

**London Borough of Merton**  
**Charging Policy for Adult Social Care**  
**Revised 2024**

**Contents**

<b>Section</b>	<b>Title and Contents</b>
<b>1.</b>	Introduction
<b>2.</b>	Principles of the Policy
<b>3.</b>	<b>Chargeable services</b> 3.1 Change in personal circumstances 3.2 Backdating Charges 3.3 Exemptions from the Charging Policy
<b>4.</b>	<b>Financial Assessments for Homecare services</b> 4.1 Providing information. 4.2 Failure to provide information. 4.3 Full Cost 4.4 Calculating charges. 4.5 Income 4.6 Notional Assets, savings, or income 4.7 Income to be taken fully into account. 4.8 Capital 4.9 Disability Related Expenditure 4.10 Joint accounts
<b>5.</b>	<b>Financial Assessments for Residential Care</b> 5.1 Calculating charges. 5.2 Income 5.3 Capital 5.4 Property 5.5 Personal Expense Allowance
<b>6.</b>	Deferred Payment Scheme
<b>7.</b>	Independent Financial Advice
<b>8.</b>	Deprivation of income or assets
<b>9.</b>	Third Party Top-Ups
<b>10.</b>	Operation of the Charging Policy
<b>11.</b>	<b>Reviews, Appeals and Complaints</b> 11.1 Reassessments and Reviews 11.2 Appeals 11.3 Complaints
<b>12.</b>	Contact details

<b>Annex</b>	<b>Title</b>
<b>A</b>	Income Disregards
<b>B</b>	Reviews and appeals
<b>C</b>	Disability Related Expenses policy
<b>D</b>	NAFAO DRE policy

## **1. Introduction**

This policy is approved by The London Borough of Merton and is compliant with The Care Act 2014, Care Act Regulations and Guidance. The aim is to provide a consistent and fair framework for assessing and charging all customer following an assessment of individual needs, and individual financial circumstances. The policy applies to all customer equitably.

Section 14 of The Care Act 2014 provides councils with a power to charge for meeting a person's eligible needs in a single legal framework. Section 17 of The Care Act requires local authorities to undertake an assessment of financial resources. This will determine the amount a person should pay towards the cost of providing for their needs for care and support whether provided to people living in their own home or in a care home.

Some of the assessment rules for residential care differ from non-residential but many are the same.

The policy for non-residential services was originally formulated in 2002 under consultation with customer and their carer and prior to the commencement of the Care Act 2014. This has been revised to take account of the requirements of the Care Act 2014 and subsequent amendments.

For the purposes of this policy, an adult is a person aged 18 or over and whose eligible needs are being met through Adult Social Care funding.

## **2. Principles of the Policy**

A key principle applied in this policy is that charges will be based on the full cost of the services being received and a person will pay 100% of this charge where they have been assessed as being able to do so.

The following aims and principles are adopted to ensure a person pays the correct charges:

- Individual financial assessments will ensure that a person contributes in line with their ability to pay. This will be calculated using national guidelines and this policy.
- The full financial assessment will ensure that a person will retain some income. This level is set by the Department of Health and is known as the Personal Expense Allowance (PEA) when in residential care and the Minimum Income Guarantee (MIG) when receiving non-residential care.
- Merton Council will carry out a welfare benefit check on every customer at the time of assessment to ensure income maximisation.
- A person has the right to decline a full financial assessment. If they do, they will be required to pay the full cost of their care.
- Where a person does not provide the Council with sufficient information to determine how much they can pay towards their care, they may be required to pay the full cost of their care. This will be subject to our full cost procedure.
- Annual reviews of the financial assessment will be carried out each April in line with benefit up-rating or as a result of legislative or policy changes.
- The Council will review and update the adult social care fees and charges annually as part of the budget planning process.
- Any information gathered while making financial assessments or the administration of the contribution policy will be handled and processed in accordance with the Data Protection Act 2018 and UK GDPR and the Council's Data Protection Policy.

### **3. Chargeable services**

In summary residential care and most non-residential services funded by the Council to meet assessed social care and support needs.

The following list of services provides examples of services that are chargeable, subject to a completed financial assessment, and is not intended to be a comprehensive list of all chargeable services.

