

PROCEDURE TITLE	PRICING & CHARGING POLICY (Appendix A)
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PURPOSE	Charging Policy for Residential and Community based services
SCOPE	Adult Social Care services in the community and long and short term residential care, Direct Payments, Supporting People, Deferred Payments, Telecare, Carers and services for those deemed as full cost payers.
POLICY SUPPORTED	Top up Policy, Deferred Payment Policy, Personal Budget/ Direct Payment Policy
RESPONSIBILITIES	Director of Adult Social Care and Independent Living
ENQUIRY POINT	Alison McCudden, Service Manager, Social Care Business Support and Finance
KEYWORDS	Charging, The Care Act 2014, Fees

PROCEDURE APPROVAL			
APPROVED BY		POSITION	
SIGNATURE	V3/23.2.15/Amc	DATE APPROVED	

COMMUNICATING WITH CUSTOMERS OR CARERS

When following this policy, if you need to communicate with customers or carers, it is essential that the communication is made in a way that is understandable to them. For example, where people may be from a different ethnic origin, it is essential to find out whether or not their first language is English. If it is not, it will be appropriate and essential to enquire whether written or spoken communications need to be, or would best be, in their first language.

If the customer has a learning disability, you will need to make sure that any written communication is in an appropriate form and consider whether it would be advisable to have an Advocate available for any discussions.

Our Communication and Information Strategy requires that we should make information accessible to all. We have, therefore, contracted with a number of organisations to provide translation and interpretation services, and to transfer information into alternative formats such as large print or Braille. If you are unsure about the conventions which are acceptable to people from other cultures or religions, guidance is available from Communications: communications@cheshireeast.gov.uk.

DEFINITIONS

Charge	The amount of personal contribution required from a customer for a particular Council-provided service, dependent on their assessed ability to pay
Price	In the context of Council-provided services, this is the amount required from a customer's Personal Budget to purchase a service, regardless of their ability to pay through a financial assessment
Personal Budget	The agreed amount of funding available to meet a customer's assessed eligible social care needs, net of their own personal contribution

APPENDICES

Appendix 1	Community Charging explained
Appendix 2	Scheme of Fees and Charges (to be agreed)

POLICY

1. INTRODUCTION

- 1.1 The Care Act received Royal Assent in May 2014. Regulations and statutory guidance were published on 23 October 2014. The Care Act fundamentally reforms Adult Social Care: it repeals all current legislation dating back to 1948, and sets out a series of new duties and powers for local authorities. These fall into two categories: 'reform of duties in respect of adult social care and support', which comes into force from April 2015; and 'reform of adult social care funding', which is about changes to the eligibility for social care funding and reforming the way in which people pay for care, which come into force from April 2016.
- 1.2 The Care Act is to be implemented in the context of the Council aiming to keep people healthy and independent for as long as possible and reduce the need for adult social care; giving service users greater choice over the services they use and greater control over their lives; and making sure that services are safe and effective.
- 1.3 The Care Act introduces a new national eligibility criteria and a minimum threshold to ensure that there is transparency and clarity about who is eligible for local authority funded care and support and that there is consistency in decision-making. These are set out in the Care and Support (Eligibility Criteria) Regulations 2014, and are based on how a person's needs affect their ability to achieve relevant outcomes and how this impacts on their well-being.
- 1.4 The Regulations also set out new national criteria for carers to determine eligibility for local authority funded support, which are based on the impact that a carer's needs have on their well-being.
- 1.5 Councils are required to take care to ensure that any charging policy is reasonable, to ensure their charging policies are demonstrably fair between different customers and within the overall objectives of social care i.e. to promote the independence and social inclusion of customers which are not undermined by poorly-designed charging policies.
- 1.6 Cheshire East Council operates a charging policy designed within the parameters of The Care Act 2014 guidance effective from 1st April 2015 and previously within the parameters of the Department of Health Fairer Charging and Charging for Residential Accommodation Guidance.
- 1.7 Cheshire East Council intends to implement a Resource Allocation System (RAS) from April 2016.

New Charging Framework

- 1.8 The Care Act gives local authorities the power to charge for services for care and support and replaces existing provisions.

- 1.9 The overarching principle is that people should only be required to pay what they can afford. People will be entitled to funding from their local authority based on a means-test and some will be entitled to free care. The accompanying Department of Health guidance includes the principles to be adopted by local authorities when deciding when to charge, the requirements for appropriate information and advice and the financial assessment process.

