

Factsheet: How Adult Social Care Charging Works

If you have any queries about the information in this factsheet, please see our [Contacts Page](#) which explains who to contact.

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1. Introduction

Social care services, unlike health care, are not free for everyone. The amount you are charged depends on two things:

The type of care you need:

- We will not charge you at all for some types of care, which are fully funded by the council or the NHS (see the list below).
- We will charge you for other types of care.

Your personal financial circumstances:

- When we do charge, we only charge you what you can afford to pay, and we fund the rest. We work out what you can afford by carrying out a means test called a Financial Assessment. This process is governed by the Care Act 2014.
- You might be charged nothing, a contribution towards the cost of the care, or the full cost of the care.

See our [flowchart](#) for an overview of the process.

2. Which types of care are free?

The Care Act 2014 states that the following types of care must be arranged free of charge:

- Intermediate care, including reablement, for the first 6 weeks.

Intermediate care is support provided for a short time to help a person increase their independence.

It may be required after a fall, acute illness or hospital stay.

Alternatively, it may be provided to allow the person to remain at home when they start to find things more difficult, or avoid going into hospital unnecessarily.

More information is available from:

[NICE \(National Institute for Health and Care Excellence\)](#)

[NHS](#)

- Community equipment (aids and other minor adaptations). Minor adaptations are those costing £1,000 or less.
- Care and support provided to people with Creutzfeldt-Jacob Disease
- After-care services/support provided under section 117 of the Mental Health Act 1983.
- Any service, or part of a service, which the NHS is under a duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care.
- More broadly, any services which a local authority is under a duty to provide through other legislation

- Assessment of needs, financial assessment and working out a care and support plan
- The council will not charge for services provided directly to carers to support them. (This does not include respite care for the cared-for person)

3. Which types of care are always charged for?

- Telecare is charged for at a fixed price. [Click here to see our Careline pricing structure.](#)

However, if you also receive means-tested chargeable care (see below), the cost of Telecare may be taken into account during the financial assessment as a disability related expense.

4. Which types of care are charged for, according to what I can afford?

All other types of care are charged for, according to what you can afford (based on your Financial Assessment under the Care Act 2014).

Some examples of care we charge for are:

- Care in a residential or nursing care home, or respite centre
- Care provided in your home
- Day care
- Supported living
- Shared Lives
- Transport (for example to day care)

The rest of this factsheet applies if you receive care which is charged according to what you can afford.

5. How does the financial assessment work?

The purpose of the financial assessment is to work out your “Maximum Assessed Contribution” – the most you can afford to pay per week towards the cost of your care.

Your contribution is personal to you and is based on your assets, weekly income and weekly expenses (including any disability related expenses).

We will start by contacting you (or your legal representative) to request the information and evidence we need. This can be done online or using a paper form.

The method we use to calculate your contribution is governed by two things:

- the Care Act 2014. This lays out the basic calculation process, which kinds of income, assets and expenses must be taken into account and which must be ignored.
- Southampton City Council’s Adult Social Care Charging Policy, which explains our approach in the areas where the Care Act 2014 gives us discretion to make our own decisions. Our local discretion is mainly limited to charges for non-residential care (care outside a care home).

Once the financial assessment is complete, we will write and tell you your maximum assessed contribution. This could be:

- Nothing (if you are on a very low income)
- A contribution towards the cost of your care
- The full cost of your care

We will also let you know how much the care is costing in full, although that figure is subject to change over time.

If you do not want to have a financial assessment, you will be charged the full cost of your care.

For more details, please see:

- Factsheet: How Financial Assessments Work (see the [Paying for your social care services](#) page)
- Our [Charging Policy page](#), which provides links to the Southampton City Council Adult Social Care Charging Policy, and information about the Care Act 2014

6. What if I don't supply the information for the financial assessment?

If you have any concerns, queries or difficulties regarding the financial assessment, we encourage you to seek help from someone you trust, or to contact us so that we can provide additional support.

We will contact you a number of times if we do not hear from you. However, if eight weeks have passed since we requested your information, and we have not received it, and you have not contacted us with a reasonable explanation for the delay, we will issue charges for the full cost of your care, from the start date of the care.

These charges will be adjusted if we are able to complete a financial assessment at a later date, which establishes that you can only afford to pay a contribution towards the cost of your care.

7. How much will I actually be charged?

For most people, we will charge you your maximum assessed contribution each week (the amount worked out by your financial assessment).

