

Adult Social Care

Charging Policy and Procedures for Home Care and Other Non- Residential Services 2023-2024

To be read in conjunction with the:

[Care and Support \(Charging and Assessment of Resources\) Regulations 2014](#) and [Care and Support Statutory Guidance](#)

The document links in this policy are available in other formats. Please email alternativeformats@kent.gov.uk or call 03000 421553. Text relay 18001 03000 421553.



Document Information

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5	14/11/23	Senior Management Team- Adult Social Care
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Version Control	Re-issued	Summary main changes	Reviewed by
5	15/11/23	Change in practice to the financial assessment referral process and means tested assessment. Appendix 2 updated accordingly.	Jean Wells
4	02 Oct 2023	<p>Savings Credit Disregard – Key decision Clair Bell, Cabinet Member for Adult Social Care and Public Health Key Decision taken on 20 June 2023, effective from 02/10/2023, follows a public consultation (24 January 2023 - 21 March 2023).</p> <p>The decision is that for:</p> <ul style="list-style-type: none"> • Current people in receipt of a savings credit reward: All Savings Credit payments will be disregarded in full, with the maximum Savings Credit a person can be in receipt of (based on 2023-24 saving credit rates) being £15.94 a week if they are single, or £17.84 for a couple.. • “New” people <u>will not</u> have their savings credit reward disregarded in full: As of 02/10/2023, the Savings Credit Disregard will be applied as stipulated under The Care and Support (Charging and Assessment of Resources) Regulations 2014, applying the rates published annually by the Department of Health Charging for Care and Support -Local Authority Circular. For the financial year 2023-2024, the rates of the Savings Credit Disregard are £6.50 per week for an individual and £9.75 per week for <i>one of a couple</i>* <p>*Note: For one of a couple. Based on 2023-2024 savings credit rates - due to the maximum amount of Savings Credit that a couple can receive being £17.84 and an individual’s half of that being a maximum of £8.92, one of a couple will receive the £9.75 rate of Savings Credit Disregard based on <i>one of a couple</i>.</p> <p>This second Cabinet Member Key Decision follows the Cabinet Member Key Decision taken on 10 June 2022 which determined KCC’s approach to current people, assessing the need for changes to their charges and the need to address historic over charging. All reassessments have been subsequently undertaken by Financial Assessment and Income Unit (FA&I) to correct the anomalies.</p> <p>New Appendix 9 provides scenarios who will be considered as a “new” person. Anyone “new” to the service would be based on service start date. Section 17.3 updated.</p> <p>Section 4 -Non chargeable services list updated removing separate listing of the Kent Enablement and Recovery Service, Kent Pathways Service and Autism Enablement Services - a new service has merged into one team which is called <i>Kent Enablement Services</i>. The service brings together these three services delivering a 'one front door' enablement service to the people of Kent.</p> <p>References grid moved from pages 4-5 to create a new Appendix 10</p> <p>From Friday 1 September 2023, the Accounts Receivable team (Cashiers and Sundry Debt) and Client Financial Services merged to</p>	Jean Wells

		become the “Financial Assessment and Income Unit”. All references to Client Financial Services (CFS) replaced with “ Financial Assessment and Income Unit ” (FA&I).	
3	14 July 2023	<p>Typing errors addressed throughout.</p> <p>Opening statement added to <i>Introduction</i></p> <p>Clarity of message in paragraphs 1.5, 3, 4, 5.1, 5.2, 6, 7.3, 7.4, 8, 9.1, 10.1, 11.2, 11.4, 17.3, 19.1, 21.2, 21.3, 22.</p> <p>Section 2 - 2. People who are not charged updated to include adults suffering from variant Creutzfeldt-Jakob disease. In practice, KCC has not charged for care and support provided to people suffering from Creutzfeldt-Jakob disease. This section has been updated to reflect established practice in line with The Care and Support (Charging and Assessment of Resources) Regulations 2014; Part 2 (4) <i>Adults to whom services are to be provided free of charge</i>.</p> <p>Document Governance grid added to page 2</p> <p>Renumbering of Appendices.</p>	Jean Wells
2	17 May 2023	<p>Financial Assessment Referral Repositioning - Immediate changes from 5pm on 10th May 2023.</p> <p>As agreed by the Senior Management Team, practitioners will now be responsible for requesting a financial assessment at the end of the care needs eligibility via a next action on Mosaic. This enables the financial assessment to be completed by Client Financial Services in parallel with the care and support planning. This is a change to the current practice whereby the Purchasing team made the request after the commissioned care service had been arranged.</p> <p>There may be a need to request a financial assessment at other times. Therefore practitioners can also request the financial assessment from the Emergency Request and/ or the “<i>Significant Information on an Open Case</i>” (SIOC) available from the start menu.</p> <p>Please note – The SIOC should be used to make financial assessment referrals for all those who are already within the care and support planning and arranging services workflow, to ensure that the financial assessment can be completed at the earliest opportunity.</p> <p>A guidance video explaining the changes can be found here on Delta</p> <p>For Strengthening Independence Service (previously known as Disabled and Young People’s Service), use the updated Finance Referral form on KNet.</p> <p>Section 22 and Appendix 1 updated accordingly.</p>	Jean Wells
1	10 April 2023	<p>All references to KCC practice guidance, policies, letters, checklist, and forms are available on Tri-x, unless otherwise stated. https://www.proceduresonline.com/kent/adults/index.html#</p> <p>Reference to “person” includes their representative or <i>nominated third party</i> where applicable.</p> <p>The effective date, unless otherwise stated, for all changes to the rates payable and charges levied for Adult Social Care services will be the week beginning 10 April 2023, this coincides with the date of</p>	Jean Wells

		<p>inflationary increases to related welfare benefits.</p> <p>Updated figures/limits provided by the Department of Health Charging for Care and Support (2023-2024) - local authority circular (LAC)</p> <p>New section 23 -Notice periods: Clarity about charging during notice periods. Providers normally require notice on ending a package of care. The person is normally charged during the notice period for the care <u>provided</u> in the same location/with same provider. When the package of care not provided during the notice period, for example the person wishes to cancel the package of care with immediate effect, the person is not charged for the notice period - having not received the package of care.</p> <p>New paragraph 5.2 - Providing information: Charging Letters-signing. Guidance provided when there is a delay signing and returning the relevant charging letter.</p> <p>Section 25 -Graham Care Group updated - Following a review by CQC of the business model for all homes operated by the Graham Care Group, the CQC registrations for the homes are currently being revised. From 31 January 2023, homes will move to a traditional residential model, with no new residents being taken in with tenancies. All KCC referrals now need to be placed through the Dynamic Purchasing Systems (DPS) contract. CQC have agreed anyone already living in the homes who has a tenancy can continue as they are – there is no requirement for them to move, or for the financial arrangements already in place to be reviewed. The change in business model applies to new residents only.</p> <p>Appendix 4 Discretionary and non-discretionary funding updated.</p> <p>Dec 2022: For Homes for Ukraine hosts receiving £500 a month payment as a ‘thank you’ for ongoing support after Ukrainian’s first year of sponsorship, will be disregarded when carrying out financial assessments.</p> <p>Mandatory Training: Introduction to Charging e-learning (mandatory) and suite of charging and finance learning modules, a new mandatory Core Skills Programme Topic 10 – Finance to be launched soon, part of Kent Adult Social Care Practice Framework commitment to support practitioners to develop and refresh their knowledge and skills. All available on the Kent Academy platform.</p>	
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CONTENTS Select each hyperlink to the location within this document.

1. [Introduction](#)
2. [People who are not charged](#)
3. [Services that are chargeable](#)
4. [Non chargeable services](#)
5. [Providing information](#)
6. [Enablement \(KEaH\)- pre and post provision](#)
7. [Charging exceptions](#)
8. [A person lacking mental capacity to consent to a means tested assessment](#)
9. [Nominated third party when person has capacity](#)
10. [Benefit Maximisation](#)
11. [Summary of how the charge is calculated](#)
12. [Assessing capital](#)
13. [Personal injury payments](#)
14. [Deprivation of Assets](#)
15. [Person with assets in excess of upper capital limit](#)
16. [Person with assets very close to the upper capital](#)
17. [Assessing income](#)
18. [Minimum Income Guarantee \(MIG\)](#)
19. [Working out the income available for charging](#)
20. [Working out the cost of chargeable services](#)
21. [Disability Related Expenditure Assessment](#)
22. [Charges-start date. – When/who to request a financial assessment](#)
23. [Notice Periods](#)
24. [Wellbeing charge](#)
25. [Care Suites \(Graham Care Group\)](#)

[Appendix 1: Practice guidance for backdated charges](#)

[Appendix 2: Practice guidance to supplement Appendix 1](#)

[Appendix 3: Practice Guidance:](#)

- Short term beds
- Enablement (KEaH) pre and post provision

[Appendix 4: Arrangement fees to whom it applies.](#)

[Appendix 5. Discretionary and non-discretionary funding explained.](#)

[Appendix 6 Charging illustrations: how contributions calculated](#)

[Appendix 7 Treated of income in the means tested assessment](#)

[Appendix 8 Minimum Income Calculations](#)

[Appendix 9 Savings Credit Rewards: scenarios who will be considered “new”](#)

[Appendix 10 References](#)

Introduction

This policy sets out how KCC applies charging to adults with eligible care and support needs whose needs are met via home care and/or other non-residential services.