- Permanent residential and nursing care accommodation
- Respite stays
- 24-Hour live-in care
- Short term breaks
- Home care services For example: Personal assistants to enable the person to maintain their independence in their own home.
- Day Centre attendance
- Day Centre Transport
- Supported Living and Extra Care Housing
- Assistive Technology/MASCOT
- Adaptations to the home costing £1,000 or more
- Deep Clean service
- Sitting services
- Shared Lives
- Deferred Payment Agreements (Set-up fee, Administration costs)

#### **3.1 Change in personal circumstances**

If a customer's financial circumstances change, a new financial assessment will need to be carried out. The onus is on the individual (or representative) to advise the Council of any changes in their financial circumstances. The Council will backdate changes that occur as a result of any changed circumstances which the individual has not informing us about (including awards of additional benefit).

If at a later date it transpires that any individual did not declare all their financial details at the time the assessment was carried out or did not advise the council of change in circumstances, a retrospective assessment will be carried out and contributions will be backdated to the date from which the changes / full disclosure was effective.

Where the delay in the financial assessment is due to the customer or representative unreasonable behaviour (such as continuing to cancel the financial assessment appointments without good reason, or not responding to request for financial information) we will normally assess as full cost.

### **3.2 Backdating charges**

Charges will usually date from the start of the service. Backdated charges apply where additional benefits have been successfully claimed. Customers will be advised of this policy in writing and will be required to pay the additional charge from the date they are found to be eligible for the benefit. This may include a period of backdated payment from the DWP.

Where a customer or their representative have not provided correct financial information, backdated assessments and charges will usually apply from the start of the service or from the date any additional assets were acquired.

This may include gifted assets.

- Sometimes, for residential care, we are unable to establish the extent of a person's income in a timely manner but as the resident is receiving full care and board, the charge will be backdated once the information is available to calculate the charge.
- Where it is found, at any time, that a person still has or had, over £23,250 the full cost will be backdated to the start date of the service.
- Each case will be looked at individually and the Council will backdate charges to the person's financial circumstances within a reasonable time and which results in a reduction of charges.

### **3.3 Exemptions from the Charging Policy**

In accordance with the Care Act, care and support provided to meet eligible needs that are normally subject to means tested charging will be provided free of charge if one of the following circumstances applies;

- The person is suffering from a variant of Creutzfeldt-Jakob disease (CJD);
- The services are aftercare services and support provided under section 117 of the Mental Health Act 1983; Except when placed in a preferred accommodation arranged by the local authority. The difference in costs of the placement is payable by the adult and subject to a financial assessment.
- The provision of community equipment (aids and minor adaptations) with a value or cost of less than £1,000;
- Intermediate and reablement care is free for a maximum of 6 weeks but in certain circumstances may be for a longer period.
- Any service or part funded service which the NHS is under a duty to provide.

- This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care;

#### 4. Financial Assessments for Home Care services

A financial assessment is a way of looking at the person's financial situation to decide how much you can afford to pay towards your care and support. We won't ask you to pay more than this amount. The financial assessment will follow the requirements of the Care and Support (Charging and Assessment of Resources) Regulations 2014 and Care and Support Statutory Guidance and requires a person to supply appropriate information. This information is used to calculate what, if anything a person may have to pay towards a service.

The financial assessment will be undertaken in accordance with Sections 14 and 17 of the Care Act 2014 and will comply with the detailed guidance set out in Annex B and C of the Care Act statutory guidance.

If a customer does not wish to have a financial assessment, they will be expected to contribute the full amount of their personal budget.

##### 4.1 Providing information to the Council

Customers will be asked to complete a financial assessment form (fc2a) detailing their income, savings and expenditure. Customers will need to provide related documents including a minimum of six months' bank statements. Customers will be offered support to complete the form and assist with welfare benefit checks.

The collection of information for the financial assessment may be undertaken in different ways including:

On-line	Sent a link to an on-line form to give information
Post	Sent a form to give information and return by post
Telephone	Information may be given over the telephone
Face to face - Council Offices	Appointments are available daily at the Civic Centre offices to assist with completion of the form
Face to face – Home Visit	Where there are complex circumstances or customers would have difficulty in using other forms of assessment, customers may be given an appointment and an officer will visit to collect information

Customers have the right not to provide details about their financial circumstances, in such cases they will be deemed as able to pay for their care costs in full.