National Deferred Payment Agreement

- 1.10 The Care Act introduces a national Deferred Payment Agreement scheme across England (replacing local schemes) and local authorities are required to offer a deferred payment to people who meet specified criteria.
- 1.11 Deferred Payment Agreements offer flexibility for when and how someone pays for their care and support such that the costs can be deferred until death. It is designed to avoid people being forced to sell their home during their lifetime, however many people choose to enter into an Agreement to give them the time and flexibility to sell their home when they choose.
- 1.12 Where an Agreement is taken out, a legal charge is placed on the individual's property to secure the debt. When the local authority is reimbursed for the accrued fees, the legal charge is lifted. The accompanying Department of Health guidance sets out the details including the circumstances in which a Deferred Payment Agreement can be considered or refused and how adequate security must be put in place.
- 1.13 Under legislation prior to the Care Act, local authorities had the power to offer Deferred Payment Agreements. Cheshire East Council has offered a Deferred Payment Agreement scheme for a number of years, and existing policies and procedures have been amended to reflect the Care Act. People who have deferred charges prior to 1.4.2015 will be supported over a 3 year period to new legislation.

Capital threshold for care and support

- 1.14 The overarching principle is that people should only be required to pay what they can afford. People will be entitled to financial support based on a means-test and some will be entitled to free care. The accompanying Department of Health statutory guidance includes the principles to be adopted by local authorities when deciding when to charge, the requirements for appropriate information and advice and the financial assessment process.
- 1.15 For people with assessed eligible needs, the amount of funding they are entitled to from their local authority is means tested. Most people pay something towards the cost of their care and support and many people pay the full costs. Under current legislation, those with assets over £14,250 can be required to make a contribution towards the costs of their care and support, some people with sufficient income living in the community but with less than £14,250 can be required to make a contribution, and those with assets over £23,250 can be required to meet the full costs. Under the Care Act, from April 2016, these figures will rise, with the upper capital threshold limit expected to be set at the £118,000 for people in residential

and nursing care who have a property which can be taken into account, all other people in the community or in a period of property disregard will have an upper capital threshold limit of £27,000 and the lower threshold will be set at £17,000. This means that more people will be entitled to a greater proportion of their funding from their local authority.

The new cap on care costs

- 1.16 From 1 April 2016 there will be a limit on the cumulative total that people pay for their care and support. This limit is called the care cap. Once the cap is reached, the local authority will then pay for an individual's care and support
- 1.17 The care cap amount has not yet been finalised by the Government. However, there are likely to be different caps: for young adults that need care and support from their 18th birthday; for working age adults; and for adults aged 65 years and over. The Government has suggested the cap for this group should be set at £72,000.

Independent Personal Budgets and Care Accounts

- 1.18 For those people making a contribution to the costs of their own care and support but yet to reach the cap, the Care Act introduces Independent Personal Budgets and maintenance of Care Accounts.
- 1.19 The Independent Personal Budget is an amount of money that has been identified, relating to an individual following a social care assessment of need. This budget will determine the reasonable costs that can be counted towards the care cap and then count the cumulative costs of care and support to monitor progress and determine when the cap has been reached. The Council will keep track on how people progress towards the care cap through individual care accounts.
- 1.20 Reasonable costs will be determined following a social care assessment, and are the minimum that the local authority would have to pay if it were meeting the full costs of someone's care and support i.e. if an individual has chosen to spend extra then this will not count towards the cap. For those in nursing or residential care it includes only the costs of care and support and does not include "general living costs" (i.e. the amount that someone would have to pay for accommodation, utilities and food if they were living in their own home.)
- 1.21 It is anticipated that these changes will result in the numbers of people coming forward for an assessment of eligible need increasing in 2015/16 as people will wish to ensure that their Care Account is set up.
- 1.22 The legislation preceding the Care Act, under which support for carers of adults was provided, is repealed from 1 April 2015 and local authorities will work to the national eligibility criteria for carers of adults in need of care and support as set out in the Care and Support (Eligibility) Regulations 2014. Where an adult is found to have care and support needs following a needs assessment (or in the case of care, following a carer's assessment), the local authority must determine whether those needs are at a level sufficient to meet the 'eligibility criteria' under those

Regulations. The intention of the Government is that threshold for eligibility for local authority funded care and support continues to meet needs similar to 'Substantial' and 'Critical' levels.