- 1.1 The Care Act 2014 provides a single legal framework for charging for care and support under sections 14 and 17. It enables a local authority to decide whether to charge a person when arranging to meet a person's care and support needs or a carer's support needs.
- 1.2 The charging rules apply equally to people in custodial settings/prison. Whilst prisoners have restricted access to paid employment and benefits (and earnings in prison are to be disregarded for the purposes of the financial assessments), any capital assets, savings and pensions will need specific consideration.
- 1.3 The Care and Support Statutory Guidance issued under the Care Act, Annex B, C and E sets out guidance for the treatment of capital; income when conducting a financial assessment in all circumstances and how to respond when a person deliberately deprives themselves of assets.
- 1.4 Regulations state that a charge must not reduce the person's income below the minimum income guarantee specified in the Care and Support (Charging and Assessment of Resources) Regulation 2014. Earnings must be completely disregarded.
- 1.5 In the case of a Direct Payment, in Kent the assessed charge is deducted before the Direct Payment is made to the person, i.e. they are paid **Net**¹ of their financial contribution.
- 1.6 Section 14(3) of the Care Act specify that a carer cannot be charged for any provision made directly to the person needing care (replacement care). It would be the person needing care who would be charged, not the carer.
- 1.7 Where Kent County Council (KCC) is meeting the needs of a carer by providing a service directly to a carer, KCC has currently exercised its discretion not to charge the carer. See Supporting Carers Policy on Tri-x for further details and the examples below.

¹ A net direct payment is allocated after any appropriate charge has been subtracted.

<p>Example 1</p> <p>Service to the cared for</p>	<p>Martha currently provides all the care and support to her husband Geoff who has Parkinson's Disease. KCC agree to meet the needs of Martha by paying for her to attend meditation classes. While Martha attends her classes KCC arrange care and support for Geoff in Martha's absence. Whilst Martha is not required to contribute towards the cost of her meditation classes, Geoff will be assessed as having to contribute towards the cost of the care provided to him</p>
<p>Example 2</p> <p>Service to the carer</p>	<p>Laura currently provides all the care and support to her son Paul who has Severe Learning Disabilities. KCC agree to meet the needs of Laura by paying for her to attend relaxation classes. Laura attends her classes while Paul is attending Physiotherapy at the local hospital. Laura would not be required to contribute towards the cost of the relaxation classes and as there is no requirement to arrange replacement care for Paul there is no charge to either of them.</p>

1.8 Regulations specify the services which must always be provided free of charge and the people to whom services must always be provided free of charge. The lists below show which people and services are chargeable and which are not.

2. **People are not charged when:**

- receiving solely NHS Continuing Healthcare
- receiving intermediate care/enablement services (up to the first 6 weeks)
- ²receiving services provided under section 117 of the Mental Health Act (1983)
- suffering from variant Creutzfeldt-Jakob disease

3. **Services that are chargeable:**

- personal care provided at home and away from the home
- care and support provided in custodial settings/prison
- community support services
- respite care provided in the home or other setting (not a care home). Note: respite provided in one of KCC's own care homes or a care home contracted by KCC to provide respite, respite is chargeable under the KCC Charging Policy and Procedures for Residential and Nursing Care
- day care (except grant-funded)
- not related to assessed mental health needs under section 117 of the Mental Health Act (1983)

4. **Non chargeable services**

- information and advice
- advocacy
- assessment services (including means tested assessment)
- preparation and review of a Care and Support Plan

² During the assessment and care planning, it will be considered if the need for any service to be provided arises from their mental health disorder and will reduce risk of deterioration in the person mental health state. **A care and support plan may have wider assessed needs/outcome than those that are provided under section 117. In these circumstances, services which are not related to assessed mental health needs may be eligible for a charge. For example, after a fall, develop a subsequent need requiring physical assistance.**

KCC Charging policy and procedures for home care and other non-residential services.

- ³services provided directly for the carer to meet their eligible needs
- community equipment (aids and minor adaptations to a property)
- Kent Enablement at Home (KEaH)
- Kent Enablement Services (Kent Pathway Service up to 12 weeks; Kent Enablement and Recovery Service– up to 12 weeks; Autism Enablement Service up to 16 weeks)
- Technology Enhanced Lives Service
- employment services funded by Kent County Council
- ⁴transport – note there are circumstances where transport elements may be chargeable (see footnote)
- grant funded day care
- grant funded employment services
- ⁵Horizon Schemes

5 Providing Information

5.1 The practitioner must provide the following information to the person. The practitioner must read through the information with the relevant people to ensure they understand the information and that charging may apply regardless of whether it is believed they will be **self-funders** or not:

- *Your Guide: Charging for Care Provided in Your Own Home and Support in the Community* (Blue Book) which contains information about the charging policy (updated every April).
- “*Charging Letter -non-residential generic*” signed and dated to evidence receipt of “Blue Book” and it has been explained and understands other details about charging. Note: KEaH have a specific non-residential letter called *Charging Letter – non-residential (post KEaH only)*. The signed letter is a record of understanding the person/representative have been told about care and support charges pertaining to their circumstance.

5.2 Charging Letters-signing

In line with KCC adult social care charging policies, a person and/or representative is provided with information about care and support charges. Depending on the person’s circumstances and the care and support to be provided: residential or non-residential, a Charging Letter is issued.

To supplement the practitioner’s conversations about charging, it is established practice the person signs and returns the Charging Letter. The signed letter is a record of understanding they have been told about care and support charges pertaining to their circumstance.

³ Currently, KCC has exercised its discretion not to charge the carer. See Supporting Carers Policy for further details.

⁴ Currently, KCC has exercised its discretion not to charge for transport services for individuals with needs eligible for support. Where part of the transport support “package” is an escort who is there purely to enable the individual to use the transport, the cost of the escort is also non-chargeable and excluded from the charging policy. (However, if it is a personal assistant providing support as part of a wider support plan then it should be taken into account as part of the charged for service).

⁵ Horizon schemes are Shepway: Newman House, Canterbury: Denmark House, Monson Court, Thanet: Library House, Ashford.

Sometimes there is a delay signing and returning the letter including practical reasons such as being unwell, lacking capacity or refusing to sign the letter. In these circumstances it is essential the practitioner records on the person's record the date the letter issued, why it is not signed, the discussions the practitioner had, and actions taken.

Once the practitioner has recorded on the person's record, refer to Financial Assessment and Income Unit (FA&I) to undertake the financial assessment.

For whatever reason there is a delay returning the signed Charging Letter, it must not delay meeting a person's assessed eligible needs.

5.3 Depending on personal circumstances, additional information could include:

- Direct Payment Factsheet
- Wellbeing Charging Letter
- Charging for Residential Care Booklet (Red Book)

6 Enablement (KEaH)- pre and post provision to meet eligible needs

6.1 A person, including those self-funding, who continues to receive a home care from KEaH following the end of their period of Enablement because there is no alternative ongoing service available, is subject to the Charging Policy for Home Care and Other Non-Residential Services as they would be if they moved to another provider.

The practitioner must explain to the person that the service is now chargeable (subject to a means tested assessment) and provide the person with the *Charging Letter non-residential (post KEaH only)*.

It is important to note this is now an in-house chargeable service, not enablement.

See Appendix 3 for details and separate "*Enablement operational protocols for Kent Enablement at Home (KEaH)*" on Tri-x [Click here](#)

6.2 Equally, if a person is waiting for the KEaH service to be available, a person may receive or continue to receive a chargeable service whilst waiting for the enablement provision to start.

7 Charging: Exceptional Discretionary Disregards

7.1 The charging policy allows for an exceptional disregard when it is reasonable for a charge to be waived. Use "*Disregard Exceptions Form- non-residential*" Form to apply for a disregard and approval sought from the appropriate delegated authority. See Appendix 5 for examples of disregards (discretionary and non-discretionary).

7.2 A person may have exceptional expenditure, which makes it difficult to pay the assessed charge. For example – debt repayments, cost of transport, expenses not fully covered by the Disability Related Expenditure disregard⁶

⁶ See chapter 21 for more details about DRE and separate Disability Related Expenditure Assessment (DREA) practice guidance

7.3 When a person's unmet eligible needs could be met in their own home with support from a home care provider, but the person is placed in temporary residential accommodation because:

- delayed transfer of care
- lack of availability of homecare provision following a hospital discharge
- other exception agreed by the delegated authoriser only

in these circumstances, adjustments can be made to the charge ensuring the person is not charged more than they would be for non-residential care and support. Use "*Charging Adjustment (discretionary) Temporary Residential Placement*"⁷ form in these specific circumstances.

7.4 When 7.3 applies, the person **MUST** be provided with both the charging for residential (red book) and the non-residential (blue book) charging booklets. The person **MUST** be told and followed up in writing, that the placement is temporary and that if the purpose of the residential placement changes, they will be charged in line with the Charging Policy for a Residential and Nursing Care Home Placement.

8 People Lacking Mental Capacity to Consent

Where a person lacks capacity, they may still be assessed as being able to contribute towards the cost of their care.

8.1 People who lack mental capacity to give consent to a means tested assessment and who do not have a "*legal representative*" (see following paragraph) with authority to be involved in their financial affairs, may require the appointment of a property and financial affairs deputyship.

8.2 It must be established whether the person has any of the following people with legal powers to act on their behalf, including the scope of their authority and consult with them:

- 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 financial affairs deputyship under the Court of Protection, **or**
- any other person dealing with that person's affairs (e.g. someone who has been given appointee-ship by the Department for Work and Pensions (DWP) for the purpose of benefits payments.)

8.3 A person who does not have any of the above people with authority to be involved in their affairs, family members can apply for a property and affairs deputyship to the Court of Protection or KCC can apply if there is no family involved in the care of the person.