#### **4.2 Failure to provide information**

The onus is on the person or their representative to provide all information required for a financial assessment.

Following the National Care and Support Statutory Guidance Section 8 Paragraph 18; *At the time of the assessment of care and support needs, the local authority must establish whether the person has the capacity to take part in the assessment. If the person lacks capacity, the local authority must find out if the person has any of the following as the appropriate person will need to be involved:*

- enduring power of attorney (EPA)
- lasting power of attorney (LPA) for property and affairs/health and welfare
- property and affairs deputyship under the Court of Protection
- any other person dealing with that person's affairs for example, someone who has been given appointee ship by the Department for Work and Pensions.

The Financial Assessment Team will liaise with social services to ensure we are working with the correct person or representative.

A person who has mental capacity to manage their finances or their authorised representative who is responsible for their finances is considered to have refused to co-operate with a financial assessment if he or she without good cause, fail to participate in the assessment process within a stated time scale. This includes where a person;

- Does not agree an appointment to allow the Council to obtain necessary information for an assessment or review despite there being two requests to do so.
- Fails to keep a pre-arranged appointment for the purpose of obtaining information for an assessment or review.
- Fails to provide satisfactory proof of income, capital, expenditure or other information following a written request from the Council.
- Fails to complete and return a financial form either by post or on-line where requested to obtain necessary information for an assessment or review.

In these cases, the 28-day full cost procedure will be applied.

People who elect to receive services provided or commissioned by the Council or who elect to have direct payments, but who do not respond to or co-operate with the part of the process relating to assessment of their means will be assessed to pay the full cost. If notified at a later date that the individual chooses to disclose his/her financial details, the revised assessment will be effective from the date that notification of the request was received, unless good reason is provided.

### **4.3 Full costing due to non-compliance/Light Touch Assessments**

In line with the Care and Support (Charging and Assessment of Resources) Regulations 2014 - *Circumstances in which an authority is to be treated as having carried out a financial assessment (including light touch assessments)*

*10.—(1) A local authority is to be treated as having carried out a financial assessment in an adult's case and being satisfied on that basis that the adult's financial resources exceed the financial limit(17) where—*

*(a) the adult has refused a financial assessment; or*

*(b) the authority has been unable to carry out a full financial assessment because of the adult's refusal to co-operate with the assessment and the local authority nevertheless decides to meet some or all of the adult's needs for care and support, or for support.*

The timeline is as follows;

1. FC2A Financial Assessment form sent to customer for completion.
2. Customer will be given a phone call reminder after 7 days.
3. A chase letter will be posted after a further 7 days.
4. During this time, The Financial Assessment Team will contact the allocated Social Worker/Team to enquire about mental capacity or any circumstances that may be delaying the return of the form.
5. Assess at Full Cost - If there is still no response to our requests after 28 days, we will write to inform the customer that a light-touch assessment has taken place due to the refusal to co-operate with the assessment, and they have been deemed able to pay the full amount for their services. The letter will make clear that they have the right to request a full financial assessment should they so wish.

### **4.4 Calculating Charges**

The financial assessment will consider the person's income, capital and in some cases appropriate expenses.

Where capital included is above the upper limit the person will pay the full cost of the care.

Where capital is below the upper capital limit the basic principles of the financial assessment calculation are:

Income *minus* Expenditure *minus* Allowances *equals* Client contribution.

We use this information to calculate the person's 'Assessed Maximum Weekly Contribution'. This is the most the person would be asked to pay towards their care and support. If their care and support costs less than their 'Assessed Maximum Weekly Contribution', the person would pay the lower amount.

#### 4.5 Income

The treatment of capital and income will be undertaken in accordance with Sections 14 and 17 of the Care Act 2014 and will comply with the Care Act Regulations and the detailed guidance set out in Annex B and C of the Care Act statutory guidance.