However, there are two exceptions affecting a minority of people. The rest of this section only applies to these people:

- If you have been assessed as able to afford the full cost of your care, we will invoice you for the actual weekly cost of the care. We may also charge a fee to cover the administrative cost of arranging your care. Please see our Factsheet: Full Cost Customers and Self-Funders for more information (see the [Paying for your social care services](#) page)
- If the cost of your care is less than your maximum assessed contribution, we will only invoice you for the actual cost of the care. The most common reasons for this are:

- Long-term, if you have a small package of care or a relatively high contribution amount.

Example:

Miss Booth receives one day of day care per week, which costs the council £60 per week.

Her maximum assessed contribution is £90 per week. This means she can afford to pay £90 per week towards the cost of her care (based on her latest financial assessment).

Because her contribution is higher than the cost of care, she will normally be charged the cost of care – that is, £60 per week.

- Temporarily, if you have less care than usual in a particular week

Example:

Mr Williams receives home care which costs the council £100 per week.

His maximum assessed contribution is £75 per week. This means he can afford to pay £75 per week towards the cost of his care (based on his latest financial assessment).

He will normally be charged £75 per week and the council will fund the remaining £25.

If he is away for a few days and only receives half his usual weekly visits, his cost of care that week would only be £50. Because this is below his contribution, he would only be charged £50 for that week.

Cost of care

If you are being charged the cost of care rather than your contribution, please note the following:

- The cost of your care will be the amount we pay your provider (excluding any VAT)
- Our Rates Document (updated annually) includes an illustration of the typical rates we pay providers for different types of care.
- The amount we pay the provider is subject to change.
- The cost of care can fluctuate according to the amount of care you receive. For example, you might have less care in a particular week if you are away, or more care due to an emergency.

- If your cost of care increases to the point where it is higher than your contribution, your charges will then be capped at the contribution amount.

Example:

Mr Singh receives home care which costs the council £100 per week.

His maximum assessed contribution is £110 per week. This means he can afford to pay £110 per week towards the cost of his care (based on his latest financial assessment).

He will normally be charged £100 per week (the cost of his care)

Let's say the provider's price increases and the cost of care goes up to £120

This is now above Mr Singh's maximum assessed contribution, so from this point we charge his contribution amount - £110 per week.

8. How do I pay my charges?

There are two different options:

Direct Payment customers:

- If you have chosen to receive a direct payment from us so that you can arrange your own care, we will pay you every four weeks. Each week's amount will be your personal budget (the total weekly amount required for the care you need) minus your contribution.
- You then need to add your contribution to these funds before paying your care providers.
- For more information about Direct Payments can be found [here](#).

Customers whose care is arranged by the council:

- We will pay your providers, and send you an invoice for your contribution towards the cost of the care.
- We issue invoices twelve times per year, each one covering four or five weeks of care you have already received.
- Payment instructions will be included on the invoice.
- Invoice and payment queries should be addressed to our Customer Payment and Debt team. See our [contacts page](#).

9. When does charging start?

Charges will apply from the first day that your care is delivered.

You will usually receive a letter informing you of your charge within..... but it can take longer if you haven't provided all the information and evidence that we need. If you are moving permanently into a care home, we are able to work out what your minimum contribution is likely to be (based on the income levels which the benefits system ensures). So we start charging at that minimum rate from when your care starts, while the financial assessment is carried out. Once we have established your weekly contribution, your charges are adjusted.

If you are receiving non-residential care, we are unable to predict a minimum contribution and so there will be a delay before you receive the first invoice. Once we have completed the financial assessment and established your weekly contribution, you will receive an invoice for the charges since your care started.

10. What if I have to cancel my care – will I still be charged?

There may be times when your care does not happen, for example if you have a holiday, or go into hospital. We only charge you for cancelled care if:

- a) We need to continue to pay the provider to keep your placement open. This applies to residential care (where you live in a care home), supported living and Shared Lives.
- or
- b) You have cancelled day care or home care (for reasons other than being unexpectedly admitted to hospital) without giving the provider 24 hours notice.

If you are paying a contribution towards the cost of your care, a temporary reduction in your level of service/care may not always result in reduced charges. This is because each week we charge either the cost of the care or your contribution, whichever is lower.

Example:

Mrs Andrews attends day care three days per week

The day care costs the council £50 per day, totalling £150 in a normal week

Mrs Andrews has a maximum assessed charge (contribution) of £75 per week so she is charged £75 per week towards the cost of her day care

Suppose Mrs Andrews misses some of her day care (having given 24 hours' notice to her provider)

If she attends for two days, the cost of care is £100. This is still above her contribution of £75 so her weekly charge does not change.

If she attends for only one day, the cost of care is £50. This is below her contribution so her charge that week is reduced to £50.

11. Where can I get further advice?

You are recommended to seek financial advice independently. See our [Independent Help and Advice page](#) for some organisations who may be able to help.