⁷ New name for this form. Was called "Disregard (Exceptional) Temporary Residential

9 Nominated third party when person has mental capacity.

- 9.1 A person who has mental capacity, may wish to nominate another person to act on their behalf to liaise with KCC Financial Assessment and Income Unit officers. In these circumstances, the “*Third-Party Authorisation Form (finance)*” document is used. This document details the person’s wishes to formally share their personal information with their chosen nominated person /representative.
- 9.2 *The Third-Party Authorisation Form (finance)* is to be completed by the practitioner during the initial meeting with the person. When completed, the form must be scanned to the Financial Assessment and Income Unit (FA&I) together with the referral for a Financial Assessment.

10. Benefit maximisation

- 10.1 A person will have their benefits maximised at the same time as the means tested assessment is carried out. Having benefits maximised helps with the person’s overall wellbeing, reduces stress etc. and can help to prevent deterioration of person’s wellbeing.
- 10.2 It is KCC policy to help a person claim all their entitled benefits. The Financial Assessment Officer will ensure the person is advised of the benefits they may be entitled to and ensure they receive the correct advice and information on how to claim, which may include signposting to the relevant organisations.
- 10.3 Practitioner responsibilities regarding benefits are when in relation to Personal Independence Payment, Attendance Allowance Disability Living Allowance, there has been a change (e.g. deterioration, change in residence, increase in care package etc.) a conversation must be held about benefits and/or a referral to Financial Assessment and Income Unit (FA&I) made for further help if appropriate.

The conversation should also include the person’s possible entitlement to free NHS prescriptions or for help with dental/eye care, if the person is in receipt of certain benefits and has been paying. The practitioner should direct/support the person to [NHS help with health costs website](#) to check if eligible.

The maximisation of benefits is very important for the following reasons:

- To maximise the income of the person, which has a direct effect upon their wellbeing, reduces dependency and can delay the onset of the need for more support.
 - To maximise income for KCC. The contributions that a person makes helps KCC to support as many people as possible with the limited resources that are available.
 - The take up of certain benefits is monitored by Central Government, who use this information, amongst other factors, to inform the level of funding a local authority receives.
- 10.4 There are a small number of Officers working in Financial Assessment and Income Unit (FA&I) who provide advice, information, and support to people with complex benefit issues

including appeal representation. They only undertake work for people with a chargeable service and people supported by Mental Health teams.

- 10.5 See below a link to the KCC Website which gives a list of organisations who can give advice and offer Benefits and Financial Support. <https://www.kent.gov.uk/social-care-and-health/care-and-support/benefits>

10.6 Failure to apply for benefits

- 10.6.1 If it is clear that a person is entitled to a means-tested benefit such as Income Support, Employment Support Allowance income based or Pension Credit, it will be expected that they apply for this. If they fail to do so within one month of being advised, it will be assumed they have this income.

This will **not** apply in the following circumstances:

- to benefits like Attendance Allowance and Personal Independence Payment/Disability Living Allowance as there is never any guarantee that these will be awarded.
- if the person is under 20 and the reason they have not applied for Employment Support Allowance is because they still live with their family, and it was decided the family would be better off if the parents carried on claiming for the young person (meaning the young person could not claim Employment Support Allowance).

- 10.6.2 Where a person does not make a claim for benefits to which they might be eligible the Financial Assessment and Income Unit (FA&I) will inform the relevant adult social care Community Team Manager for further discussion about any debts they are accruing.

11 Summary of how the charge is calculated

Also see Appendix 6: Illustrations how charges are calculated.

- 11.1 A person is assessed to ascertain the value of the capital (savings and other assets) they have (excluding the value of their main or only home). If the person has more than the upper capital limit, they will be expected to pay the full cost of their care.
- 11.2 An assumed “tariff income” of £1 per week for every £250 (or part thereof) above the lower capital limit of £14,250 (up to the upper capital limit) will be added to their weekly income for the purposes of the financial assessment. (This is called a tariff income).

Example 3:

Janice has £17,250

(£17,250 - £14,250 = £2,750 divided by £250 = £12.00 per week)

Janice receives a weekly income of £300.00 per week made up from her State Retirement Pension and an Occupational Pension.

KCC would add a further £12.00 per week to Janice’s income bringing her weekly income for assessment purposes to £312.00 per week.

- 11.3 A person with assets below the lower capital limit will be assessed to contribute towards their care from their income. (See section 11, 15, 16 for more details about assessing income, Minimum Income Guarantee and working out available income for charging).
- 11.4 Resources should only be treated as income or capital but not both. If a person has saved money from their income, then those savings should normally be treated as capital. However, they should not be assessed as both income and capital in the same period. Therefore, in the period when they are received as income, the resource should be disregarded as capital.

Example 4

John has £15,000 invested in an Annuity. He receives a dividend annually of £50.00. KCC can only include the £15,000 or the £50.00 in the financial assessment (not both amounts as this would be double counting)

N.B. Kent generally include the value of the investment and disregard any income.

- 11.5 The actual charge is worked out by comparing **100%** of the available income to the cost of their care/personal budget. The charge is whichever is the lower figure.

12. Assessing Capital

KCC will undertake a means tested assessment of the person's capital and will make a charge based on what KCC charging policy determines a person can afford to pay.

- 12.1 Where Financial Assessment and Income Unit (FA&I) already hold a person's financial information from a previous financial assessment or where a person's income and capital has already been verified by the Department for Work and Pensions, Financial Assessment and Income Unit (FA&I) can complete the means tested financial assessment without needing to contact the person or their representative.
- 12.2 A capital asset is normally defined as belonging to the person in whose name it is held- the legal owner. Where ownership is disputed, KCC Financial Assessment and Income Unit must seek written evidence to prove where the ownership lies. If a person states they are holding capital for someone else, evidence should be obtained of the arrangement, the origin of the capital and intentions for its future use and return to its rightful owner.
- 12.3 In order to determine the amount of capital owned by a person, the following are added together:
- all sources of capital held solely by a person
 - half of any capital jointly owned unless there is strong evidence why this should not happen, and a different apportionment be used.
- 12.4 Generally speaking, the capital assets taken into account are those that can be realised, for example:

- money in bank, building society, post office
- premium bonds
- national savings
- stocks and shares (valued according to the latest FT index – Financial Assessment and Income Unit (FA&I) will assist)
- investment bonds that can be realised, unless they have Life Assurance attached)
- ISAs etc.
- second or more properties/land

12.5 The value of a **second⁸ or more properties/land** (including second properties abroad) is taken into account in the means tested assessment. The value taken into account will be net of any mortgages or other secure loans on the property. For people already in receipt of support, second properties/land has been taken into account from April 2018. In exceptional individual circumstances, the delegated authoriser may apply judgement to disregard the second property.

12.6 When the second property is taken into account and, if this means the person has over the upper capital limit, they become a self-funder or, if they requested, a full cost person who would be subject to the “Arrangement Fee”.

12.7 If the second or more properties are tied up in a business (commercial activity) where a person is taking active steps to realise their share of the assets, these will be disregarded for up to 6 months or other agreed period of time, taking into account individual circumstances. Any income during this period will be taken into account in the means tested assessment. In order to show the person’s intent to realise their share of assets, at the means tested assessment stage, the following information should be requested:

- a description of the nature of the business asset
- the person’s estimate of the length of time necessary to realise the asset or their share of it
- statement of what, if any, steps have been taken to realise the asset, what these were and what is intended in the near future
- any other relevant evidence, for example the person’s health, receivership, liquidation, estate agent’s confirmation of placing any property on the market.

12.8 Where the person has no immediate intention of attempting to realise the business asset, its capital value should be taken into account in the means tested assessment. Where a business is jointly owned, this should apply only to the person’s share.

12.9 The assets held in joint accounts will automatically be assessed as equally owned by both parties and will be split 50:50. This is regardless of any stated origin of the account contribution.

12.10 If an asset is taken into account as capital, then any **actual income** from that capital asset is ignored. Instead, the **tariff income** rules apply (see section 11 above - Assessing Income).

⁸ Second properties include static caravans, canal barges/narrowboats, holiday homes.

12.11 Capital that has been used to purchase Income Plans such as annuities, **which cannot be realised, are not** taken into account as capital. Instead, the actual income generated from them is taken into account as income.

12.12 **Capital to be disregarded⁹**

- The value of the property which is the person's main or only home.
- The surrender value of an annuity or life assurance/endowment policy; personal possessions, antiques etc.
- Funds held in trust or administered by a court order for vaccine damage, compensation funds, criminal injury, personal injuries etc. See section 13 about Personal Injury payments.
- Arrears of benefits. These should, however, be taken into account as income in a retrospective charging assessment (See Appendix 1 and Appendix 2).
- Capital of any partner (if capital is held in joint names, it should be divided in two unless there is strong evidence why this should not be the case).
- Payments made under the Victims' Payments Regulations 2020 – to those injured during the troubles conflict in Northern Ireland.
- Compensation payments made under the Redress Board (Northern Ireland) as set up under the Historical Abuse (Northern Ireland) Act 2019 for survivors of historical child abuse.

Note: any actual income from disregarded capital is taken into account as income, for example income from Personal Injury payments – see below.

13. **Personal Injury Payments¹⁰**

13.1 **Capital disregarded**

13.1.1 Where a person has been awarded damages in consequence of a personal injury to that person, the amount shall be fully disregarded from the calculation of the person's capital when the sum is

- held in trust, or
- administered on behalf of that person by the court, or
- only able to be disposed of by the direction of the court

Note:

- For the first 52 weeks, the capital must be disregarded unless specifically identified by the courts to pay for care. NB: even if it is for care, it must be disregarded if it is in a trust or administered by the Court.
- After 52 weeks, the capital may be taken into account unless held in a trust or administered by the court. Staff must be provided with the originals of trust documents etc. and if necessary, take advice from Legal Services.