We will need to have details of the person's income from all sources such as:

- Personal Independence Payment (PIP)
- Income Support
- Pension Credit
- Job-seeker's Allowance
- Retirement pension
- Occupational pension
- Attendance Allowance
- Disability Living Allowance (care component)
- Employment Support Allowance (ESA)
- Incapacity Benefit
- Income from current employment (earnings)
- Child Tax Credit
- Working Tax Credit
- Universal Credit
- Rental Income
- Severe Disablement Allowance.
- Any other relevant income (this list is not exhaustive)

Everyone will have a certain level of income protected so the person can continue to meet basic living expenses. This is called the Minimum Income Guarantee (MIG).

The level of Minimum Income Guarantee varies depending on a person's circumstances and these amounts are determined within the Care and Support (Charging and Assessment of Resources) Regulations and published by the Department of Health.



This means we can treat people consistently in the financial assessment and make sure that the person has a reasonable amount of money to meet their necessary expenses before the Council works out how much the person can contribute towards the care and support services received.

#### **4.6 Notional assets, savings or income included in the financial assessment:**

If a customer has gifted any savings, investments, income or property to another individual, prior to, or whilst receiving any care services, any such amounts may be included in the financial assessment as though they remain in their own possession.

This is called “notional capital” or “notional income”. Each case will depend upon detailed information and will apply where the customer ceases to possess assets in order to reduce the level of the contribution towards the cost of their care. This may also apply where a customer has spent down their capital more significantly than would usually be the case, with the purpose of paying less for care services. Consideration will be given to relevant circumstances. This is sometimes referred to as deprivation of assets and can include transfer of ownership or conversion from one kind of asset to one that would otherwise be disregarded. In all cases, it is up to the customer to prove to the council that they no longer possess the income or asset and the council will determine whether deprivation has occurred as part of the financial assessment.

Notional capital or income will also be taken into account if a customer is not claiming monies to which they are entitled.

Where notional assets are included in the assessment and the resident is unable to pay for their care and support, the Council may take appropriate steps against the individual(s) who received the gifted monies. The recipient will be liable to pay the difference between what the council charges and up to the value of the gift.

We will consider notional income or capital when conducting financial assessments. These may include:

- income that is due but has not been received.
- income or capital available on application.
- income or capital the individual has deliberately deprived themselves of to reduce the amount they are liable to pay for their care.
- a person of retirement age has a pension plan but has not purchased an annuity or arranged a drawdown of the maximum annuity that would be available.

We will not treat the following sources of income as notional income.

A. Income payable under a discretionary trust,

B. Income payable under a trust derived from a payment made as a result of a personal injury where the income would be available but has not yet been applied for,

C. Income from capital resulting from an award of damages for personal injury that is administered by a court,

D. Occupational pension which is not being paid because:

- (i) The trustees or managers of the scheme have suspended or ceased payments due to an insufficiency of resources; or
- (ii) The trustees or managers of the scheme have insufficient resources available to them to meet the scheme's liabilities in full.

E. Working Tax credit.

Notional income is treated as if it were actual income. Notional income will be calculated from the date it could be expected to be acquired if an application were made. If we include notional capital in the adult's financial assessment, we will reduce the sum of the notional capital weekly, by the difference between the weekly:

- charge the adult is paying for their care, and
- the rate the adult would have paid if the notional income were not applied.

We follow statutory guidance on the treatment of capital.

#### **4.7 Income to be taken fully into account.**

Income includes most state benefits means tested and non-means tested, including:

- State Retirement Pension, Pension Credit, Employment and Support
- Allowance, Income Support (including all premiums for age, family and disability),
- Job Seekers Allowance, Attendance Allowance, DLA and Personal Independence
- Payments (PIP) care component, Universal credit etc.
- And all other Income: (subject to exceptions below)
- Occupational Pensions
  1. Private Pensions
  2. Income from annuities
  3. Trust Income (where applicable)
  4. Rental Income / lodging payments (including other persons in the household)

#### **4.8 Capital**

Capital resources are assets such as money in a bank or building society account, investments, stocks and shares, buildings, land, and so on.

The levels of capital considered with a financial assessment are:

- Capital **below £14,250** will be disregarded (not included) for financial assessment purposes.

