tell us about changes in your financial circumstances, which meant we were undercharging you, we may backdate to the date the charge increase would have applied.

STEP 4: Financial assessment

How much do I need to pay?

First, we will look at how much capital (savings, investments etc.) you have. If you have over £23,250 in capital or you choose not to disclose your financial information you will not qualify for any financial assistance and then you will need to pay the full cost of your care directly to your chosen provider.

Please note: When we look at your capital we do not include the value of the home that you live in.

However, if you have over £23,250 in capital or you choose not to disclose your financial information you can ask us to arrange the delivery of your care and contract with the provider on your behalf. For us to arrange your care we will charge the following:

- A one off arrangement set up fee of £352 in order to pay for the administration associated with arranging your care. This will be paid in full and added to your first invoice only.

- An weekly arrangement fee of £3.07 per week added to the cost of any regular care and support you receive.

n.b. please note if you have a break of 12 months or more in any regular care and support you receive you will be recharged the one off arrangement fee.

If you pay the full cost of your care, the amount you are required to pay may change if the amount of care you receive changes or the provider who delivers your care changes.

If you have less than £23,250 in capital, then we will look at your weekly income to see how much you can afford to pay towards the cost of your care and support. Your weekly income includes most pensions and benefits.

In addition to your weekly income, if you have capital between £14,250 and £23,250, we will add your weekly income to an assumed income of £1 per week for every £250 (or part of £250) over £14,250. (This is called a tariff income).

For example, if you have £17,250 in savings this means that:

Your savings	£17,250
Minus Lower Capital Limit	£14,250
=	£3,000

$£3,000 \div £250 = £12$. This means we would take into account an additional £12 on your weekly income based on your savings.

We will add up all the income that we are allowed to take into account. However, there will be certain parts of your income that we will not take into account. These include:

- An amount called the Minimum Income Guarantee (MIG) (this is an amount specified by the Department of Health and Social Care in order to meet daily living costs such as food and utilities)
- Income used to pay certain housing costs

- A standard amount of £17 a week for disability related expenditure (see page 20 for more information).

We will then be left with an amount of income which you can use to pay towards your support. We call this your maximum ability to pay. In some cases, this amount will be zero - which means that you will not have to pay anything towards the cost of your support.

Once we have worked out your income, we will then charge you whichever is less out of the following two amounts:

Your maximum ability to pay 100 per cent of your available income or
The total cost of your care and support: the value of your Personal Budget

If you are assessed as able to pay the full cost of your care, then you may be asked to pay for your care directly to the provider.

Examples of how the charging process works

Example one: Michael

Michael has been assessed as needing care at home.

He has a carer who visits him once a day, seven days a week. This is to help Michael prepare his meals.

These visits have a total cost of £70.00 a week (£10.00 a day).

Michael has been financially assessed to pay a maximum of £40.00 a week towards the cost of his care package. This is known as the maximum assessed charge.

As the total cost of Michael's care package is above his maximum assessed charge, he will pay £40.00 a week.

One week, Michael spends the day with his family and doesn't have the need to use his carer on that day.

The cost of Michael's care package for that week, reduces to £60.00.

As Michael's total care cost of £60.00 a week is still greater than his maximum assessed charge of £40.00 a week, he will not see a reduction in the amount that he pays for that week.

Examples of how the charging process works

Example two: Kathryn

Kathryn has been assessed as needing care at home. She has one carer that visits her three times a week. This is to help Kathryn with some of her daily living tasks.

These three visits have a total cost of £60.00 a week (£20.00 a day).

Kathryn has been financially assessed to pay a maximum of £90.00 a week towards the cost of her care package. This is known as the maximum assessed charge.

As the total cost of Kathryn's care package is below her maximum assessed charge, she will pay the actual cost of the care received each week which is £60.00.

Following a period of hospitalisation, Kathryn needs her carer to attend seven days a week. The weekly cost of Kathryn's care package then increases to £140.00.