⁹ Annex B Treatment of Capital (para33) and the Care and Support (Charging and Assessment of Resources) Regulations 2014 provides the complete list of capital which must be disregarded.

¹⁰ In the case of ZYN v Walsall MBC [2014] EWHC 1918 (Admin) the High Court has ruled that capital derived from personal injury damages which is held by a Court of Protection appointed deputy is disregarded for means testing purposes.

- 13.1.2 Where a person has used their Personal Injury Payment to purchase a property the property is also disregarded, including when it is a second property.

13.2 Income disregard

Income from a personal injury trust, including those administered by a Court, must be fully disregarded.

14. Deprivation of Assets. Full guidance on Tri-x [click here](#)

- 14.1 The key principles set out in the Care Act is that people are able to spend the money they have saved as they wish, including gifts to friends and family. However, when undertaking or reviewing a means tested assessment, KCC may identify circumstances that suggest that a person may have deprived or decreased their overall assets (includes income) in order to reduce the level of the contribution towards the cost of their care.
- 14.2 In practice this means that the person knew or suspected that they needed care and support and has reduced their assets accordingly. This includes someone who has been self-funding their care and have deprived/decreased their assets to be eligible for local authority support sooner than expected.
- 14.3 The individual circumstances must be fully explored and the reasons for suspecting a deprivation of assets recorded on person's case file. This is usually identified by the Financial Assessment Team however in practice this can be identified at any point during the person's involvement.

Key Message

It would be unreasonable to decide that a person had disposed of an asset in order to reduce the level of charges for their care and support needs if at the time the disposal took place they were fit and healthy and could not have foreseen the need for care and support

- 14.4 It is up to the person or their legal representative to prove to us that they no longer have the asset (e.g. trust deed, deed of gift, receipts for expenditure, proof that debts have been repaid). If they are not able to, KCC will assess them as if they still had the asset.
- 14.5 Where the person (A) has transferred the asset to another person (B) to avoid the charge, that person (B) is liable to pay KCC the difference between what KCC would have charged and did charge the person (A) receiving care. The other person (B) is not liable to pay anything which exceeds the benefit they have received from the transfer.
- 14.6 Where a person has accrued a debt, KCC may use its powers (as set out in Annex D) under the Care Act to recover that debt. In deciding how to proceed, KCC will consider the circumstances of the case before deciding a course of action to recover the debt (whole or part of). For example, consider whether this was a deliberate avoidance of payment or due to circumstances beyond the person's control.

14.7 As with any other debt, KCC can use the County Court process to recover debts, but this should only be used after other avenues have been exhausted and reasonable alternatives explored. [Click here](#) to link KCC Debt Management Policy. Further details in Care and Support Statutory Guidance Annex E: Deprivation of Assets.

15. Person with Assets in Excess of the Upper Capital Limit¹¹

15.1 The Care Act places a statutory duty on local authorities to arrange care and support for a person with eligible needs who has more than the upper capital limit if the person requests. This duty only extends to non-residential care (local authority discretion for residential care). These people are not entitled to receive any financial assistance from KCC and may pay the full cost of their care and support until their capital falls below the upper capital limit.

15.2 Arrangement fee

When a person or their legal representative requests KCC arranges care and support and charges full cost, the person will be charged a flat **arrangement fee** of **£127.59** per year to pay for the administration associated with accessing care through KCC. This will be paid in weekly instalments (**£2.44 per week**) and is added to the invoice for the care and support. The annual fee includes the cost of raising an invoice, paying a provider invoice, and negotiating and arranging a care package.

- a) The practitioner must inform the person they will be expected to pay an arrangement fee.
- b) The practitioner must record the person has been advised about the arrangement fee.
- c) The practitioner must inform the Purchasing Officers that an arrangement fee applies.
- d) The Purchasing Officer will add the arrangement fee to the person's System Record upon notification from the Practitioner where person is a full carer, and the arrangement fee applies.
- e) On occasion the Financial Assessment and Income Unit (FA&I) Assessment Officer will find the person has over the upper capital limit during the financial reassessment. In this case the Financial Assessment and Income Unit (FA&I) Assessment Officer will liaise with the person and with the Practitioner/ regarding next steps.

15.2.1 **An arrangement fee will not be charged** when KCC is meeting the needs of a person who has over the capital limit but who lacks capacity and has no-one appointed to act for them. Once such a person has obtained a legal representative, KCC will then be able to charge the arrangement fee if KCC were asked to continue to arrange their care. See Appendix 4 for details.

15.2.2 **An arrangement fee will not be charged** when person is accessing in-house non-residential services or in-house respite services to meet assessed eligible needs.

¹¹ For the amount, see reference section at the beginning of this document

16. Person with Assets Very Close to Upper Capital Limit

Where a person chooses to self-fund their care, it should be explained that if they ask KCC for financial assistance in the future, their needs would be re-assessed, and the eligibility criteria applied.

17. Assessing Income¹²

17.1 **Only the income of the cared for person** can be taken into account in the means tested assessment. A person may receive benefits income as one of a couple, the cared for person has an equal share of the income and 50% of the total income will be included in the financial assessment.

17.2 When assessing incomes, Income from the following sources to be **fully disregarded**:

- Direct payments.
- Guaranteed income payments made to Veterans under the Armed Forces Compensation Scheme (including Veterans of the Gurkha regiments which transferred to the British Army in receipt of a Gurkha Pension.
- Mobility component of Disability Living Allowance.
- Mobility component of Personal Independence Payments.
- All earnings including earnings from 'permitted work'.
- Earnings in prison.
- Working tax credit as this top up low wages.
- All income paid in respect of children – Child Benefit, Child Tax Credit, amounts paid with Income Support for Children (from April 2004 these amounts are being transferred to Child Tax Credit, but this process has not been completed so some people will still be receiving them).
- Amounts in Income Support, Employment Support Allowance or Pension; credit paid in respect of mortgage interest.
- Carers Allowance and any carer premium paid.¹⁶
- The £350 payment [and £500 "thank you" payment](#) in line with the intention of the "Homes for Ukrainians" policy .
- The cost-of-living payments (£650.00 in 2 instalments) and disability cost of living payments (£150 one-off payment) awards.

17.3 The following considerations will be applied in respect of various income as listed below.

- Any capital between the lower capital limit and the upper capital limit, it is assumed that for every £250 of capital or part thereof, the person is able to afford to contribute £1 per week towards the cost of their care (Tariff Income). This will be added to their weekly income when assessing their weekly charge.
- As part of the Pension Credit system, Savings Credit is extra money paid each week for people who have an income above a certain threshold. People above the minimum eligibility criteria for Savings Credit who also qualify for means-tested support to pay for

¹² Also refer to "Annex C: Treatment of income" in the Care and Support Statutory Guidance. Types of income that must be disregarded in the means test are listed in Schedule 1, Part 1, of the charging regulations and Appendix 6

¹⁶ KCC discretion to fully disregard Carers Allowance and any carer premium

care are allowed to keep an amount of money in addition to the Minimum Income Guarantee (MIG). This is the Savings Credit Disregard.

- **Savings Credit KCC policy:**

- a. **Current people in receipt of a savings credit reward:** All Savings Credit payments will be **disregarded in full**, with the maximum Savings Credit a person can be in receipt of ([based on 2023-24 saving credit rates](#)) being £15.94 a week if they are single, or £17.84 for a couple.
- b. As of **02/10/2023** **“New” people will not have their savings credit reward disregarded in full:** The Savings Credit Disregard will be applied as stipulated under The Care and Support (Charging and Assessment of Resources) Regulations 2014, applying the rates published annually by the [Department of Health Charging for Care and Support -Local Authority Circular](#). For the financial year 2023-2024, the rates of the Savings Credit Disregard are £6.50 per week for an individual and £9.75 per week for one of a couple*

***Note: For one of a couple.** [Based on 2023-2024 savings credit rates](#) - due to the maximum amount of Savings Credit that a couple can receive being £17.84 and an individual's half of that being a maximum of £8.92, one of a couple will receive the £9.75 rate of Savings Credit disregard based on one of a couple.

Appendix 9 provides scenarios of who will be considered “new”

- Attendance Allowance (AA), PIP/DLA (Care Component (and equivalents) should be taken into account **only up to** the lower rate of AA and standard rate of PIP/DLA (Care Component). This should be the case even if they receive the higher rate of these benefits.
- The Carers' Premium/Addition **must** be deducted from the Income Support/ESA or Pension Credit before dividing it in two.
- War Pension Scheme payments should be fully disregarded except for the following elements: - Constant Attendance Allowance (CAA) – Exceptionally Severe Disablement Allowance (ESDA). These elements are similar to AA/PIP/DLA (Care Component) and are paid instead of them – they should therefore be taken into account – to the value of lower rate AA.
- Fully disregard War Widows and War Widowers pension, survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme (including Gurkha Regiment), Civilian War Injury pension, any War Disablement pension paid to non-veterans and payments to victims of National Socialist persecution (paid under German or Austrian law).
- Income from tenants living in a second home should be fully considered when the property is not considered as capital.
- Private insurance towards the cost of non-residential services – these may be provided to supplement the services arranged by KCC or may meet part or all the charge levied by us. These payments should be disregarded in the assessment of income.