- Capital between **£14,250 and £23,250** will be taken into account and a person will be required to pay £1 per week for every £250 of capital owned between £14,250 and £23,250.
- Capital over **£23,250** will be taken into account and a person will be required to pay the full cost of the care package.

A customer's main home or property will be disregarded in accordance with the Care and Support (Charging and Assessment of Resources) Regulations 2014 and Statutory Guidance. The value of any other property owned, or part owned by the customer will be regarded as capital and any rental income will be considered as income for the purpose of the assessment.

If a person is in temporary or respite care the property, they normally live in will be disregarded (not included as a capital asset) where they intend to return to it.

#### **4.9 Disability Related Expenditure**

Disability related expenditure is considered as a necessary additional expense to meet needs that are not being met by the Council that a person incurs due to a disability or condition.

An allowance of £10 will be made for Disability Related Expenditure for customers in receipt of disability benefits such as Attendance Allowance and Disability Living Allowance/Personal Independence Payments (PIP) (care component) and submits on the financial assessment form that they incur disability related expenses.

Customers who feel they have DRE's over £10 per week will be able to submit evidence for each cost and these will be considered on a case-by-case basis.

Expenditure must be reasonable and verified with receipts. Where expenditure cannot be verified or where reasonable alternatives are available at a lower cost or for free, the expense may not be taken into account or may be restricted to a lower cost determined by the Council.

The decision on claims for greater level of DRE will be based on the care plan and in consultation with the Social Worker.

DRE normally only applies in the financial assessment for those with non-residential care.

Information on outgoings and Disability Related Expenses are included in Annexes A and C.

#### **4.10 Joint Accounts**

Financial assessments will still be undertaken on an individual basis regardless of whether one half of a couple is receiving a personal budget, or both parties are.

Only the income of the customer will be considered in the financial assessment. However, the customer is required to identify any income or capital (such as a welfare benefit) that both members of a couple are entitled to jointly.

When assessing one member of a couple:

- 100% of solely owned and 50% of all jointly owned capital and savings will be taken into account (excluding the value of the main home)

- All assessable income appropriate to the cared-for person will be considered.
- An allowance will be made for 50% of the couple's total joint basic household expenditure.

## **5. Financial Assessments for Residential placements**

As with Home Care services, the financial assessment for residential care considers a person's income, capital and in some cases appropriate expenses.

The financial assessment will be undertaken in accordance with Sections 14 and 17 of the Care Act 2014 and will comply with the detailed guidance set out in Annex B and C of the Care Act statutory guidance.

### **5.1 Calculating Charges**

Where capital included is above the upper limit the person will pay the full cost of the care.

Where capital is below the upper capital limit the basic principles of the financial assessment calculation are:

Income LESS Personal Expense Allowance = **Charge**

If a customer does not wish to have a financial assessment, they will be expected to contribute the full amount of their personal budget.

### **5.2 Income**

We will need to have details of the person's income from all sources such as.

- Personal Independence Payment (PIP)
- Income Support
- Pension Credit
- Job-seeker's Allowance
- Retirement pension
- Occupational pension
- Attendance Allowance
- Disability Living Allowance (care component)
- Employment Support Allowance (ESA)
- Incapacity Benefit

- Income from current employment (earnings)
- Child Tax Credit
- Working Tax Credit
- Universal Credit
- Rental Income
- Severe Disablement Allowance.
- Any other relevant income – this list is not exhaustive.

### 5.3 Capital

Capital resources are assets such as money in a bank or building society account, investments, stocks and shares, buildings, land, and so on.

The levels of capital considered with a financial assessment are:

- Capital **below £14,250** will be disregarded (not included) for financial assessment purposes.
- Capital **between £14,250 and £23,250** will be taken into account and a person will be required to pay £1 per week for every £250 of capital owned between £14,250 and £23,250.
- Capital **over £23,250** will be taken into account and a person will be required to pay the full cost of the care package.

### 5.4 Property

Property is a capital asset and may either be included or disregarded within a financial assessment in accordance with Annex B of the Care and Support Statutory Guidance.

The property a person lives in as their main or only home will be disregarded (not included as a capital asset).

However, a property that is not the main or only home that a person lives in, for example, a second property will be included in the financial assessment.

