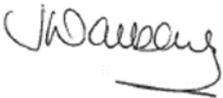


Adult Care Services



ACS Charging for Community Based Services Policy

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This policy has been agreed and authorised on the recommendation of the ACS Management Board.

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Contents

1. Introduction	4
2. Principles of charging	4
2.1 Chargeable services	4
2.2 Circumstances where a charge will not be made	5
3. Services provided for by a compensation package	5
4. Determination of charge	6
4.1 Capital limits	6
4.2 Financial assessment calculation and welfare benefits check	6
4.2.1 Financial assessment calculation	6
4.2.2 Available income and welfare benefits check	7
4.2.3 Tariff Income.....	7
4.2.4 Minimum Income Guarantee	7
4.2.5 Basic housing expenses	8
4.2.6 Disability Related Expenditure	8
4.2.7 Deprivation of Assets.....	8
4.3 Couples	8
4.4 Minimum/maximum charges and standard costs.....	9
4.5 Commencement of charges.....	9
4.6 Cost of care and support	9
4.6.1 Support at home and homecare	9
4.6.2 Day opportunities.....	10
4.6.3 Transport	10
4.6.4 Flexicare	10
4.6.5 Supported living.....	10
4.6.6 Telecare and Assistive Technology	11
4.7 Notification of change in financial circumstances	11
5. Deferred payments.....	11
6. Invoicing and payments for care charges.....	12
6.1 Commissioned services (with no direct payments).....	12
6.2 Care and support services arranged by the Council in addition to Direct Payments or Individual Service Funds (ISFs).....	12
6.3 Care and support funded by Direct Payments and Individual Service Funds	12
12	
7. Non-payment of care charges and financial hardship	12
8. Reviews and complaints	13

9. Information for individuals who need support..... 14

1. Introduction

Hertfordshire County Council's (HCC) policy is to charge for care and support services within the provisions of the Care Act 2014, which provides a single framework for charging for care and support. This charging policy takes into account corporate guidelines on charging and follows the Care Act 2014 and related regulations, statutory guidance and the Equality Act 2010.

HCC will apply this charging policy equitably and fairly and ensure that people are given information as to how their contribution to the cost of care has been calculated.

This policy applies to community-based care and support services provided or arranged by HCC's Adult Care Services (ACS). This does not cover residential care which is covered in our [Charging for Residential Care Policy](#).

This document sets out the policy and guidance for staff for the financial assessment and charging process for people receiving community-based care services in Hertfordshire. This policy and guidance also applies to Hertfordshire Partnership Foundation Trust (HPFT). It replaces any previous revisions.

This policy also applies to a person receiving care and support services in a prison facility.

2. Principles of charging

2.1 Chargeable services

HCC will charge for all community-based care services unless they are exempt under provisions of the Care Act 2014 regulations. These include, but are not limited to:

- Support at home/homecare, including care and support provided in supported living settings
- Day opportunities (day centres or day care)
- Transport services
- Short breaks (also known as respite care)
- Flexicare
- Supported living
- Telecare & Assistive Technology
- Direct payments
- Individual Service Funds
- Night sits
- Sleep-in services
- Live-in care
- Shared Lives

Services that are exempt from charging are:

- Intermediate care

- Enablement homecare (for up to six weeks)
- Discharge to Access
- Carer's services
- Provision of equipment and minor adaptations up to the value of £1,000
- Grant-aided voluntary sector services

Individual fees for each service are revised annually and the applicable rates are published in the council's [Charging for Community Care Services booklet](#) and on www.hertfordshire.gov.uk/payingforcare. Information on how the applicable rates are applied and on bandings for different levels of care can be found in Section 4.6.

Any services not currently referred to in the policy, or those that may develop in the future, will be chargeable, unless:

- The local authority has chosen to exercise its discretion not to charge, or
- Not charge the full amount for that service, or
- Where that service is exempt under statute.