18. Minimum Income Guarantee

- 18.1 Because a person who receives care and support outside a care home will need to pay their daily living costs such as rent, food and utilities, the charging rules must ensure they have enough money to meet these costs. After charging, a person must be left with the **Minimum Income Guarantee (MIG)** as set out in the Care and Support (Charging and Assessment of Resources) Regulation 2014.

See Appendix 8 for MIG calculations applied by KCC.

- 18.2 In addition, where a person receives benefits to meet their disability needs that do not meet the eligibility criteria for local authority care and support, the charging arrangements should ensure that they keep enough money to cover the cost of meeting these disability-related costs.

19. Working out the income available for charging

- 19.1 This is a straightforward calculation. From the person's total assessable income, KCC **deduct** the following:
- The appropriate Minimum Income Guarantee /Protected Income Level.
 - Any weekly loan repayment for Occupational Therapy (OT) adaptations (this does not include repayments on private loans).
 - Any Supporting People charge paid by the person. This is not the cost of the Supporting People Service, but the amount actually paid by the person. Nearly everyone will be exempt from this charge and not pay anything.
 - Any rent paid (i.e. After Housing Benefit taken off) – note that due to welfare reform changes, some people of working age may get less Housing Benefit and therefore have to pay some/more rent.
 - In all cases, KCC need to verify rent paid. This includes where a person pays an amount to a relative they live with, as KCC requires evidence of the expenditure.
 - Any Council Tax paid (i.e. after Council Tax Support taken off).
 - Costs related to leasehold properties – e.g. service charges, ground rent, owner-occupied sheltered flats often come into this category (i.e. after any benefit paid for this has been taken off).
 - Any costs related to a mortgage (i.e. after any benefit paid for this has been taken off). Mortgage costs that can be allowed include - Interest on loans for home purchase and essential repairs/improvement - endowment premiums, buildings insurance, capital repayments.
 - KCC Standard Disability Related Expenditure Disregard of £17 per week. This is given to every person regardless of which benefits they receive.
 - And have taken into account, all the specific circumstances relating to the person being charged.
- 19.2 Those people who are in receipt of a disability benefit may request an individual Disability Related Expenditure (DRE) assessment. See section 21 for further details.
- 19.3 After all the above deductions and having taken into account all the specific circumstances relating to the person being charged, KCC will be left with a figure that is income available

for charging. This figure (**100% of it since 12 December 2011**) will then be used to work out the cost of chargeable services.

20. Working out the cost of chargeable services

The cost of chargeable services is recorded on the person's System Record and forms the actual Personal Budget.

20.1 What to do if the person receives less than the agreed amount of service.

- a) People who pay the full cost of their service should have their charge reduced to the cost of the service received when in receipt of less than their normal service.
- b) People who pay a contribution to the cost of their support will only see a reduction in their charge if the total cost of the support service delivered falls below the assessed contribution.

20.2 The charge is adjusted automatically based on the information on the person's System Record, this may be updated by purchasing or the provider via the provider portal.

21. Disability Related Expenditure

21.1 Disability Related Expenditure (DRE) is expenditure incurred as a **direct result** of a person's disability or medical condition. It is expenditure **over and above** what a non-disabled person would spend.

21.2 KCC applies a standard DRE (**currently £17 per week**) for all people regardless of whether they are in receipt of a disability benefit.

21.3 A person who is in receipt of a disability-related benefit may request an individual Disability Related Expenditure Assessment (DREA) if they believe that KCC's standard DRE is not sufficient to pay for their necessary disability-related expenditure to meet any needs which are not being met by KCC.

21.4 Disability benefits for the above purpose are:

- Attendance Allowance
- Disability Living Allowance Care Component (middle or higher rates only)
- Personal Independence Payment Care Component (standard or enhanced rates only).
- Constant Attendance Allowance.
- Exceptionally Severe Disablement Allowance.

Key Message

The intention is to allow the person to keep enough benefit to pay necessary disability or medical condition related expenditure to meet any needs that are not being met by the local authority.

See separate Disability Related Expenditure Assessment (DREA) Practice Guidance on Tri-x local resources page: [Kent Adult Social Care & Health Documents and Templates \(proceduresonline.com\)](http://kentadultsocialcareandhealthdocumentsandtemplates.proceduresonline.com)

22. Charges

22.1 Start date

A person will be charged from the start of the chargeable service. The financial referral and means tested assessment should be completed as soon as possible.

22.2 When and who to request the means tested assessment.

Effective from 10 May 2023 (5pm), the Practitioner, will be responsible for requesting a financial assessment at the end of the care needs eligibility via a “*next action*” on the Mosaic System Record. For Strengthening Independence Service -previously known as Lifespan Disabled and Young People’s Service, use the Finance Referral form template on KNet. This enables the financial assessment to be completed by Financial Assessment and Income Unit (FA&I) in parallel with the care and support planning. This is a change to the practice whereby the Purchasing team made the request after the commissioned care service had been arranged.

A guidance video explaining the changes to Mosaic can be found [here](#).

22.2.1 There may be a need to request a financial assessment at other times. Therefore, practitioners can also request the financial assessment from the Emergency Request and/ or the *Significant Information on an Open Case* (SIOC) available from the start menu on Mosaic System Record. The SIOC should be used to make financial assessment referrals for all those who are already within the care and support planning and arranging services Mosaic workflow, to ensure that the financial assessment can be completed at the earliest opportunity.

Detailed practice guidance Appendix 2 to supplement Appendix 1 [link here](#)

22.2.3 If the person has difficulty paying the invoice in one go, they will be asked to contact KCC Debt Recovery to arrange payment over a longer period. When a person receives a chargeable service for the first time, it is expected charges will not be backdated for more than 12 weeks. BUT this can, in exceptional circumstances be extended, such as where a person/family deliberately do not cooperate.

22.3 Following benefits maximization, the person’s income is increased.

22.3.1 Any increase in the person’s income/ benefits will initiate a change in the person’s financial circumstances, this will necessitate a financial reassessment and may result in a change in their charges which will be backdated to the date of the award.

Example 5 to illustrate benefit maximisation and retrospective charging:

1st January - service or Direct Payment starts; person is assessed as being nil charge because of their income - they are not on Attendance

KCC Charging policy and procedures for home care and other non-residential services.

Allowance. On same day an application is logged with DWP for AA (they send out forms and as long as returned within 6 weeks, the award will run from 1 January).

22.4 Incorrect benefits information provided

- 22.4.1 A person/representative is expected to inform KCC if their financial circumstances change, this includes change to benefits, so a person can be re-assessed to make sure their charge is correct. When the practitioner becomes aware of change in a person's financial circumstances, the practitioner must inform Financial Assessment and Income Unit (FA&I) as soon as possible.
- 22.4.2 If a person's financial circumstances change and KCC is not informed by the person or representative (e.g. not declared changes to disability benefits which meant KCC has been undercharging), charges will be backdated to the date the charge increase would have applied.
- 22.4.3 However, in some cases, at the discretion of the delegated authoriser, approval is required to exercise discretion when the backdated charge will be applied (if at all). Individual needs and circumstances will inform the decision to apply discretion.

See Appendix 1 Backdating of charge grid and Appendix 2.

23. Notice Periods

- 23.1 Providers normally require notice on ending a package of care. The person is normally charged during the notice period for the care provided in the same location/with same provider. When the package of care not provided during the notice period, for example the person wishes to cancel the package of care with immediate effect, the person is not charged for the notice period - having not received the package of care. See Appendix 1 and Appendix 2.
- 23.2 When the person is still receiving package of care during the notice period in same location/with same provider, the person is charged during the notice period only for the care provided. NOTE: KCC do not charge for same period i.e. already moved and receiving new package of care during notice period with previous provider.

24 Extra Care housing Wellbeing Charge¹³ (KCC commissioned Extra Care Services only). Additional practice guidance on Tri.x (within Local resources)

- 24.1 Extra care housing is self-contained accommodation for people aged 55 plus, with on-site care available 24 hours a day.
- 24.2 The personal budget of a person living in an extra-care housing schemes always include an amount for the 24 hour a day emergency cover they provide. This is added to the cost of any regular care and support received.

¹³ Sometimes called "background support".

- 24.3 The charge is **£18.44** per week (older people) for most extra care housing schemes in relation to providers KCC has contracted with (exceptions apply). For full details, see Wellbeing Charge practice guidance on Tri-x and Wellbeing Factsheet.

25 Graham Care Group Care Suites

- 25.1 Following a review by CQC of the business model for all homes operated by the Graham Care Group, the CQC registrations for the homes have been revised. Homes have move to a traditional residential model, with no new residents being taken in with tenancies.
- 25.2 Direct payments can no longer be used to secure long-term stays in these homes, the same as people living in other long-term care home placements.
- 25.3 When anyone is already living in one of the homes listed below who has a tenancy. – there is no requirement for them to move, or for the financial arrangements already in place to be reviewed.
- 25.4 The change in business model applies to new residents only. This means, as from 31 January 2023, all KCC referrals to the following homes, now need to be placed through the Dynamic Purchasing Systems (DPS) contract.
- Cornford House
 - Harpwood House
 - Hawkhurst House
 - Hawkinge House
 - Hazeldene House
 - Woodchurch House
- 25.5 Practitioners/ Financial Assessment and Income Unit (FA&I) to follow the Charging Policy and Procedures for Residential and Nursing Care Home Placements.
- 25.6 The following guidance only applies when someone is living in one of the homes listed above who already had a tenancy before 31 January 2023.**
- 25.7 The payment method for a person entering a Graham Care Group Care Suite is under a Direct Payment arrangement.
- 25.8 The weekly amount of a Direct Payment is set each year. The assessed contribution is based on Charging for Home Care and other Non-Residential Services Policy. The Direct Payment allocated is after any appropriate charges have been subtracted (Net).
- 25.9 The person retains their benefits and enters into an arrangement with Graham Care Group to pay for rent, service charge and hotel and management costs. After payment of rent, service charge and hotel and management costs, the person is left with a minimum of £30 per week spending money. See example 6 below.