- 1.23 Under the Care Act, local authorities will not have a duty to charge for residential and nursing care, but will have the power to charge for residential, nursing and non-residential services.
- 1.24 The accompanying Department of Health guidance includes the principles to be adopted by local authorities when deciding when to charge.
- 1.25 After charging, a person living in the community must be left with the minimum income guarantee, equivalent to income support/the individual applicable amount plus a buffer of 25%. Local authorities should consider whether it is appropriate to set a maximum percentage of disposable income (over and above the guaranteed minimum income) that may be taken into account in charges, and whether a maximum charge is appropriate. Cheshire East Council will charge 97% of disposable income and does not have a maximum level of charges.
- 1.26 The Care Act also gives local authorities the power to charge for services to carers. The accompanying guidance states that when deciding whether to charge, and in determining what an appropriate charge is, "a local authority should consider how it wishes to express the way it values carers within its local community as partners in care, and recognise the significant contribution carers make". Cheshire East Council does not propose charging for Carer's Services.

2. Background

Regulatory Framework and Statute – Non-Residential Services

- 2.1 Local authorities had discretionary powers to charge adult recipients for non residential services under Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA Act 1983). From 1st April 2015 the discretionary power to charge adult recipients for meeting their needs is under section 14(1) of The Care Act 2014 and all prior regulation is repealed.
- 2.2 Cheshire East Council Adult Services supports fully the personalisation agenda, offering more people the opportunity to take control of their care through a Direct Payment of cash instead of commissioned services. Direct Payments are made net of an individual's assessed contribution with the customer being required to pay their weekly contribution into the Direct Payment account to ensure the care needs are fully covered.
- 2.3 The Council has a scheme of delegated fees and charges which are normally subject to annual inflationary increases. 2015/16 Schedule of fees and charges are attached at appendix 2.

Regulatory Framework and Statute – Residential Services

- 2.4 From 1st April 2015 the discretionary power to charge adult recipients for meeting their needs is under section 14(1) Care Act 2014. The Care and Support (Charging and Assessment of Resources) Regulations 2014 and the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 set out additional conditions that Local Authorities are to adhere when charging adult recipients for non residential and residential services.

3. **Responsible Officer and Review Mechanisms.**

- 3.1 The following Officers have the authority to approve the annual fees and charge reviews:

Director of Adult Services and Independent Living

Executive Portfolio Holder with responsibility for Adult Social Care Services

- 3.2 Each year (normally by the end of December, to coincide with the normal budget-setting process) the Responsible Officers will submit to the Executive Portfolio Holder a Scheme of Fees and Charges for approval. Once approved, these will be published.

4 **Scope of Services**

- 4.1 Adult Social Care services in the community and long and short term residential care, Direct Payments, Supporting People, deferred charges, Care4CE services, telecare, carers and services for those deemed as full cost payers.

5 **Factors Influencing Charging**

- 5.1 Most people will be expected to pay at least something towards the costs of their care in the community, or in a care home, from their income and capital. Individuals with more than the upper capital limit as defined by the Department of Health are expected to meet the full cost of their care but may choose the Council to commission care services on their behalf. This is following an assessment of need which determines their eligibility and via a means test if the Council is involved with arranging the placement.
- The exceptions to this requirement are set out below:
 - **Intermediate Care including Reablement:** For up to six weeks' intensive support to enable an individual to recover from an acute episode and be independent
 - **Community Equipment (aids and minor adaptations).** Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one 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 service which the NHS is under a duty to provide.** This includes Continuing Health Care 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 may not be charged for under the Care Act 2014.
- **Supported Employment** Free of charge.
- **Continence Services:** The NHS is responsible for providing and meeting the cost of any continence supplies and services that individuals are assessed as requiring, including any equipment needed
- **Specialist Medical Equipment in Care Homes:** A care home providing nursing must produce a Statement of Purpose, which explains what equipment and facilities it will provide. It should also make general alterations and adaptations to allow appropriate access to facilities for its residents

5.2 The Council will take account of all income in the assessment of means, with the following exceptions:

Disregarded Income:

- Applicable amount plus 25% as set by DH for individuals living in the community to ensure they have sufficient income to cover ordinary living needs
- Earned income
- The Defined Personal Expenditure Allowance as set by the DH for those individuals supported by the Council in long or short term residential/nursing care
- War Widows' Special Payments/ Armed Forces Independence Payments and Mobility supplement.
- Mobility payments including the mobility component of Disability Living Allowance or Personal Independent Payment, or any mobility payment paid as part of a War Pension.
- Gallantry Awards.
- Income from savings; where interest is paid on savings, this is added to the balance of savings and counts as capital, not as income
- Awards of certain damages.
- Charitable and voluntary payments (which could be made by a relative) intended to pay for a specific item and not towards care services.
- Christmas bonus and Winter Fuel allowances.
- Supporting People payments and other housing related costs
- Any payments of Child Tax Credit, Child Support Maintenance Payments, Guardian's Allowance or Child Benefit.
- Dependency increases paid with certain benefits.