2.2 Circumstances where a charge will not be made

The charging policy for community-based services does not apply to individuals under the age of 18. Certain other individuals are exempt from charges. These are:

- People who are provided with services under section 117 of the Mental Health Act 1983.
- A person in the end stages of a terminal illness, defined as in a progressive state of decline; for example, their life expectancy is less than three months. A local discretion not to charge for care is provided. This excludes Continuing Healthcare (CHC) funding which is already exempt from charging.
- Individuals who suffer from Creutzfeldt-Jacob Disease

3. Services provided for by a compensation package

Compensation payments, which include an element to meet some or all of the costs of care and support needs, are taken into account accordingly in assessing an individual's ability to pay for care. HCC will still provide information, advice and guidance, as required under the Care and Support regulations and statutory guidance.

The responsibility to pay for care and support services will remain with the trustees or authorised third parties in line with the terms of the trust. It is only under exceptional circumstances that HCC may intervene to arrange and pay for care, for which it would seek to recover any costs incurred in full.

4. Determination of charge

4.1 Capital limits

Capital is assessed in accordance with the Care and Support (Charging and Assessment of Resources) Regulations 2014, and Care and Support Statutory Guidance. Capital limits are set in line with the following regulations:

- A person with care and support needs with capital above the upper capital limit (currently £23,250) is expected to pay the standard (full) cost of the service.
- Capital between the lower (currently £14,250) and upper capital limit (currently £23,250) will be subject to a charge, referred to as tariff income, set out in statutory charging guidance (see 4.2.3 below). Income and outgoings are included in the financial assessment calculation.
- Capital below the lower capital limit (currently £14,250) is disregarded from the assessment and therefore the financial assessment calculation only takes into account eligible income and expenses.

4.2 Financial assessment calculation and welfare benefits check

4.2.1 Financial assessment calculation

If a person is not exempt from charges and does not have capital over the upper capital limit, a financial assessment should be carried out to determine the individual's ability to pay towards the cost of their care and support services.

The financial assessment determines if a person is required to make a contribution to the cost of their care, and if so, what the weekly charge will be. and takes the following into account:

- Eligible income is taken into account. Income we do not count in a financial assessment is listed in the [Charging for Community Care Costs booklet](#)
- Tariff income (see 4.1 and 4.2.3) is added to the eligible income
- The Minimum Income Guarantee (see 4.2.4) is deducted
- Certain housing expenses, such as Council Tax (see 4.2.5), are deducted
- Disability Related Expenses (see 4.2.6) are deducted

Whatever remains is called the Maximum Assessed Contribution. HCC will compare the Maximum Assessed Contribution with the actual cost of services (see 4.6) provided in the week which runs from Sunday to Saturday and charge the lower amount.

Where a person has capital is above the upper capital limit of £23,250 but this is expected to deplete within a short period of time then the person must approach Adult Care Services at least three months before the upper capital limit is reached if they wish to seek funding towards their care. The person will be expected to

complete a financial declaration form and provide evidence of their financial circumstances and details of how their capital has depleted.

If a person chooses not to disclose information for a financial assessment, they are liable to pay the standard (full) cost of the service.

HCC will provide a written notification and a breakdown of the financial assessment, which will be sent to the person receiving a chargeable service, arranged or provided by HCC or arranged under a direct payment or individual service fund.

4.2.2 Available income and welfare benefits check

Care and Support Statutory Guidance sets out how various types of income and state benefits are to be considered in a financial assessment, such as whether they should be fully or partially disregarded. Income disregards are applied in line with the statutory regulations.

As part of the financial assessment process, a welfare benefits check service is provided by HCC to identify unclaimed benefits to which a person may be entitled to. The person or their representative will be advised accordingly if the financial assessment reveals any unclaimed benefits to which they may be entitled.

4.2.3 Tariff Income

Tariff income applies where a person has capital that falls between the lower and upper capital limits. The amount of tariff (notional) income is added to the person's overall income for the financial assessment.

