

Factsheet:

Full Cost Customers and Self-Funders

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. What do Full Cost and Self-Funder mean?

These terms are relevant if you have had a financial assessment which determines that you can afford to pay the full cost of your care.

The most common reasons for this are:

- a) You have elected not to have a financial assessment (for example because you know that your assets are above the £23,250 threshold)
- b) We have carried out a financial assessment and determined that you have assets above the £23,250 threshold, or a high level of income
- c) You did not submit the information needed for the financial assessment, and after regular reminders and offers of help, after 8 weeks we had to determine by default that you can afford to pay the full cost of your care. (If this is not the case, it can be remedied by submitting your financial assessment information).

Once we have established that you can afford the full cost of the care you need, then you have two options:

- You can arrange your own care and deal directly with the provider of your choice. We recommend this option because it gives you choice and control over your care. This makes you a “Self-Funder”.
- In some cases you can ask the council to arrange your care. We will invoice you monthly for the full cost of the care. This makes you a “Full Cost” customer.

There is more information below about these two options.

2. I’m a self-funder: What are my options for arranging care?

You are free to choose your provider and liaise with them directly over the setup of your care, the costs and any ongoing changes you want to make. The council will no longer be involved.

When choosing your care provider, please be aware that should you need council funding in the future, this funding will be based on the care levels required to meet your eligible needs. If the care you have arranged is above this level, we are unlikely to be able to fund the additional care. This may mean changing your provider. Please see further information below about the Capital Depleter process.

2.1 Advice and help with choosing your own care provider

Points to consider, include:

- If you need care in a care home, we recommend that you visit several potential homes. Think about questions you want to ask, for example about the food, the activities arranged for residents and whether you will need to share a room. How much does it cost? How much do prices go up each year?
- There is a free booklet called 'The Guide to Residential Care', which lists all residential and nursing homes in Southampton, Portsmouth and Hampshire. This can be obtained by contacting Adult Social Care (see our [Contacts Page](#)).
- The Care Quality Commission (CQC) carry out annual inspections on all care homes. You can view their most recent inspection reports on [the CQC website](#), or contact them on 0300 061 6161 to obtain a paper copy of a report. The CQC also regulate many non-residential care providers.
- We strongly encourage you to seek independent advice before signing a contract with a care provider. Many voluntary organisations can help, such as the Citizens Advice Bureau, Alzheimer's Society, Age UK, Mencap, SPECTRUM – Centre for Independent Living. See our [Independent Advice and Guidance page](#) here.
- Social workers and Independence Advisors cannot give personal recommendations for any individual care home as this is a decision which is very personal to you.

3. I'm a self-funder: What happens when my assets reduce (capital depletion?)

If you are a Self Funder, paying for your own care and living within the Southampton City Council boundary, and your assets are reducing to the point where they are within 3-6 months of reaching the £23,250 threshold, please contact the council. If you have chosen to move to a care home outside Southampton, you are now resident in a different Local Authority and you need to contact them in the first instance.

You can find out which Local Authority area you live in, [here](#).

If you are not sure how to work out roughly when your assets will reach £23,250, here is an example:

Mrs Rose has a bank balance of £38,250.

This is £15,000 above the threshold value of £23,250.

Her residential care home fees are £1,000 per week.

She pays £250 per week from her weekly income, and the other £750 per week out of her bank balance.

So every 10 weeks her bank balance will reduce by £7,500.

As she is currently £15,000 above the threshold, this will cover her care costs for the next 20 weeks.

20 weeks is just under 5 months, so she should contact the council soon.

3.1 The capital depleter process

- a) We will carry out a Care Act Assessment to determine whether you have eligible needs (and will therefore qualify for council funding once your assets reach £23,250).
- b) We will ask you for the financial information required to assess the exact date when your assets will reach £23,250.
- c) If you have eligible needs, we will work with you to produce a support plan outlining the care and support you need.
- d) We will work with your existing provider to review your care provision against the new support plan to see if it is:
 - (i) Meeting your needs, and
 - (ii) A reasonable cost
- e) If the care you have been receiving is not meeting your needs, we may need to make changes, and we will arrange this with you.
- f) If the care you have been receiving is excessive for your needs and costing more than we would normally fund, we may need to make changes. This is because we have a duty to spend public money wisely. If changes are needed, your options are:
 - (i) You can arrange for a third party (usually a family member) to pay a “top-up cost” to fund the difference between the care needed to meet your eligible needs, and the care you have become used to. Note: Our [Rates Document](#) gives an indication of the average rate we usually pay for different types of care, as a rough guide. Click here to see the details.
 - (ii) We will work with you to find a new provider that can meet your needs within the rate we can fund. In some residential care cases this may mean moving to a different care home.
 - (iii) In exceptional cases, if top-ups are not an option, and we consider that your best interests are served by staying where you are, we will continue to fund the higher level of care.

- g) We will update your financial assessment to calculate your contribution – the most you can afford to pay per week towards the cost of your care. This contribution will apply from either the date your assets reach £23,250, or the date you contacted us, whichever is later. See our Factsheet: How Financial Assessments Work (on the [Paying for your social care services](#) page) for more information about how this is done. From this point you cease to be a self-funder.
- h) We will start invoicing you monthly for your contribution, and the council will fund the difference between the cost of your care and your contribution. See our Factsheet: How Charging Works (on the [Paying for your social care services](#) page) for more information.

4. What if I'm Full Cost and I want the council to arrange my non-residential care?

If you are able to afford the full cost of your care (usually because you have assets over £23,250 or a high weekly income), and you need non-residential care, you do have the option to ask the council to arrange your care.

We will charge you a £250 administration fee to cover the cost of finding a provider and setting up your care. This fee will be charged again if your care needs change and that activity has to be repeated.

Once your care starts, we will invoice you monthly for the full cost of your care (the amount we pay your provider, excluding any VAT). The cost of care can change over time – please see our Factsheet: How Charging Works (on the [Paying for your social care services](#) page) for more information.

5. What if I'm Full Cost and I want the council to arrange my residential care?

We will only arrange residential care for Full Cost customers under the following circumstances:

- a) If you do not have mental capacity for financial affairs, and currently have no legal representative who can act for you. In this case we will arrange your care and pay your provider until such time as you have a legal representative in place. Then we will issue invoices for the cost of your care since it started.
- b) If you want to apply for a deferred payment loan. See below for more details.

What is a deferred payment loan?

This is an arrangement you may wish to consider if you are in the following situation:

- you need to move permanently into a care home, and
- you are expected to pay the full cost of your care because you have a property which counts as an asset, and
- you do not want to sell that property, and
- you do not have enough weekly income to pay for your care

Under these circumstances you can apply to the council for a deferred payment loan.

If approved, we will pay for your care, using your home as security for the loan, and eventually recover the cost when your home is sold.

See [here](#) for all the details about deferred payment loans.

It is essential that you seek independent financial advice before considering a deferred payment loan to pay for our care. Further sources of information and help can be found on our [Independent Help and Advice page](#).