



Contributing towards your care

Non-Residential Care & Support Services

Perth & Kinross Health & Social Care Partnership is committed to providing the care you need when you need it, now and into the future.

The biggest proportion of the costs of the support you need from us will be met from Council budgets. However, demand for services is increasing at the same time that Council funding is falling. This means that where someone can afford to make a contribution to their care services, we have to ask them to pay that amount. In this way the care and support you need, will continue to be available.

The contribution we ask you to make will be no more than you can afford to pay, based on an assessment of your financial situation.

The Contributions Policy sets out how we will apply this for everyone who receives support at home, or in the community, provided by or organised by Perth & Kinross Council. This factsheet is intended to give you some information about the Policy.

What does it mean for me?

If you receive adult care services in your home or community, you will be asked to make a contribution towards your overall package of support. The amount you will be asked to contribute will be determined by a financial assessment. Your financial assessment will include a check that you are receiving all benefits or discounts to which you are entitled.

If the only services you receive are the delivery and/or installation of Occupational Therapy equipment then you will be asked to pay a flat rated charge.

What am I paying for?

You are being asked to pay a contribution towards the cost of providing the range of supports which help you to meet your individual needs. The contribution is calculated at the start of the financial year (April-March), or the date your supports are going to start, based on your planned supports. We will send you one annual invoice for your contribution, which you will be asked to pay up over the year. As we cannot allocate your place to other clients when you are not using them then we cannot give a discount or refund for dates you do not attend or receive a service.

What won't I be paying for?

There are a number of exemptions to the Contributions Policy, including:

- No contribution towards personal care services (eg assistance with dressing, washing, food preparation etc) which is covered by the Scottish Government's Free Personal Care policy.
- All non-residential services received by people subject to compulsory supervision or detention, those receiving time limited support to recover from mental health/substance misuse or engaged in a recognised employability project.

For a full list of exemptions, please see the Contributions Policy which is available online at www.pkc.gov.uk/carecharges or on request by contacting the Assessment & Charging Team on 01738 476888 or HCCAssessment&Charging@pkc.gov.uk

How is my payment worked out?

To ensure that you are not asked to pay more than you can afford to you will be offered a financial assessment. This involves an Assessment Officer discussing your income and savings with you to calculate your individual contribution amount. This calculation is done in line with national guidance to ensure that it is fair and consistent.

When will I know how much I have to pay?

After your financial assessment we will write to you to let you know how much you are being asked to pay and how this amount has been calculated. If your needs are reviewed and your package of support changes then the amount will be reviewed. As the contribution is based on your overall package of care and your ability to pay, the cost to you might not change.

If you were receiving care and support prior to 1 February 2014

As you were receiving care and support services for which you paid a charge before the start of the Contributions Policy, you were not immediately affected by the introduction of contributions. This transitional protection remains in place until your package of care is reviewed and changed. Any change in the care and support you receive, e.g. an increase or reduction in supports, means that what you pay will be re-assessed under the new policy. A Financial Assessment Officer will meet with you at that stage to discuss what this will mean for you.

How to pay

You will receive one invoice a year, showing your options for paying. The default payment method is four weekly, and we would recommend paying these instalments by Direct Debit. Direct Debits are the simplest way of making regular payments, as the money will be paid to the Council automatically without you having to remember to make a payment each month. This method of payment also costs the Council less money in terms of administration costs, which means that more money can be spent on providing front line services to the people who need them.

What if I can't pay?

Please be assured that we do not want to ask people to pay more than they can afford to. If you are worried about not being able to pay the contribution amount calculated please speak to us as soon as you can so that we can look at your individual situation again.

It is also important that you tell us as soon as possible about any changes in your financial circumstances, e.g. the loss or a reduction in benefits, as any changes to your income will affect your ability to pay and we will need to recalculate your contribution amount in light of this.

We are happy to answer any questions you have about the Contributions Policy. Please speak to the person who you normally discuss your care needs with in the first instance. Alternatively, you can contact the Assessment & Charging Team directly on 01738 476888.



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Information for Self-funding Clients in the Community

What does self-funding mean to me?

If you have either declined the opportunity to complete a financial assessment, or have assessable capital higher than £28,500, you are responsible for paying the full cost of your chargeable care and support services, as per your Personal Outcome Plan agreed with your Key Worker.

Whilst you remain living in the community, the following services are exempt from charges:

- All non-residential services received by people in receipt of Palliative Care (where a DS1500 form has been completed by the person's doctor).
- All non-residential care services received by people suffering from any form of the Creutzfeldt Jacob Disease (CJD).
- All non-residential services received by people subject to compulsory supervision or detention, those receiving time limited support to recover from mental health/substance misuse or engaged in a recognised employability project.
- All personal care services (e.g. assistance with dressing, washing, food preparation etc) as defined by the Scottish Government's Free Personal Care policy.
- All services received as part of a reablement package for up to 42 days.
- Any new, intermediate, or additional non-personal homecare services provided to a client aged 65 or over on the day of discharge from hospital, following an admission of 24 hours or more for treatment, assessment or rehabilitation, or surgery as an NHS day case, for up to 42 days.
- Services provided by our Rapid Response Social Care Officers
- Housing Support (floating support) where these services are offered on a short-term basis.

Is any of your capital life-assured?

Capital with life assurance is fully disregarded from the financial assessment and will not be included in your calculation. If you have included capital which has life assurance attached, when you have determined that you will be self-funding, please contact us urgently to have your contribution reassessed.

Do you own your own home?

The value of your main residence is fully disregarded from the financial assessment and will not be included in your calculation. If you have included the value of your main residence, when you have determined that you will be self-funding, please contact us urgently to have your contribution reassessed.

If you are moving into either amenity, retirement, sheltered or very sheltered accommodation, the value of your home is disregarded for the first 12 weeks of tenancy, with your contribution calculated on your

income and other capital only. If you have included the value of your property when you have determined that you will be self-funding, please contact us urgently to have your contribution reassessed for the initial period.

Do you require assistance with personal care?

If you are under aged 65 and have a long-term health condition or disability, you may qualify for Personal Independence Payment (PIP). This can be paid to you whether or not you are working and it isn't affected by income or savings.

You need to phone the Department for Work and Pension (DWP) on 0800 917 2222 in order to make a claim. Someone else can do this for you if you are unable to use a phone.

If you are aged 65 or over, you could get Attendance Allowance instead. You can complete an Attendance Allowance Claim Form at <https://www.gov.uk/government/publications/attendance-allowance-claim-form>

Alternatively, you can contact the Department for Work and Pension's (DWP) Attendance Allowance Service Centre by phone on 0800 731 0122 to request a claim form.

Change of Circumstances

If your circumstances change at any point, please contact a member of the Assessment & Charging Team on 01738 476888 or HCCAssessment&Charging@pkc.gov.uk immediately, in order to ensure that your contribution is calculated correctly.