Tariff income is calculated by taking the actual amount of capital that a person has, then deducting the value of the lower capital limit and dividing the result by 250. The result is then rounded up to the nearest £1. As an example, assuming a person has £16,455 and the lower capital limit is £14,250, their tariff income would be £9 as shown below:

- $£16,455 - £14,250 = £2,205$
- $£2,205 \div 250 = £8.82$
- £8.82 rounded up to nearest £1 = **£9** per week

4.2.4 Minimum Income Guarantee

The purpose of the Minimum Income Guarantee (MIG) is to ensure that a person has sufficient funds to meet their basic needs, such as purchasing food, utility costs or insurance. The MIG levels are reviewed annually by the Department of Health and Social Care and published in [Local Authority Circulars \(LAC\)](#). The amount of MIG applicable is dependent on a number of factors:

- Whether or not the person is single or part of a couple
- Whether or not the person lives alone
- The age of the person
- The level of the person's disability benefits

- Whether or not the person is in receipt of (or could be in receipt of) Carers Premium
- Whether or not the person has responsibility for a dependent child living in the same household.

4.2.5 Basic housing expenses

Basic housing expenses as defined in the statutory guidance are allowed in the financial assessment.

- Housing costs include rent (net of Housing Benefit or Universal Credit Housing allowance),
- Council tax (net of council tax reduction), mortgage payments (net of any help from state benefits) and
- Leasehold costs such as service charges and ground rent.

These do not include gas, electric, water charges, which are included in MIG (but if these are higher than average due to disability, Disability Related Expenditure may be claimed), or buildings and contents insurance.

4.2.6 Disability Related Expenditure

Disability related expenditure (DRE) is an expense that a person incurs as a result of having a disability or condition, and the expense is more than they would have ordinarily incurred. The amount that can be disregarded as disability related cannot exceed the person's total income from disability related benefits, in line with the statutory guidance.

Broadly, DRE disregard or allowances from the financial assessment are based on the consideration set out in the [Disability Related Expenditure Factsheet](#):

4.2.7 Deprivation of Assets

If a person has intentionally deprived themselves of capital or income in order to reduce or avoid a charge, then they may be treated as still possessing the asset. The [Care Act 2014 Regulations](#) and [Care and Support Statutory Guidance \(Annex E\)](#) are followed when making decisions on whether the person has deprived themselves of capital or income and whether or not to pursue the recipient(s) of those funds.

Where a person needing care which is met by HCC has transferred their assets to another person (a transferee) in order to avoid care applicable care charges, HCC will take measures under Section 70 of Care Act 2014 [Care Act 2014 \(legislation.gov.uk\)](#) to transfer liability to the transferee or transferees if the asset was transferred to more than one person.

4.3 Couples

The definition of a couple for the purposes of this policy is a married couple or two people who live together as married. It includes couples, civil partners and cohabiting

couples. It does not include separated or divorced couples unless they live together as if married.

Where only one member of a couple receives services, charges are based only on the income and capital of the individual in receipt of care and support, and not the income or capital of their partner or any other members of the household, unless they are paid or held in joint names.

Any capital held jointly will be assumed to be held in equal shares. The capital limits will apply to the individual's share of the capital. It will be assumed that the person is entitled to a share of any benefits or income paid for the joint benefit of the couple. Half of the total housing expenses will be attributed to the person.

Where individuals have income paid jointly, such as state benefits, the amount disregarded for daily living costs, referred to as the Minimum Income Guarantee (MIG), will apply in line with the statutory guidance from the Department of Health and Social Care which sets out the weekly amount that a couple should retain for daily living costs.

4.4 Minimum/maximum charges and standard costs

There is no fixed maximum weekly charge for care and support services. However, the charge cannot be more than the cost incurred in providing the services received, including administration costs where applicable. These standard costs and charges are revised annually, usually at the beginning of the new financial year in April.

The minimum weekly charge for which the County Council will raise an invoice for payment for Adult Care Services is £2. Individuals pay one charge for services provided by ACS, even if they receive more than one service, with one exception: telecare users (assistive technology) who also receive services provided by ACS will receive two invoices; one for their social care charge, and the other for telecare.

The assessed contribution does not include lunches or drinks served at day opportunities, which must be paid for separately.

4.5 Commencement of charges

HCC aims to notify individuals of assessed charges promptly, before the first invoice for charges is issued. Charges will normally apply from the date of commencement of services in line with the Care Act 2014 statutory guidance and regulations.