- Any payment made because of a personal injury to a claimant except where the payment is specifically intended to cover the costs of care for up to 52 weeks from the day of receipt of the first payment. If the money is placed in a disregard location such as a personal injury trust or administered by a court the relevant disregards will apply.
- Income that is used to support an individual with their disability-related costs in the community.
- Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme.
- Certain mortgage repayment costs as defined in Annex C of the Care Act 2014 Statutory Guidance.

5.4 Income that is Partly Disregarded

- £10 per week of a War Widow's, War Widower's or War Disablement Pension
- 50% of a private or occupational pension is ignored where the pension is received by a married person or a civil partner, provided this amount is paid to the spouse or civil partner and the spouse or civil partner does not live in the same residential or nursing home
- Qualifying income for Pension Credit Savings Credit equivalent to the amount of Savings Credit received is disregarded up to a maximum set by Department of Health.
- For individuals with higher incomes who are unable to claim Pension Credit or have been awarded less than the applicable amount per week, a flat-rate disregard is applied
- Disability Benefit paid for night time care where the Council is providing day time care only. This does not include Personal Independence Payments.

6 Charging Levels

- 6.1 Residential and nursing fees and charges are set by the Council within market acceptability, taking account of neighbouring authority fees as well as the levels of service needed. The Council has historically set fees and charges for long and short term residential care and for the range of community-based services and Direct Payments.
- 6.2 The Council must offer at least one option that is affordable within a person's personal budget. However, a person must also be able to choose alternative options, including a more expensive setting, where a third party or in certain circumstances the resident is willing and able to sustain the additional costs. Additional payments must always be optional. (refer to the Council's Care Top up Policy). If a resident has entered a more expensive home out of necessity, the Council must meet the extra cost.
- 6.3 People who are deemed to be able to pay the full cost of care will not be offered Direct Payments.

- 6.4 Customers entering long term permanent care with a property interest which does not fall to be disregarded will be offered the option to defer some of their charges. (refer to the Council's Deferred Payment Policy).
- 6.5 People who choose to use Care4CE services (the Council's internal care provider) may be charged more than the price for care in the open market, due to the Council's overheads in providing internal services and subject to the individual's financial assessment.
- 6.6 The Council must protect income for those in the community at the applicable rate plus 25%, to cover essential living costs such as heat, light, clothing, food, transport. In addition any housing and disability related costs are disregarded.
- 6.7 Service Users will be offered welfare benefit advice and assistance to maximise their income or to protect them from unintentional benefit fraud.

7 Respite Charging

- 7.1 Cheshire East Council applies non-residential charging rules to commissioned respite care charging. An amount to cover building insurance, water rates, lifeline costs, Council Tax or any rent/mortgage payments are disregarded.
- 7.2 If someone wishes to access respite care services using a Direct Payment – they can be allocated up to 4 weeks direct payment funding. The community charge will automatically apply to the direct payment, unless the direct payment is only for respite care and where this is the case the residential charge will be netted off the allocated amount for respite.

8. Concessionary Access to Services.

- 8.1 Carers' services will remain free of charge.
- 8.2 People with income below the applicable amount plus 25% are not required to pay a contribution.
- 8.3 No earned income is taken into account in the means test as an incentive to work.

9. Flat Rate Fees

- 9.1 There are a number of services which attract a flat rate fee: Money Management Services provided by the Council; Deferred Payment admin fee (refer to the Council's Deferred Payment Policy).
- 9.2 A flat rate fee is to be paid by anyone receiving that service. It is not subject to financial assessment unless the fee brings financial hardship and in such cases a financial assessment will determine whether the fee is affordable and does not affect the customer's protected income bracket.

