

Temporary Residential Financial Assessment

City of York Council exercises its power under the Care Act 2014 to charge customers for some care and support services. The Care and Support Statutory Guidance, issued by the Department of Health, provides Councils in England with a charging framework. Within the charging framework, there are differing means tested assessments that work out how much you will be asked to contribute.

The means tested assessment is a requirement for all customers with capital (excluding a property) of less than the Higher Capital Limit. Details of the current higher capital limit can be found in the Schedule of fees, charges, allowances and rates.

There are 3 different means tested assessments:

- Non-Residential Care
- Temporary/Emergency Residential Care
- Permanent Residential Care

You will be assessed by a Benefits and Contributions Adviser. They will have been asked to contact you by social services to undertake the appropriate means tested assessment. They will also check you are getting all of the benefits you are entitled to.

Some care services may cost more than we have agreed to pay. For example, if you require care in a care home, you may prefer a more expensive room. Any extra costs or non-eligible care costs can be paid for through top-up payments. A fact sheet is available about top-ups.

If you lack capacity to undertake a financial assessment, we can approach anyone that has a registered Enduring Power of Attorney or a Lasting Power of Attorney for either Property and Financial Affairs, or Health and Welfare. The financial assessment can also be completed by your DWP appointee.

If you have a DWP appointee and own a property we recommend that you seek legal advice regarding Lasting Power of Attorney for property and financial affairs. If you lack capacity then family members, friends or solicitors can apply to be your Property & Financial Affairs Deputy.



We have a duty to ensure that if you do not have capacity to manage your finances, and there is no one capable, willing or able to do this for you, then the Council may apply for both appointeeship and financial deputyship and make decisions on your behalf. We will decide whether acting as your Deputy may be a conflict of interest. Where this is the case, we will apply to the Court of Protection for a Panel Deputy (normally a solicitor) to be appointed to represent you. We make a charge for providing appointee and deputyship services. Deputyship fees are set by the Court of Protection.

You will have a temporary care assessment if you are receiving care on a temporary or emergency basis in a care home.

When you are in temporary care the intention is that you will return home, usually within 52 weeks. After 52 weeks your stay becomes permanent.

If you receive either

- Attendance Allowance or
- Disability Living Allowance Care Component or
- Personal Independence Payment (Daily Living Payment),

your benefit payment will stop once you have been in a care home for 28 days where you receive help from us towards the cost. Your entitlement may end sooner if you were in hospital immediately before going into care. These benefits are not included within this assessment.

The financial assessment for temporary care takes into account your income, capital, eligible housing costs and *some* disability related expenditure. The value of your property is not included in this assessment.

Disability related expenditure will be assessed on the basis of any ongoing costs that need to be paid as some of the costs will be met by the care home. For example, costs for incontinence will be met by the care home during your stay.

The contribution you make from your income towards care in a care home is included within the budget the council makes available for your care and support costs. The cost of care that the council has assessed as relevant for your needs is known as the local authority rate.



Personal Expenditure Allowance (PEA) - This is the income you can keep each week to cover any incidental expenses you may have. This amount is reviewed and set annually by the Department of Health. If you do not have an income, it is not the responsibility of the Council to provide one. If you have capital in excess of the Higher Capital Limit, you will not be eligible for any support towards care costs from us. You will pay the full cost of your care.

