

Adult Social Care: The Financial Journey (Text version)

Where this document says “you” this means “you, or your legal representative”

Step 1: Assessing your needs

- We carry out a Care Assessment to establish your eligible, unmet needs.
- If required, we agree a care and support plan with you to meet those needs.
- There are three possible outcomes.

Outcome 1: If the care you need is not chargeable

- We arrange the care as required. You do not need to pay for this. See the Scope section of the Charging Policy for the types of care which are non-chargeable. The rest of this document is not relevant if you only need non-chargeable care.

Outcome 2: If you need Telecare

- We will put you in touch with our Careline service. Search the council web site for “Careline” to see their pricing.
- Telecare charges are additional to other adult social care charges. However, if you have other adult social care arranged by the council, you may be able to claim the Telecare cost as a disability related expense. We will consider waiving charges for Telecare in exceptional hardship cases. The rest of the document is not relevant if you only need Telecare.

Outcome 3: If you need chargeable care

- We calculate a personal budget for you. This is the reasonable weekly cost of the care which is required to meet your needs. See section 3.1 of the policy for more information about personal budgets.
- If you need a package of care which includes a mixture of health care and social care, the personal budget will only cover the social care. You will not be charged for the health care element.
- If you want more expensive care than we consider you need, paying top-ups is an option – see section 3.2 of the Charging Policy for more information about top-ups.

Step Two: Financial Conversation

- Your social worker will talk to you about finances, to see how likely you are to pay for the full cost of your care.
- You will have to pay the full cost if you have financial assets above a threshold called the “Upper Capital Limit”, which is currently £23,250. What counts as an asset will vary depending on whether you need residential or non-residential care.
- The online financial assessment is available for anyone to input their financial details and obtain an indicative contribution (the amount they are likely to pay towards the cost of their care).
- At this point we ask if you would like a full financial assessment. There are four options.

Option 1: Full financial assessment

- We ask you to supply your financial details (using the online financial assessment or a manual form) and we carry out a full, detailed assessment of your financial circumstances.

Option 2: Light-touch financial assessment

- We carry out a quicker, simpler financial assessment to make sure you can afford to pay your charges. This is common for people with assets over the £23,250 threshold. We can also look up your DWP benefits data to save you providing it. (This requires your explicit consent).

Option 3: You are unable to provide consent to a financial assessment

- In this case, other steps are taken – see section 4.1 of the Charging Policy.

Option 4: You do not want to have a financial assessment.

- In this case you will need to pay the full cost of your care.

Step Three: Financial Assessment

- We carry out the financial assessment. More details about how this is done, can be found in section 4 of the Charging Policy.
- The rules of the financial assessment are different, depending on whether you need care at home, a temporary stay in a care home or you move into a care home permanently.
- The financial assessment works out the amount you can afford to contribute towards the cost of your care. Depending on your financial circumstances this may be a share of the cost (known as a contribution), or nothing, or the full cost.

Step Four: Arranging Care (if you are paying a contribution, or paying nothing)

- We discuss with you, how you want the care to be arranged.

Option 1: Direct Payment

- This does not apply for permanent residential care.
- You have the freedom to arrange your own care (we can help and advise). We pay you our share of the cost every 4 weeks. You add your contribution to this, and then pay your carer/provider. For more details about direct payments see section 5 of the Charging Policy.

Option 2: SCC-arranged care

- We arrange the care for you, and we pay the provider. Then we invoice you each month for your contribution.

Step Four: Arranging care (if you are paying the full cost of the care)

- Most self-funders choose to arrange their own care.
- We can arrange non-residential care at your request. A one-off administration fee is charged for this. Then we invoice you each month for the full cost of the care.
- Residential care will normally only be arranged if you are unable to arrange the care yourself and have no one to act for you. We invoice you each month for the full cost of the care. (Under these circumstances it is likely that the Court of Protection are in the process of appointing a Deputy to manage your affairs).
- We will arrange residential care if you want a deferred payment loan. See section 8 of the Charging Policy for more details.
- See section 6 of the Charging Policy for more details about full-cost-payers and administration fees.