### 5.5 Personal Expense Allowance

The Personal Expense Allowance (PEA) included in the financial assessment is an amount a person may retain for personal expenditure. The amount is set by the Department of Health each year.

For temporary residents an additional Personal Expense Allowance may in some circumstances be considered if the person is unable to meet a particular expense from their capital or income.

Some examples that may be considered include:

- Rent (less Housing Benefit)
- Mortgage costs (less any benefits or assistance payments)
- Water rates and charges
- Council Tax (less Council Tax Support)
- Building insurance (not including contents insurance)

Where expenditure is joint expenditure then it will be divided equally between the liable individuals when considering any additional Personal Expense Allowance.

Permanent residents are not normally considered to have property related outgoings when living in the care home. However, it may be that a person still has outgoings e.g. while a property is for sale, subject to 12-week property disregard or during the notice period for a rented property. In these cases, an additional Personal Expense Allowance may be considered at the discretion of the Council if evidence of actual expenditure is supplied and where a person has no other means to meet the costs for example from their capital.

An allowance for other expense commitments and debts may be made in the financial assessment, if a person incurs unavoidable payments under a court order e.g. child maintenance. All other debts will be looked at on a case by case basis.

## **6. Deferred Payment Scheme**

The Council's deferred payment agreement scheme is subject to eligibility criteria, as defined by the Care and Support Statutory guidance. If the entire criterion below is met, then the Council must provide a deferred payment. These are as follows:

- The applicant must have savings and or capital (excluding the property to be secured) of less than £23,250.00
- Been assessed as needing permanent care in a residential or nursing home and the Council makes a placement.
- Own or have part ownership between customer & another individual of a property that has no property disregard.
- The property is registered with the Land Registry

- The person has mental capacity to agree to a deferred payment agreement or a legal representative who can do so.
- The Council must be able to register a first charge.
- The remaining period of the lease of leasehold property must be a minimum of 99 years when the debt covered by the DP agreement becomes payable.
- The customer will enter into a formal Deferred Payment Agreement with the Council and will consent to the placing of a legal charge (mortgage) against the property until the payment of care home fees has been made in full.
- Deferred Payment Agreements will also incur set up costs, annual administration and monitoring fees and termination costs.
- Interest will accrue on the outstanding amount.

## 7. Independent Financial Advice

Local authorities have a duty to signpost customers to independent financial advice and support (advice that is independent of the council). This is because paying for care is a long-term commitment and customers need to be sure that they can afford the arrangements that are put in place.

Independent financial advisers are impartial and unbiased. Their role is to give the best advice possible about using savings or assets to pay for long term care.

Some services are free and provided by not-for-profit organisations, such as:

- **Money Advice Service** – [moneyadviceservice.org.uk](http://moneyadviceservice.org.uk)
- **Morden Citizen's Advice Bureau** – 0808 278 7831 or at [www.mlcab.org.uk](http://www.mlcab.org.uk)
- **The Society of Later Life Advisers** – [www.societyoflaterlifeadvisers.co.uk](http://www.societyoflaterlifeadvisers.co.uk) or call 0333 2020 454

There are also more formal 'independent financial advisers' (IFA), who charge for advice on financial matters and can recommend suitable financial products.

## 8. Deprivation

The deliberate disposal of income and capital to avoid or reduce care charges is known as Deprivation of Income or Capital. Disposal can take the form of transfer of ownership or conversion into a disregarded form.

In all cases of dispute, it is up to the customer to prove to the Council that they no longer possess the income or asset and the reason for this. The Council will determine whether to investigate further under guidance contained in the Regulation of Investigatory Powers Act 2000.

### **9. Third Party Top-Ups**

Should a customer wish to move into a care home that costs more than the usual weekly rate the Council pays for similar homes that have been sourced by the Council, then the Council's contribution will be based on their usual rate. An arrangement will need to be put in place to pay the excess weekly amount. The 'Usual rate' includes any assessed customer contribution, and in the case of nursing care, includes the Funded Nursing Care (FNC) element paid by the NHS. In these circumstances, the decision on the amount the Council considers appropriate will be communicated to the customer or their representative in writing.