4.6 Cost of care and support

The cost of providing services is worked out of the following basis:

4.6.1 Support at home and homecare

Charges for support at home and for homecare are based on actual service received, charged in 15 minute blocks. The table below illustrates this:

Each visit (duration)	Charged as
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0-20 minutes	15 minutes
21-35 minutes	30 minutes
36-50 minutes	45 minutes
51-60 minutes	60 minutes

The hourly applicable rate is published annually on www.hertfordshire.gov.uk/payingforcare and is included in [Charging for Community Based Care booklets](#).

Where more than one carer provides care at the same time (called double handed or double-up care) the cost of both carers is included.

4.6.2 Day opportunities

Charges for day opportunities are based on sessions. Each session is half a day. If a person has a full day at a day centre or day care setting, then this is counted as two sessions. Session rates are published annually on www.hertfordshire.gov.uk/payingforcare and are included in [Charging for Community Based Care booklets](#).

4.6.3 Transport

Transport is charged on a per day basis, at the same rate, irrespective of the method of transport. Transport to and from a day care setting is charged as one day.

The cost per day is published annually on www.hertfordshire.gov.uk/payingforcare and is included in [Charging for Community Based Care booklets](#).

4.6.4 Flexicare

Flexicare is charged based on the banding that the person has been assessed as needing under one of three bands shown below:

Band	Hours of care (per week)	Charged as
Low	0 to 3 hours	3 hours
Medium	From 3 to 10 hours	8.5 hours
High	Over 10 hours	15 hours

Rates charged for each banding are published annually on www.hertfordshire.gov.uk/payingforcare and are included in [Charging for Community Based Care booklets](#).

4.6.5 Supported living

Supported living is charged based on the banding that the person has been assessed as needing under one of three bands shown below:

Band	Hours of care (per week)	Charged as
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Low	0 to 3 hours	1.5 hours
Medium	From 3 to 10 hours	6 hours
High	Over 10 hours	14 hours

Rates charged for each banding are published annually on www.hertfordshire.gov.uk/payingforcare and are included in [Charging for Community Based Care booklets](#).

4.6.6 Telecare and Assistive Technology

Telecare and Assistive Technology (AT) are not a means-tested services, so are not subject to a financial assessment. Telecare provided on behalf of HCC is charged at a flat rate per week. The rates are published annually on www.hertfordshire.gov.uk/payingforcare and are included in [Charging for Community Based Care booklets](#).

4.7 Notification of change in financial circumstances

The person (or their representative) must inform ACS of any changes in their financial circumstances that could affect the amount they pay towards the cost of care.

Any changes to the person's circumstances must be reported promptly. In the event of late notification of a change of circumstances, charges will be backdated to the date that the change occurred.

5. Deferred payments

HCC has the discretion to enter into deferred payment agreements with people whose care and support is provided in supported living accommodation. We can only do this if the person intends to retain their former home and intends to pay the associated care and rental costs from the deferred payment. Deferred payment agreements cannot be entered into for the purposes of financing mortgage payments on supported living accommodation.

The final decision on eligibility for a deferred payment agreement in the above circumstances is at the discretion of HCC. The individual will be informed of this decision in writing.

Deferred payments will not be considered for other forms of non-residential care.

For clarity, supported living accommodation will include flexicare housing and Shared Lives arrangements. This is defined in The Care and Support and Aftercare (Choice of Accommodation) Regulations 2014.

The deferred payment will incur a variable interest rate at the maximum set by the Department of Health and Social Care. This rate will be revised on the 1st of January and the 1st of July each year. The interest will be calculated on a daily basis and compounded each calendar month.

6. Invoicing and payments for care charges

6.1 Commissioned services (with no direct payments)

Invoices are usually raised every four weeks in arrears where the council provides or has arranged care services on behalf of the individual.

Payments can be made by standing order, cheque, online, direct debit or telephone. The Council's preferred payment method is by Direct Debit and all people who require support will be given the opportunity to complete the Direct Debit mandate form, which will be sent together with the financial assessment notification letter.