As the costs of Kathryn's care package has now increased above her maximum assessed charge, the amount that she is being charged will increase from £60.00 a week to £90.00.

The amount that Kathryn is charged will remain at £90.00 a week until the total cost of her care package reduces to below her maximum assessed charge of £90.00 a week.

Part 3: Examples of how we work out the charge

Example 1: John

Following a fall John has broken his hip.

He is assessed and needs two carers to visit twice a day to help him manage his daily tasks.

These visits cost £250 a week

John has savings of £47,000

If someone has savings over £23,250 we will not be able to give them a contribution.

This means John will need to fund the cost of his support himself. We can offer him advice and guidance if he would like us to.

John contributes £253.07

This includes the £3.07 per week arrangement fee.

n.b. John will also pay the £352 one-off arrangement set up fee which will be added to his first invoice only.

Example 2: Iris

Iris has been assessed as needing care. She has a carer who visits her twice a day to support her to get washed and dressed.

These visits cost £190 a week.

Iris has savings of £17,000

This is less than £23,250 which means we will look at her weekly income to work out her contribution towards her support costs.

Retirement Pension	£169.50
Occupational Pension	£13.71
Attendance Allowance	£72.65
Guaranteed Credit	£102.44
Savings Credit	£4.45
Income from savings ¹	£11

Total income	£373.75
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Minimum Income Guarantee	£228.70
Disability related expenditure ²	£17
Savings Credit	£4.45
Total disregards	£250.15

Total income	£373.75
Total disregards	£250.15
What's left	£123.60

Visits cost a week	£190.00
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Iris contributes	£123.60
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KCC contributes	£66.40
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Example 3: Martin

Martin has been assessed as needing care.

Martin requires support in some daily living tasks and needs a carer to visit every morning and two evenings a week to support him.

These visits cost £180 a week

Martin has savings of £3000

This is less than £23,250 which means we will look at his weekly income to work out his contribution to his support costs.

Employment Support Allowance	£240.55
Personal Independence Payment	£108.55

Total income	£349.10
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Minimum Income Guarantee	£183.25
Disability related expenditure	£17.00
Total disregards	£200.25

Total income	£349.10
Total disregards	£200.25
What's left	£148.85

Visits cost a week	£180.00
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Martin contributes	£148.85
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KCC contributes	£31.15
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Explanations

¹Assumed income from savings

If you have capital between £14,250 and £23,250 we will apply a tariff income. This assumes that for every £250 of capital or part thereof you are able to afford to pay £1 per week towards the cost of your care. This will be added to your weekly income when assessing your weekly charge.

In example 2 Iris has £17,000 in savings this means that:

Iris' savings	£17,000
Minus Lower Capital Limit	£14,250
=	£2,750

£2,750 is 11 x £250, so the assumed income from savings is £11.

This means that we would add an additional £11 to her weekly income based on her savings.

²For more information about disability related expenditure see page 19.

Part 4: Organising your support with a Direct Payment

If your financial assessment shows that you need us to help you to pay towards the cost of your care and support, you can take this money as a Direct Payment.

Direct Payments are regular payments that we make to you (or your carer) so that you can arrange, manage and pay for your care and support yourself.

Direct Payments mean you will have more freedom in choosing how your support is provided, who provides your support and when it is provided. This gives you greater freedom, flexibility, and control. We will need to agree with you that you would like to spend the money on, but we aim to give you as much choice as possible.

If you decide to receive a Direct Payment, we will deduct the amount that you have been assessed to pay towards your care from the amount of money we will pay you.

For example, we have worked out that the support you need will cost £60 per week.

Our financial assessment shows that you can afford to pay £40 towards the cost of your support based on your income and capital. We will pay the remaining £20. If you chose to receive a Direct Payment, we would pay you the £20 directly.

You would then be free to arrange your support yourself using your £40 and our £20 contribution and to pay your care providers directly. You will be required to pay your charge into your Direct Payment bank account or into the Kent Card account.