Example 6:

Maureen is 80 years old and has a total personal income of £379.20 per week made up of her State Pension, Pension Credit and Attendance Allowance.

Her contribution towards the cost of her care has been calculated at £114.20 per week,

Direct Payment for people residing within the Graham Care Group is currently £531.09 per week.

KCC pay £416.89 Direct Payment (DP less person's contribution) Maureen can claim £88.89 per week Housing Benefit.

Maureen's Total Income is £781.00 per week made up as follows:

£379.20	Weekly Incomes
£416.89	Direct Payment
£105.96	Rent
£902.05	TOTAL

Maureen is required to pay the Graham Care Group £751.00 per week made up as follows:

£531.09	Care
£105.96	Rent
£235.00	Service Charge
£872.05	TOTAL

This leaves Maureen with £30.00 per week

- 25.10 When a person enters these facilities, they sign a Tenancy Agreement and are therefore eligible to apply for Housing Benefit, Council Tax Benefit and Disability Living Allowance/ Attendance Allowance.
- 25.11 Graham Care Group charges a person directly for rent, service charge and hotel and management costs, which the tenant pays from their Housing Benefit and statutory benefits. This means that KCC are only responsible for funding the care element of the overall cost.
- 25.12 The Direct Payment is reviewed each year by KCC commissioning. Current Direct Payment amount is stated in Graham Care Group Care Suites Guidance on Tri-X.

Appendix 1: Backdating Charges for home care and other non-residential care and support. Charges will not be collected from the person until a means tested assessment carried out.

IMPORTANT

KCC must act reasonably when making decisions. Consider impact on person's wellbeing, individual financial hardship/outgoings. Even though the following information establishes ASCH guidelines, the delegated authoriser must be prepared to make exceptions taking into account individual circumstances.

The circumstances presented below are not intended to be exhaustive. Everyone's circumstances will be different.

CIRCUMSTANCE	BACKDATING/RETROSPECTIVE CHARGING	Supplementary notes
<p>1. KCC error e.g. • Inputting to person's system record incorrectly or not at all by any KCC staff resulting in undercharging or not charging at all delays in progressing the financial assessment.</p>	<p>Error/data quality issue entries on the person's records: No backdating/retrospective charging. Charge from when KCC system corrected/amended generating correct and up to date Kent care invoice.</p> <p>When a person receives a chargeable service for the first time. If there is an unjustified delay with progressing case work for a financial referral/assessment the charge will not be backdated for more than 12 weeks for homecare and other non-residential services.</p>	<p>A person should not be financially disadvantaged as a consequence of KCC error (process/comms or other).</p> <p>Default position is person charged from the date person first receives a service and is evidenced person been informed of KCC charging arrangements (i.e. signed non-residential charging letter/blue charge books, detailed in person assessment of need), however if the person is not advised of their charge within 12 weeks, they will not be charged more than 12 weeks</p> <p>For example, delays in progressing the financial assessment and 12-week backdating rule: Person first starts a chargeable service on 1st January; financial assessment completed 1st May (i.e. 18 weeks after the service in situ); charge will be backdated from 1st February (i.e. Feb and Mar and to 30th April = 12 weeks).</p>

KCC Charging policy and procedures for home care and other non-residential services.

<ul style="list-style-type: none"> If error has resulted in overcharge, KCC will rectify error, so person's account is credited accordingly. 		<p>Delay in putting forward financial assessments will be monitored.</p> <p>After this first invoice the person will be billed every 4 weeks (28 days) for the care already received, not before the care received. *See section 2 below if provider not invoiced KCC</p>
<p>2. Provider not invoiced KCC (in part) for care and support delivered</p>	<p>Person not charged for the period because KCC has not incurred a cost. Adjustment required (meaning a variation in care service) for the period if confirmed by the provider in writing it will not invoice KCC.</p>	<p>KCC charge when starts to incur costs to meet needs but not charge more than the cost that it incurs in meeting assessed needs. System auto generates invoice to person before provider charges KCC. Charges based on planned commissioned activity.</p>
<p>3. Change of financial circumstances resulting in incorrect financial information held by KCC (Meaning KCC undercharging).</p>	<p>If a person's financial circumstances change (income/assets) and KCC is not informed by the person or representative, charge will be backdated to the date the charge increase would have applied.</p> <p>Change in benefits following a Department for Work and Pension appeal: backdate charge to when successful application logged. In practice means backdate to the date of the award.</p> <p>Delays: if KCC waiting for information from the person/nominated representative/legal representative, which, when received, results in a change in financial circumstances, backdate to when the change would have applied.</p>	<p>A person/representative expected to inform KCC if their financial circumstances change at the earliest opportunity,</p> <p>Any change in the person's income/ benefits will initiate a change in the person's financial circumstances, this will necessitate a financial reassessment to make sure their charge is correct and may result in a change in their charges/ contribution.</p> <p>When result in increase in charge, the person is advised to contact KCC to discuss a repayment plan for the debt, which should be affordable taking into account any other debts. This is advised on the back of the Kent Care Invoice.</p>

KCC Charging policy and procedures for home care and other non-residential services.

<p>4. Non-disclosure of financial information (Income and savings)</p>	<p>If the person or their legal representative deliberately refuses to cooperate in the financial assessment process and it is evidenced the person was fully informed about KCC charging for services (i.e. charging letters, blue charging booklet etc), the person will be charged full cost for their care and support.</p> <p>When the person does not tell KCC about changes in their financial circumstances, which meant KCC were undercharging, if following investigation by ASCH or Financial Assessment and Income Unit" (FA&I)., there is not a reasonable and justified explanation, KCC will backdate to the date the charge increase would have applied</p> <p>Not a deliberate non-disclosure of financial information. If the person appears to lack capacity in relation to their financial matters or following KCC enquires, it appears person/legal representative not informed appropriately about KCC charging for services/assessed contribution, (<i>therefore considered not a deliberate non-disclosure of financial information</i>) the delegated authoriser for the division will determine actions e.g. if person lacked capacity, hold invoices until someone appointed with legal authority to manage their finances. Review Deputyship application status at three months.</p> <p>If evidenced person did not receive or understood KCC charging for services/assessed contribution, the 12-week backdating rule will apply (see section 1 above).</p>	<p>The person is expected to pay for their care from the date they started to receive it.</p> <p>The person advised to contact KCC to discuss a repayment plan for the debt, which should be affordable taking into account any other debts. This is advised on the back of the Kent Care Invoice.</p>
<p>5. Death of person receiving care and support</p>	<p>Charge will be for care and support received up to the date of death (*assuming provider has invoiced KCC see section 2 above).</p>	
<p>6. Terminating Services (not a safeguarding concern or other exceptional reason)</p>	<p>Notice period: if still receiving package of care (PoC) during notice period in same location/with same provider, the person charged during the notice period only for the care provided.</p> <p><i>Cannot charge person for same period i.e. already moved and receiving new PoC during notice period with previous provider.</i></p>	<p>Notice given by person: If the care package is 70 hours or less, person to give 10 working days' notice. If the care package is 71 or more hours person to give 20 working days' notice.</p> <p>See section 23 for other details about notice periods.</p>

Appendix 2. Practice guidance to supplement Appendix 1 above, including changes to who (*the Practitioner*) and when (*after the eligibility criteria applied*) the referral for a means tested assessment is made.

The steps below must be followed in order to avoid a person being faced with large and unexpected bills and, if required, having the opportunity to ask to pay off the arrears more slowly.

2.1 The Practitioner will give the person/representative:

- “Your Guide: To charging for care provided in your own home and support in the community” (the blue book), explaining the financial assessment process is to work out how much they can afford to pay for their care and support.
<https://www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/charges-for-care-and-support>

and

- issue the relevant ¹⁴“Charging Letter-non-residential” template letter (located on Tr-x Local Resources -finance and charging: [Kent Adult Social Care & Health Documents and Templates \(proceduresonline.com\)](#), and System Record (Mosaic), reading through the content of the letter with the person/ representative, providing the opportunity to seek clarification. Further details about charging letters in section 5.2 *Charging Letters-signing*.

2.2 The Practitioner will explain to the person/representative who to contact if the person is facing serious financial hardship to discuss what options are available.

2.3 **Effective from 10 May 2023 (5pm)**, the adult social care Senior Management Team decision is that the **Practitioner** will be responsible for requesting a financial assessment at the **end of the care needs eligibility application** via a “*next action*” on the Mosaic System Record. For Strengthening Independence Service -previously known as Disabled and Young People’s Service, use the updated Finance Referral Form template on KNet.

This enables the financial assessment to be completed by Financial Assessment and Income Unit (FA&I) in parallel with the care and support planning. This is a change to the previous practice whereby the Purchasing team made the request after the commissioned care service had been arranged.

2.4 There may be a need to request a financial assessment at other times.

Therefore, the Practitioner can also request the financial assessment from the Emergency Request and/ or the *Significant Information on an Open Case* (SIOC) available from the start menu on Mosaic. Please note – The SIOC should be used to make financial assessment referrals for all those who are already within the care and support planning and arranging

¹⁴ Note: Kent Enablement at Home have a bespoke Charging Letter- non-residential on Tri-ix

services Mosaic workflow, to ensure that the financial assessment can be completed at the earliest opportunity.