6.2 Care and support services arranged by the Council in addition to Direct Payments or Individual Service Funds (ISFs)

Where the person's maximum assessed contribution is higher than the weekly direct payment or ISF amount, then the following will happen:

- The direct payment or ISF will be nil (zero), therefore they will not receive a payment. This is because the amount a person receives is the difference between the total weekly cost of their care and support and the maximum amount they have been assessed as being able to pay; and
- The difference between the maximum weekly assessed contribution and the direct payment or ISF will be invoiced as per 6.1 above.

If the person's weekly maximum assessed contribution is lower than the weekly direct payment or ISF amount, then their contribution will be deducted from the weekly direct payment or ISF and therefore they will receive the difference as payment. As a result, the person will not receive an invoice because the amount they would be expected to pay would have already been deducted at source.

6.3 Care and support funded by Direct Payments and Individual Service Funds

Individuals in receipt of direct payments are paid net of their maximum assessed contribution. Direct payments and ISFs are paid once every four weeks, in advance. The individual is expected to pay their maximum assessed contribution directly into their direct payment bank account, or directly onto their pre-payment card, whichever is applicable.

Where the amount of maximum assessed contribution is higher than the direct payment, HCC will not make direct payments and the person will effectively have to fund the full amount of their direct payments.

7. Non-payment of care charges and financial hardship

Local authorities are empowered to recover outstanding charges summarily as a civil debt (Section 69 of the Care Act 2014). HCC will robustly pursue payment of any outstanding care debts, including taking legal action. People in receipt of care and

support services or their representatives are advised to inform and engage with HCC's Adult Care Services at the earliest opportunity if they are experiencing financial hardship and difficulties in paying for their care.

The County Council will exercise its right to take steps to recover the costs for the services it has provided and for which it can charge.

However, the County Council will seek to engage with the person responsible for meeting the charge before taking any enforcement action.

7.1 Financial hardship and remissions

People in receipt of care and support who have been assessed to make a contribution to the cost of their care can request a discretionary reduction of an assessed charge if they are unable to pay due to financial hardship. The request must be supported by a social care worker. The final decision as to whether to apply the reduction or waiver will be made by the relevant Head of Service or Deputy Head of Service and countersigned by the Head of Income and Charging.

For further information about waivers please contact the Income and Financial Assessments Team.

8. Reviews and complaints

Charges are normally reviewed annually in line with benefits updating or will be carried out where there is a change of circumstances, or there is a request for a formal review by the person themselves or their representative. A person can request a re-assessment of their charge if their financial circumstances change at any point during the year. They are also responsible for informing HCC whenever their financial circumstances change. Failure to inform of any change in circumstances may result in backdated charges. A new financial assessment may also take place at the point of a care review.

If a person disagrees with the outcome of the financial assessment, they can contact the Income and Finance Team to discuss the issue and may request a first stage review conducted by the assessment officer. For DRE only, a second stage review can be requested which is considered and determined by a review panel chaired by a senior departmental manager or authorised officer. Contact details for the Income and Finance Team are included in each letter and the Charging for Residential Care booklet.

If a person is dissatisfied with the service they have received from the Income and Finance Team, they have the right to make a complaint. The Adult Care Services' complaint procedure will apply for all complaints. Details on how to complain can be found at: www.hertfordshire.gov.uk/complaint, or by contacting the Complaints Team at the following address:

Complaints Team (Adult Care Services)
Customer Service Team
County Hall

Hertford
SG13 8DF

Email: acs.complaints@hertfordshire.gov.uk
Telephone: 01992 556 685
Textphone: 0300 123 4041

After this stage, the person will have recourse to the Local Authority Ombudsman if they still disagree with the outcome of the complaints process.

9. Information for individuals who need support

A public leaflet named '[Charging for Community-Based Care Services](#)', which is the guide to charging for Adult Care Services, is available online at:

www.hertfordshire.gov.uk/leaflets A paper copy can be obtained by contacting the Income and Finance Team at:

Income and Financial Assessments Team
SFAR 225
Farnham House
Six Hills Way
Stevenage
SG1 2FQ

Email: acs.income@hertfordshire.gov.uk
Telephone: 01438 843 032