The best way to receive your direct payment is through the Kent Card. The Kent Card works in the same way as a debit card. You can use the card to pay for your care to the provider online or over the phone.

To set up Direct Payments, speak to your social care contact.

There is a Direct Payment factsheet on www.kent.gov.uk

Part 5: Paying for support services organised by us

If you choose not to take a Direct Payment we can organise your support for you. If we arrange your support you will pay us directly for the services you receive. The amount that you pay will depend on your finances, as explained in part 2. We will work this out during your financial assessment.

You will be sent a Kentcare Invoice every four weeks for the care and support you have received. Your first invoice could be for longer than four weeks as there could be a delay in getting your details entered onto the invoice system, or working out how much you can pay towards the costs. You will be expected to pay for your support when you receive your invoice.

How do I pay?

We would prefer that you set up a Direct Debit. To set up a Direct Debit, call the Income Collection Team on 03000 41 63 36. If the amount to be paid or the payment date changes, we will let you know via your invoice. We will notify you of the amount and payment date on the invoice that we send you.

You can also pay:

- Online with your debit card at <http://www.kent.gov.uk/paykentcare>
- Online by transferring money from your own online bank account to KCC. The sort code is 60-60-08 and account number is 00100013. Please give your customer reference number as a reference when making the payment online
- By post - send cheques made payable to “Kent County Council” to the address at the bottom of your invoice. Please send the counterfoil from the bottom of your invoice with your cheque.

Please do not send us cash through the post

- By telephone - Pay with a credit or debit card by telephoning the Income Collection Team on 03000 41 63 36, between the hours of 9am and 5pm, Monday to Friday. Please have your card and customer reference number ready.

If you have any questions about your invoice, please telephone us on 03000 416 464.

Part 6: Disability Related Expenditure

Sometimes, a person with a disability or illness may find that because of their disability they need to spend more money each week than a person without a disability.

For example, this could be because they use extra electricity to charge an electric wheelchair, special clothing or footwear, or have extra dietary needs.

Disability Related Expenditure is the extra money that you need to spend each week, on costs that are specifically related to your disability.

When working out how much you can afford to pay, we will make a standard allowance of £17 to cover any Disability Related Expenditure you may have.

If you believe you have disability-related costs of more than £17 you can ask for an individual assessment, provided you receive a disability benefit.⁵

This is a more detailed assessment, which works out how much extra money you need to spend because of your disability. We call this a Disability Related Expenditure Assessment. You will need to provide us with evidence, for example bills, invoices, receipts, contracts, bank statements of the extra expense.

If the assessment shows that you need more than £17 a week for disability related expenditure, we will be able to make this extra allowance. If the assessment shows that you need less than £17 a week for disability related expenditure, we will still make the standard allowance amount of £17 per week and ignore from your weekly income.

⁵ Disability benefits include: Attendance Allowance, Disability Living Allowance Care Component, Constant Attendance Allowance, Exceptionally Severe Disablement Allowance or Personal Independence Payment.

As you have been assessed as eligible for care and support from us you may be entitled to receive one of these benefits.

For more information visit:

www.gov.uk/disability-benefits-helpline

Part 7: Your questions answered

Will my partner's income be used in my charge calculation?

When we look at your finances we will only include your income and capital and half of any capital held jointly or half any income paid as a couple.

Will I have to sell my home to pay for my support?

No, you won't. If you have care provided in your own home or support in the community, we do not include the value of the home you live in when we look at your capital. However, if you own or have a beneficial interest in second or more properties or land, the value will be included as capital in your financial assessment.

What happens if I refuse to tell you how much money I have?

If you do not wish to discuss your financial situation with us you will have to pay the full cost of your care.

What if I have a change in financial circumstances?

You must report any change in financial circumstances to the Financial Assessment and Income Unit (contact details below) as it may affect the level of financial assistance you qualify for.

What happens if I refuse to pay?

We will take legal action to get back any money you owe us.

How often will I receive an invoice?

Kentcare Invoices are sent out every four weeks in arrears.