A guidance video explaining the changes can be found [here on Delta](#)

- 2.5** The referral to be sent to the Financial Assessment and Income Unit at the end of the care needs eligibility via a next action on System Record (Mosaic). It is important that a referral for a financial assessment is carried out as soon as possible, in order to avoid the person being faced with large, unexpected bills if they were assessed as able to pay for their care and support.
- 2.6** The Practitioner must update the person's System Record (Mosaic) as soon as possible (Financial Assessment and Income Unit (FA&I).are not able to progress a financial assessment until the information is on the system unless a Direct Payment has been requested).
- 2.7** On receipt of the finance referral, a Financial Assessment and Income Unit Officer will arrange to complete the financial assessment with the person /representative. This enables the financial assessment to be completed by Financial Assessment and Income Unit (FA&I) in parallel with the care and support planning.
- 2.8** The Practitioner will prepare the Care and Support Plan with the person.
- 2.9** Following the financial assessment, the person is sent a letter from Financial Assessment and Income Unit (FA&I) outlining their charge, when it will run from and that if the arrears cannot be paid off in one go, they should contact Debt Recovery Team (Financial Assessment and Income Unit (FA&I)) (03000 411032 or DebtRecovery@kent.gov.uk to arrange to pay this off over a longer period.
- 2.10** The Financial Assessment and Income Unit (FA&I) Officer will notify the Practitioner of the charge. The Practitioner will record the charge amount (per week) on the Care and Support Plan under "My Contribution," arrange for the person to receive and sign the final Care and Support Plan and file the financial documentation in the System Record.
- 2.11** The first Kent Care invoice will be sent out which will include charges back to the date services began. If the person is set up on Direct Debit, there will be a gap of at least 10 days before any money is deducted from their account.
- 2.12** The person /representative may contact Debt Recovery about their Kent Care invoice to discuss paying the backdated amount over a longer period. This will be agreed on an individual basis.

Appendix 3:

1. Short Term Beds (STB)

1.1 Short term bed when not used as assessment bed (delayed transfer of care)

Where no appropriate package of care is available from a Home Care provider and a Short-Term Bed is used in a care/nursing home, the Practitioner **must**:

- apply the “Charging for Home Care and other Non-residential Services Policy” rules **NOT** the Charging Policy for Residential and Nursing home Placements.
- follow the normal process for a residential placement.
- be clear, in writing, with the person/ their carer that this arrangement is temporary and that if the Care and Support Plan is updated the STB (charging and other) arrangements may be changed.
- this can be clarified within the Care and Support Plan as the way the person’s outcomes are being met.
- ensure a means tested assessment is completed.

2. Enablement (KEaH)- pre and post service Full details on Tri-x

<https://proceduresonline.com/trixcms2/media/11494/enablement-operational-protocols-for-kent-enablement-at-home-keah.pdf>

Use of KEaH (post Enablement).

A person, including those self-funding, who continues to receive a home care service from KEaH following the end of their period of Enablement because there is no alternative ongoing service available is subject to the Charging Policy for Home Care and Other Non-Residential Services as they would be if they moved to another provider. Charging will commence 5 working days from the date the person is assessed as completing their Enablement provision.

Awaiting KEaH

Use of chargeable home care where KEaH is not currently available for someone who needs it, in these circumstances, a person may be provided with a chargeable service whilst they wait for KEaH to start.

- The chargeable service must be entered on the person’s System Record.
- A referral for means tested assessment must be sent.

Key message

Use of KEaH (post enablement) is a chargeable service

Appendix 4: Arrangement Fees (reference section 15)

Circumstances under which a non-residential person is paying the full cost for their care and support	Can an arrangement fee be charged?
<p>Person paying the full cost of their care because their available income (following the means tested assessment) is more than the cost of their care.</p> <p>By definition they have below the capital limit which is why a detailed means tested assessment of their income has taken place.</p>	NO
<p>People with capacity who have over the “financial limit” but who nonetheless ask the LA to meet their needs (Section 18 (3) of the Care Act).</p>	YES
<p>People without capacity who have over the “financial limit” but where someone authorised to act on their behalf nonetheless asks the LA to meet their needs (Section 18 (3) of the Care Act).</p>	YES
<p>People who lack the capacity to arrange for their own care and who have no-one authorised to do so on their behalf, regardless of whether they have over the capital limit or not (Section 18 (4) of the Care Act).</p>	NO
<p>People whose unmet eligible needs at being met in a KCC in house non-residential provision including in house respite services.</p>	NO

Appendix 5: Discretionary and non-discretionary funding

Discretionary and non-discretionary KCC funding applies to a person who has financial assets above the upper capital limit. A person's mental capacity to manage their finances determines if KCC funding is discretionary (person has capacity/ financial representative) or non-discretionary (person lacking capacity and no legal financial representative).

1 Discretionary funding¹⁵

Discretionary funding applies when a person has capacity to manage their finances, assets are above the upper capital limit and KCC chooses to fund their care and support.

All decisions to exercise discretion require the delegated authoriser making a judgment based on the facts presented.

The delegated authoriser must promote the wellbeing of the person when making decisions and need to balance this discretion with ensuring a person's assets are not maintained at public expense and are sustainable.

Best practice guidance in the application of defensible decision making on Tri-x:

<https://proceduresonline.com/trixcms2/media/14174/discretionary-funding-practice-guidance.pdf>

Examples are, but not limited to:

1. When there is a justified delay in a person's application for Deferred Payment being made or a delay in the application being processed/approved. KCC could consider offering Discretionary Funding as an interim measure to ensure the care home placement is not put at risk by the provider not being paid due to the delay.
2. Someone who has mental capacity to manage their own finances has lived abroad and has moved to England and now requires residential care. They only have a small amount in savings, but their savings and the value of the property abroad takes their capital over £23,250. They would not qualify for Deferred Payments, but equally they are unable to pay the care home due to their money being tied up in the property. KCC could consider offering Discretionary Funding whilst the property abroad is being sold.

Best practice guidance in the application of defensible decision making on Tri-x:

<https://proceduresonline.com/trixcms2/media/14174/discretionary-funding-practice-guidance.pdf>

2. Non-discretionary funding - financial assets above the upper capital limit

Generally, people with eligible needs and financial assets above the upper capital limit are not entitled to receive any financial assistance from KCC and should pay the full cost of their care and support until their capital falls below the upper capital limit.

However:

- KCC must meet eligible needs (when asked/requested) when the person requires care and support in non-residential settings-regardless of the person's mental capacity. The person remains responsible for paying their own care and support.
- Temporarily fully fund an agreed care/nursing home placement for a person with eligible needs and financial assets above the upper capital limit pending application for appointment of a property and affairs deputyship by family/friends/solicitor. KCC will seek appropriate reimbursement for all the charges due. Further details on tr-ix:

¹⁵ Fettering discretion. "An authority will be acting unreasonably where it refuses to hear applications or makes certain decisions without taking individual circumstances into account by reference to a certain policy. When an authority is given discretion, it cannot bind itself as to the way in which this discretion will be exercised either by internal policies or obligations to others. Even though an authority may establish internal guidelines, it should be prepared to make exceptions on the basis of every individual case"- Judicial review in English law.

<https://proceduresonline.com/trixcms2/media/11505/non-discretionary-funding-temporary-basis-self-funder-lacking-capacity.pdf>

- Not charge an arrangement fee for care/nursing home arrangements (when KCC choose to make the arrangement on the person's behalf¹⁶) for a person whose financial assets are above the upper capital limit who lacks mental capacity and no one else to make the arrangements on their behalf.

Third Party Top ups:

- a) Not seeking a *Top Up* payment where there is no suitable care home available, KCC has decided to place the person in the more expensive setting solely because KCC has been unable to make arrangements at the expected cost. Full details in Care and Support Statutory Guidance *Annex A: Choice of accommodation and additional payments*.
- b) Not seek a *Top Up* payment when a person has previously been self-funding in a care home and a risk assessment demonstrates that a move to another care home will be detrimental to aspects of the person's wellbeing or outcomes most relevant to them.

¹⁶ This is because KCC would support that person under its power (rather than its duty) to meet needs, and the ability to charge the arrangement fee applies only to circumstances when the authority is required to meet needs.

Appendix 6: Four illustrations how charges are calculated.