If a customer wishes to live in a care home that costs more than the usual rate, then they can do so providing a third party is able to pay the additional cost for the duration of the placement. The Council has to be satisfied that the home is suitable to meet the person's assessed needs. The third party must agree to meet the cost including any price changes that may occur. The customer and third party will be made aware of the cost and how to make payment. The third party will need to sign an agreement agreeing to the terms and conditions for the third-party payment. The top up will be reviewed annually.

Where a third party top up is to be paid, the Council will normally pay the care home the amount of the Personal Budget less the assessed contribution, which they should collect from the customer, and the third party will need to pay the difference directly to the Council.

If the Council does not believe the third party top up payment is sustainable then it has the right to decline it. This is to safeguard the customer from needing to move location in the future if the top up ceases.

The Council will recommend to the customer or their representative that they should take independent financial advice before they enter into a top up arrangement.

If a customer who is eligible to receive Council funding support decides to reside in another local authority area, the Council will match the rate usual for the local authority area in which the customer chooses to live.

Residents who own a property may be eligible to defer the top up care costs against the value of the property if they enter into a Deferred Payment Agreement.

### **10. Operation of the Council's Charging Policy**

Any charge will start from the day that service commences.

Customers spending their personal budget on services directly provided by the council or arranged by the council will usually receive a four weekly invoice for their contribution, which can be paid by Direct Debit.

Customers assessed as able to contribute to their services will be required to make a financial contribution up to the whole amount of their personal budget subject to their financial assessment.

Where a customer spends their personal budget on two paid carers at the same time, they will be expected to pay the full charge of both carers up to their maximum contribution as calculated in the financial assessment. This is called a double up service.



There will be no maximum charge: customers will pay up to the value of the personal budget subject to their financial assessment.

Where a customer does not pay the invoices for assessed contributions the Council will follow the principles outlined in the Care Act 2014 in seeking recovery of the debt, including initiating court proceedings where appropriate.

If the financial assessment works out the customer contribution to be less than £3 per week, the customer will not have to contribute towards their personal budget.

The charging rules also apply equally to people in 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 as set out in Chapter 8 of the Care and Support Statutory Guidance.

## **11. Reviews, Appeals and Complaints**

### **11.1 Reassessments and Reviews**

Reassessments will be carried out annually every April in line with the Department for Work and Pensions. Most customers will not be required to submit information to the Financial Assessment Team every year, but will be informed of their new contribution amount in writing. If no response is received, then the customer will be deemed to be in agreement with the new assessed contribution.

We will review financial assessments every two years and or;

- in response to changing circumstances (for instance the customer inherits significant capital, or they no longer have a dependent child),
- if the customer requests a review.

### **11.2 Appeals**

If a customer disagrees with their assessed contribution calculation or feels that they have insufficient funds to contribute to their personal budget, they have the right to appeal. This should be done in writing to the Financial Assessments Team.

Appeals will be administered by a senior officer within the team as a review. Following careful consideration of the customer's submission, they will make a recommendation on the outcome of the review. If the customer is still unhappy following the review, then they will be referred to the complaints procedure.

### **11.3 Complaints**

If a customer or their financial representative wishes to complain about the level of service received from the Financial Assessment Team, we ask that where possible, the customer send a written complaint. We will then investigate what went wrong and why. If the customer is not able to put their complaint in writing, he/she can contact us by phone or email. We aim to provide the person with a written response within ten working days and ensure that the complaint is dealt with fairly and efficiently.

Adult Social Care complaints are dealt with under the Local Authority Social Services and NHS Complaints Regulations 2009. These regulations mean that the council has a one stage process for Adult Social Care complaints. The council will provide advice and support and work with complainants and Social Care providers to find effective and swift resolution to complaints.

For information and advice on how to deal with complaints you receive, please contact -

Complaints Team  
Tel: 020 8545 3060  
Email: [complaints@merton.gov.uk](mailto:complaints@merton.gov.uk)

### **12. Contact Details**

If someone requires this policy in easy read format, braille, large print or any other language, please contact us either by writing or by phone using our contact details below.

Financial Assessments Team  
Merton Civic Centre  
Morden  
SM4 5DX  
Tel: 020 8545 3632  
Email: [financial.assessment@merton.gov.uk](mailto:financial.assessment@merton.gov.uk)