What happens if I receive more/less than my usual service?

If you are paying less than the full cost of your care, then the amount that you need to pay will only reduce if the total cost of your support service falls below what you pay. If you are paying the full cost of your care, then your charge will reduce if your service is reduced. If your service increases your charge will rise in line with this.

What happens if I need to suspend my usual service?

If you or your representative need to suspend your service, for example, because you are going on holiday or admitted to hospital, you or your representative must tell the care provider and your social care contact as soon as possible. If this is not done you may still be charged for the period of time you are away.

What happens if I choose to end my usual service?

If you or your representative choose to end your care and support, you or your representative must tell the care provider and your social care contact as soon as possible. Providers require notice on ending a package of care. You will be charged during the notice period for the care provided.

What happens if I have a break in service or my care provider changes?

If you pay the full cost of your care, the amount you are required to pay may change if the amount of care you receive changes or the provider who delivers your care changes.

If you do not pay the full cost of your care, the amount you are required to pay may change if the cost of your care to us reduces to below what you have been financially assessed to pay each week.

Will my charge ever be backdated?

You will be expected to pay for your care from the date you start to receive it.

If you receive backdated payments of a benefit (for example Attendance Allowance/Personal Independence Payment Daily Living Component), this will affect your contribution, and any increase will also be backdated to the date you were awarded it from.. You will still be better off by claiming.

Can I give money or capital assets away?

If you give money or capital assets away to avoid paying care fees this is seen as 'deprivation of assets'. This will mean that the assessment of how much you will have to pay may still include the value of the assets that have been given away.

We will discuss the circumstances, reasons given and timing around the giving away of the money or capital assets with you and decide if you could have reasonably foreseen your need for care and support at the time you gave away the money or capital assets and was it done for the sole or main purpose to reduce the amount you are charged towards your care or to be eligible for support from us sooner than expected.

In some circumstances, we can legally ask the person who was given the money or capital assets to pay some or all of your care costs.

What happens if I am struggling to pay?

If you are in serious financial hardship please speak to your social care contact to discuss what options are available to you.

What if I do not agree with the outcome of the assessment or the services offered?

If you disagree with the results of your needs assessment or financial assessment you should first speak to the team who completed the assessments.

If this does not resolve the problem you can challenge the decision by using our complaints procedure.

Our leaflet 'Have your say - comments, complaints and compliments' describes how to do this.

For a copy, please call 03000 410 410 or go to our website www.kent.gov.uk

Who can I speak to if I have a question about the financial assessment?

If you have any questions about the financial assessment please speak to the Financial Assessment and Income Unit on : 03000 41 64 64.

or write to : Financial Assessment and Income Unit, St Peter's House, Dane Valley Road, Broadstairs, CT10 3FD

Online financial estimator

Estimate how much you may need to pay towards your care using the Kent County Council financial estimator tool.

If you enter full and accurate information, we will estimate your maximum ability to pay amount. It does not replace a financial assessment and we will not save any of the information you enter. When we complete your financial assessment; we will ask for this information again.

www.kent.gov.uk/careandsupport - search 'financial estimator'.

How to get in touch with us

If you would like more information on any of the topics covered in this booklet, or you would like to have your needs assessed or report abuse, you can contact us in the following ways:

03000 41 61 61 (if you live in Kent)

01634 33 44 66 (if you live in Medway)

Kent and Medway out of hours service: 03000 41 91 91

Text relay service: 18001 03000 41 61 61

A text relay service is available for deaf, hard of hearing and speech impaired customers and is available 24 hours a day, 7 days a week.

www.kent.gov.uk/careandsupport

social.services@kent.gov.uk

Visit your local gateway (www.kent.gov.uk/gateways)

Kent Connect to Support

Find information, advice and guidance on adult social care in Kent. With sections on support in the home and community, caring for someone, health and well-being, housing, getting out and about, money and legal as well as a community directory of services in your area.

<https://kent.connecttosupport.org>

For more copies of this guide please email:

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