10. Light Touch Financial Assessment

- 10.1 When deciding whether or not to undertake a light-touch financial assessment, the Council will consider both the level of the charge it proposes to make, as well as the evidence or other certification the person is able to provide. This will be considered at the Care Needs assessment and communicated to the Financial Coordinator as a referral. The Council must inform the person when a light touch assessment has taken place and make it clear that the person has the right to request a full financial assessment should they wish.
- 10.2 Once an individual has been found to have eligible needs for care services a referral for financial assessment will be made. The financial assessment is conducted by a Financial Coordinator who will initially source information on the individual's income from The Department of Work and Pensions through data sharing protocols. The individual will be notified in writing of the outcome of the assessment and offered the opportunity to provide evidence of income and expenditure to complete a more detailed assessment to firm up the light touch financial assessment. Where a Care Manager deems it is necessary for a home visit the Financial Coordinator will do so.
- 10.3 Financial Coordinators will normally invite an individual into the office to conduct the assessment process where this is requested by the individual. Home visits can be offered where the customer is unable to visit an office or where a Care Manager requests this.
- 10.4 Where an individual is considering deferring charges against their property a face to face discussion with the Financial Coordinator must take place and the individual is always recommended to seek independent financial advice.

11. Care Cost Top ups

- 11.1 The Council will not usually cover the costs of care top ups due to customer choice. It is expected that any Third Party Top up will be sustainable before the Council will agree to support the placement. (refer to the Council's CareTop up Policy).

12. Carers

- 12.1 Carer's care services will be paid as a Direct Payment or commissioned on behalf of the Carer and will not attract a charge.
- 12.2 Carers will be directed to the third sector for welfare benefit advice and assistance.
- 12.3 Carers will not be required to provide audit documents if receiving their care services as a "Carer" through a direct payment from the Council.

13. Transport

- 10.1 A customer with eligible need for transport is expected to use any mobility payment they receive as an initial contribution towards their transport needs. If this does not fully meet their needs support can be offered through a financial assessment review and/or direct payment. (refer to the Council's Adult Social Care Transport Policy)

14. Income Collection Methods

- 14.1 The Care Act provides that councils may recover such charges as they consider reasonable in respect of relevant services.
- 14.2 Where the Council commissions services for an individual in the community or short or long term care, it is responsible for paying the agreed fee to the care provider. There are two main ways for the Council to pay:
- The Council can pay the full fee, and then collect charges from the customer according to the assessed contribution; or
 - If all three parties agree (customer, the Council and the care home) then the customer and the Council can each pay respective shares of the fee directly to the care home. This is called 'client contribution'.
- 14.3 Adult Services offer a range of options to collect income, including: invoice, Direct Debit, bankers' Standing Order, online payments, telephone payments and net Direct Payments.

15. Debt and Debt Avoidance

- 15.1 The Council will actively pursue debt. Final demand invoices will dispatch automatically on unpaid invoices.

Appendix 1

Adult Services – Community Charging Explained

Customers will be financially assessed as individuals. Any capital or income jointly held will be treated as owned 50/50.

The amount of the weekly charge is calculated by taking 97% of the Service User's disposable income, after all disregards have been made.

Services which are charged for at an assessed rate in accordance with this policy are: Home Care, Day Care, Night Care, Telecare, Services provided through Care4CE, Supported Living and Extra Care Housing, and care provided through a Personal Budget or Direct Payment.

Services which are charged for at a flat rate are:

- Admin fee for Money Management Services
- Deferred Payment fee.

In addition charges for Supporting People are assessed using the same means-tested assessment.

An assumed flat rate charge applies for Meals (per meal) and Transport (per trip) – even when the care is provided through a direct payment. Cheshire East Council does not commission Meals or Transport but may offer a direct payment to meet eligible unmet need.

All Service Users are offered a combined Financial Assessment, Welfare Benefit Check and if necessary a Disability Expenditure Assessment at the time of assessing the charge. Carers will be directed to the third sector for welfare benefit advice and assistance.

Service Users with capital and savings above the upper capital limit, as defined by the Care Act 2014 are required to pay the Standard Charge of the service or be supported to source appropriate care privately. They may choose to access Council commissioned services.

An assumed level of income is calculated on any capital or savings above the lower capital level as defined in the The Care and Support (Charging and Assessment of Resources) Regulations 2014 at the rate of £1 per week for every £500 up to the upper capital limit.

There is no set maximum weekly charge.

No amount of earned income is included in the financial assessment.

The service user's basic level "Applicable Amount", plus a 25% buffer is disregarded in the financial assessment. This disregard provides sufficient income to meet an individual's daily living and leisure costs as set out in the Office of National Statistics

Family Spending Survey 2010.

Users with an income lower than this disregard are not charged.

Direct Payments are normally paid net of the customer's weekly contribution and the customer is expected to pay their contribution into the direct payment account first with the Council making up the direct payment to afford the required care. Direct Payments will be audited. (refer to the Council's Personal Budget/Direct Payment Policy).