Sarah is aged 58. Care package is £180 per week. She receives the standard (lower rate) PIP (Daily living component).	David is aged 35. The cost of David's care package is £180 per week. He receives the enhanced rate PIP (Daily living component)	George is aged 68. The cost of George's care package is £90 per week. He does not receive any disability benefits	Megan is aged 23 and lives at home with her family. The cost of Megan's care package is £150 per week. She receives the standard (lower rate) PIP (Daily living component).
Sarah's Income £194.90 Employment Support Allowance (Work Group) £68.10 Standard PIP Daily Living Component	David's income £225.45 Employment Support Allowance (Support Group) £101.75 Enhanced PIP daily living Component	George's income £156.20 State pension £70.46 Private pension	Megan's Income £131.45 Employment Support Allowance £ 68.10 Standard PIP Daily Living Component
£263.00 Total Income	£327.20 Total income	£226.66 Total Income	£199.55 Total income
What KCC disregard from the income £149.50 Minimum Income Guarantee £17.00 Standard DRE Allowance	What KCC disregard from the income £171.75 Minimum Income Guarantee £17.00 Standard DRE Allowance £33.65 Enhanced rate part of PIP daily living	What KCC disregard from the income £214.35 Minimum Income Guarantee £17.00 Standard DRE Allowance	What KCC disregard from the income £150.25 Minimum Income Guarantee £17.00 Standard DRE Allowance
£166.50 What KCC disregard (total)	£222.40 What KCC disregard (total)	£231.35 What KCC disregard (total)	£167.25 What KCC disregard (total)
Amount remaining (£) £96.50	Amount remaining (£) £104.80	Amount remaining (£) £-4.69	Amount remaining (£) £32.30
£96.50 Sarah's Charge (Assessed contribution)	£104.80 David's Charge (Assessed contribution)	£ NIL George's Charge (Assessed contribution)	£32.30 Megan's Charge (Assessed contribution)
Note: As £96.50 is less than the cost of the care package (£180) Sarah's charge is £96.50	Note: As £104.80 is less than the cost of the care package (£180) David's charge is £104.80	Note: The assessment shows that George cannot afford to contribute towards the cost of his care (£90), so his charge is NIL.	Note: As £32.30 is less than the cost of the care package (£150) Megan's charge is £32.30

Remember: if the cost of care changes, this may not affect the person's assessed contribution. For example, if Sarah's cost of care increased to £200 per week, her means tested assessment (before the cost of care increase) already determined she can only afford to pay £86.15 (her income minus what KCC disregard) so there will be no change to assessed contribution

Appendix 7 Treated of income in the means tested assessment.

Non Residential Charging			
Include			
Disregard			
Partial Disregard			
Not Applicable			
Income	Single Assessment	One of a Couple Assessment	Additional Comments
Low DLA	✓	✓	
Lower AA/Medium DLA/Standard PIP	✓	✓	
Higher AA/Higher DLA/Enhanced PIP	✓	✓	Only include up to lower/medium rate of benefit
All AA/DLA/PIP Mobility	✓	✓	
Pension Credit Guarantee Credit Single Claim	✓	✓	
Pension Credit Guarantee Credit Couples Claim	✓	✓	Halved for One of a Couple Assessments
Pension Credit Savings Credit	✓	✓	Full disregard if under the savings credit disregard rate and partial disregard if over saving credit disregard rate.
Severe Disability Premium (PC)	✓	✓	Halved for One of a Couple Assessments
Notional Pension Credit	✓	✓	Halved for One of a Couple Assessments
Carers Allowance	✓	✓	
Carers Premium	✓	✓	
Occupational Pension	✓	✓	
Annuity	✓	✓	
War Pension (Paid to Vet)	✓	✓	
War Pension (Paid to Spouse)	✓	✓	
War Disablement Pension (Vet)	✓	✓	
War Disablement Pension (Spouse)	✓	✓	
War Widow(er)'s Pension	✓	✓	
Universal Credit Single Claim. Please include Limited Capacity for Work (LCW) and Work Related Activity (LCWRA) AKA Health Element	✓	✓	Disregard any Child Related & Housing Elements
Universal Credit Single Claim.	✓	✓	
Universal Credit Couple Claim	✓	✓	Use internal guidance for splitting UC for One of a Couple
ESA Income Related Single Claim	✓	✓	Use internal guidance for splitting ESA for One of a Couple
ESA Contribution Based Single Claim	✓	✓	
ESA Couples Claim	✓	✓	Use internal guidance for splitting ESA for One of a Couple
Wages/Earnings	✓	✓	
Job Seekers Allowance Single Claim	✓	✓	
Child Tax Credits	✓	✓	
Industrial Injuries Benefits	✓	✓	
Severe Disablement Allowance	✓	✓	
Income Support	✓	✓	
Incapacity Benefit	✓	✓	
Statutory Sick Pay	✓	✓	
Charitable and Voluntary Payments (<i>that are made regularly to client</i>)	✓	✓	
Spousal Maintenance (paid to client)	✓	✓	

Appendix 8

MIG RATES - 2023/2024

Criteria	Disability Premium?	Enhanced Disability Premium?	MIG Amount
Single 18 - 24	No	No	<i>£82.15</i>
Single 18 - 24	Yes	No	<i>£127.90</i>
Single 18 - 24	Yes	Yes	<i>£150.25</i>
Single 25+ Under Pension Age	No	No	<i>£103.65</i>
Single 25+ Under Pension Age	Yes	No	<i>£149.40</i>
Single 25+ Under Pension Age	Yes	Yes	<i>£171.75</i>
Single Over Pension Age	N/A	N/A	<i>£214.35</i>
1/2 Couple where 1 is Under Pension Age	No	No	<i>£81.40</i>
1/2 Couple where 1 is Under Pension Age	Yes	No	<i>£114.00</i>
1/2 Couple where 1 is Under Pension Age	Yes	Yes	<i>£130.05</i>
1/2 Couple Both Over Pension Age	N/A	N/A	<i>£163.65</i>

If Entitled to Carer MIG Rate, add £49.05 to the above applicable MIG Rate.

If Entitled to Child MIG Rate, add £94.90 to the above applicable MIG Rate.

Appendix 9 Treatment of Savings Credit for “new” people receiving a chargeable adult social care and health service (ASCH)

The following scenarios seek to clarify who will be considered as a new person receiving a chargeable adult social care service, following KCC Charging policy and procedures for home care and other non-residential services.

KEY: **New** - Will not have their savings credit reward disregarded in full. Effective from 02/10/2023
 Not New - Will have all of their Savings Credit reward disregarded in full

For anyone “New” to the service, charges would be based on the service start date not the financial assessment date.

Scenario Number	Scenario	See Key above. New / Not new
1	A person has received social care chargeable services in the past, but this service ended. The person returns to ASCH for services in the future. This person would require a new financial assessment and therefore be treated/assessed as a <i>new person</i> .	New
2	A person in receipt of social care service has a short-term break (e.g. respite or in hospital admittance), the service is reinstated following the break. This person's service is seen as resuming a current service, rather than starting a new service and therefore treated/assessed as <i>not a new person</i> .	Not New
3	A person has received respite or temporary residential care in the past but has not been in receipt of non-residential care services. If that person then starts to receive non-residential care for the first time, on or after the 07/08/2023, this person will require a new financial assessment to be completed for their non-residential care and therefore treated/assessed as a <i>new person</i> .	New
4	A person who is receiving a non-residential service but has been assessed as nil charge (i.e. paying no contribution towards the cost of the care) has a change in circumstances and is re-assessed as needing to make a contribution. This person has an existing and current service and therefore treated/assessed as <i>not a new person</i> .	Not New
5	A person who is receiving a non-residential service and currently pays a contribution has a change in circumstances and requires a reassessment of charges. This person has an existing and current service and therefore treated/assessed as <i>not a new person</i> .	Not New

These scenarios were created using the logic that the people we support who currently are accessing these services retain the current charges (not new people receiving chargeable services) and are not charged more in respect of Savings Credit Disregard allowance.

See section 17.3 for other details

Appendix 10 References

Legislation	
Care Act 2014	Click here
The Care and Support (Charging and Assessment of Resources) Regulations 2014.	Click here
Care and Support Statutory Guidance Annex B (Treatment of capital) Care and Support Statutory Guidance Annex C (Treatment of income) Care and Support Statutory Guidance Annex E (Deprivation of assets)	Click here

Department of Health 2023-2024. Adult Social Care: Charging for Care and Support	
Upper Capital Limit	£23,250
Lower Capital Limit	£14,250
Lower Rate Attendance Allowance (AA)	£68.10
Higher Rate Attendance Allowance (AA)	£101.75
Personal Independence Payment (PIP) standard Daily living component per week	£68.10
Personal Independence Payment (PIP) Enhanced Daily living component per week	£101.75
Personal Independence Payment (PIP) Standard rate mobility component per week	£26.90
Personal Independence Payment (PIP) Enhanced rate mobility component per week	£71.00
Disability Living Allowance (DLA) Higher rate care component per week	£101.75
Disability Living Allowance (DLA) middle rate care component per week	£68.10
Disability Living Allowance (DLA) lower rate mobility component per week	£26.90
Minimum Income Guarantee Rates 2023 to 2024	Appendix 8 Click here for DoH Local Authority Circular 2023
<ul style="list-style-type: none"> KCC Charges and Rates Payable Booklet 2023-2024 Your Guide: Charging for Care Provided in Your Own Home and Support in the Community (Blue Book) (updated every April). Your guide to Charging for Residential Care Booklet (Red Book) (updated every April). 	www.kent.gov.uk
KCC Charges and rates payable for current year include:	
Wellbeing Extra Care Housing Scheme for older people: KCC contracted 24-hour emergency cover)	£18.44 pw
People with learning difficulties for night support service	£55.29 pw
Arrangement Fee for self-funders 2023-24 (more details in section 15)	£127.59 -equates to a weekly charge of £2.44

These are the charges applied to services provided by Kent Enablement at Home (KEaH) after the initial period of enablement ends, in instances where external provision of homecare has not been obtained.

Care Item	Unit	Notional Cost
Social	½	£9.49
Social	¾	£12.66
Social	1 hour	£16.43
Unsocial	½	£10.76
Unsocial	¾	£14.23
Unsocial	1 hour	£18.21

Other references

Link to Tri-x: home of all KCC practice guidance and policies and templates and other useful documents and links to useful websites <https://www.proceduresonline.com/kent/adults/index.html#>

<https://www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care>

Benefits and Financial Support advice available for people link to the KCC Website below which gives a list of organisations who can give advice and offer Benefits and Financial Support.

<http://www.kent.gov.uk/socialcare-and-health/care-and-support/benefits>

NOT PROTECTIVELY MARKED