The customer's weekly Direct Payment contribution must be paid in full every week even where care is not provided for a full week. Should services be suspended during a full week (Saturday to Friday) then charges are not levied to the customer.

Where a customer is billed for their contribution the same principle applies that the full contribution is billed for services received for only part of a week (Saturday to Friday) in Extra Care Housing and Supported Living Services.

Where a service user is receiving Income Support as one of a couple, an individual financial assessment will be applied using the Single Person's Income Support rates, and disregards. Charges for Extra Care Housing are individual.

The financial assessment takes into account all income plus that from the following disability benefits:

Employment and Support Allowance, Severe Disability Premium of Income Support, Attendance Allowance, Disability Living Allowance (DLA) Care Component, Personal Independence Payments (PIP) Daily Living, Constant Attendance Allowance (CAA), War Widows, War Disability and Exceptionally Severe Disablement Allowance (ESDA).

The higher rate of AA, DLA Care is only be taken into account when care services are provided or assessed as required in the support plan either on a 24 hour basis or during the day and during the night. Where services are provided only during the day or only during the night, and where higher rates of AA/DLA is in payment, the difference between the higher/enhanced rate and the middle/standard rate is disregarded.

PIP Daily Living is taken fully into account regardless of services provided day or night.

The Mobility Component of DLA or PIP is not included in the financial assessment. This also applies to the Mobility Supplement of a War Pension, but is considered within the Transport Assessment.

Income is assessed net of any Income Tax, Child Benefit, Carer Premiums and National Insurance contributions, and net of any Housing Costs or Council Tax less any Housing Benefit or Council Tax support.

Service Users in receipt of War Disability Pension or War Widows pension have a further £10 disregarded. War Widows Special Pension is disregarded completely.

A Disability Expenditure Assessment can be requested where the customer has additional costs supported by evidence, which is not funded by the care and support package

provided by the Council. Disability Expenditure is applied at the rate of £10 or £4 per week reflecting the level of disability benefit the customer receives. DEA of a max equal to the Disability Benefits in payment can be offered unless in very exceptional circumstances and subject to senior officer authority.

The agreed weekly expenditure is disregarded in the financial assessment and cannot exceed the service user's disability benefit payment. Expenditure for night care is only taken into account if services are provided by the authority during the night.

Service Users in receipt of services funded by the Independent Living Fund which comes to an end 1st July 2015 are not currently charged, as they already have their income and benefits taken into account in the ILF financial assessment. When ILF devolves to Councils to manage, ILF customers will be subject to charges in the normal way within the Council's charging policy.

Service Users who receive care services provided under Section 117 of the Mental Health Act cannot be charged.

Service Users suffering from any form of Creutzfeldt Jakob Disease (CJD) will be exempt from charge.

Appeals against the assessed charge are dealt with under Adult Social Care's Complaints Procedure.

Appeals against the amount of disability related expenditure allowed in the financial assessment will be dealt with by the Business Support & Finance Team Manager and Service Manager and will require documentary evidence of additional customer expenditure. Where there remains an impasse, with the customers consent, Cheshire Centre for Independent Living may be approached for an independent assessment of the situation.

Where a Service User refuses, or decides not to provide financial information for a charge assessment, they will be charged the standard charge for their care services.

Where a customer has an interest in a second property which they do not live in, the asset will be taken into consideration as capital and the customer is likely to be deemed to be a full cost payer. In exceptional circumstances and at the Council's discretion, community charges can be deferred in agreement with the customer against the property.

The Charging Policy will be reviewed from time to time, to ensure it remains consistent with Adult Social Care's policies, and continues to provide an appropriate level of income towards the cost of services.

Standard Charges, customer contributions and Direct Payments will be reviewed annually.

This Policy applies to all Users of Non-Residential Services, aged 18 years and above

It is assumed that an individual has on average £4 per trip available for Transport or approximately £10 per week in addition to any Mobility payments. Additional costs associated with eligible transport needs will be assessed within the personal budget and

will NOT be disregarded as a disability related expense. Ref: Framework - Office National Statistics - Family Expenditure Survey 2006 - 2008.

Where an individual claims more than the standard allowable Disability Expenditure Allowances, the following framework should be used to calculate and verify additional amounts. If moving to verify actual expenditure the standard allowable Disability Expenditure Allowance is removed and replaced.

It is assumed that an individual can afford their food costs and only in exceptional circumstances would the Council offer to cover up to £3 per meal.