# How to pay for care and support

Unless you are eligible to receive free care and support, you will receive an invoice for your care contribution and/or top-up payment from the Council.

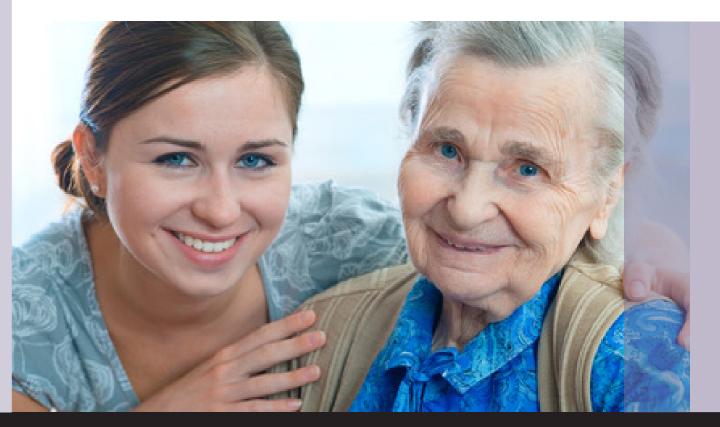
When you receive an invoice from us, the invoice will cover the planned actual cost of care for the month that has just ended.

The Council prefers to collect payment by direct debit. This is the easiest and most convenient way for you to pay for your care. If you do not have a bank account that accepts direct debit withdrawals, then you can make alternative payment arrangements, such as standing order, online payment, or cash through a Pay Point outlet. You will need to have your invoice handy when you make payment. If you pay by cash, you cannot pay your invoice at Council offices.

What you need to know...

# Paying for Care and Support

Your personal information pack





### Introduction

City of York Council (CYC) has a responsibility to undertake a social care assessment for anyone who appears to have care and support needs. Following your assessment, it may be decided that you have eligible care and support needs. The Council makes a charge for some care and support services where you have an eligible need for these services. If you are reading this information on behalf of a relative or friend, then 'you' refers to the person that will be receiving care.

The information contained within this pack is designed to help you:

- understand whether the care and support you require incurs a charge;
- understand how you can pay for your care and support;
- understand your personal budget and how this works;

Comprehensive information has been included in this pack which is relevant to your circumstances. A full range of fact sheets and examples of how charges are calculated can be found on the Paying for Care and Support web-page at www.york.gov.uk.

# Services that are provided free of charge

All Councils in England have to provide the following services free of charge:

- intermediate care, including reablement, which must be provided free of charge for up to 6 weeks. Local authorities may apply their discretion to offer this service free of charge for longer than 6 weeks where there are clear preventative benefits;
- 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 Healthcare and the NHS contribution to Registered Nursing Care;
- any services which a Council is under a duty to provide through other legislation may not be charged for under the Care Act 2014;
- assessment of needs and care planning may also not be charged for, since these processes do not constitute 'meeting needs'.

### **Personal Budgets**

Everyone that has their care needs met by City of York Council receives their care funding through a personal budget. Your personal budget is calculated following your supported self assessment. The final amount put into your budget is based on the planned actual weekly cost of the care and support you will receive. Your budget is reviewed by social services annually, or sooner if your needs change.

Your assessed care contribution is added into your budget. If your budget is less than your assessed care contribution then you will pay the same amount as your budget. If your budget is more than your assessed care contribution, then you will pay your full assessed care contribution.

You are charged against the budget allocated for your care, rather than the services provided, over the budget period. If you receive care infrequently (for example, planned short breaks) then you will be charged throughout the period of your budget.

If you receive funding from the NHS, for example, funded nursing care in care homes and/or continuing healthcare funding, then this will be taken into account within your budget, but you will only contribute towards the costs incurred by us.

If you receive care in your own home, and you are admitted to hospital, or a care home on an emergency basis, your homecare package will remain in place for the first 14 days following admission. You will continue to be charged for care. This guarantees that the care you were receiving can continue when you are discharged, within this time. Your personal budget remains available for these 14 days. Your personal budget may be ended earlier if it is decided that your current arrangement would not meet your needs upon discharge or you will be discharged into a care home.

If you are a self-funder you will pay the full cost of your care.

If you are in a private care home and your circumstances change, you may need to provide notice to the care home before you move. You will have an agreement with the care home, so please check this carefully as you may have to pay charges if the correct notice is not given.

Your personal budget will remain available and chargeable to cover any contractual liabilities you may have (where you have a direct payment). This may include a period of notice to personal assistants or notice to a care agency.

Personal budgets will only be closed, and no longer chargeable when all outstanding liabilities and notice periods have been met and the budget is no longer available to you. Any care you were receiving through your personal budget will have ended.

### The actual cost of care

The cost of care provided to you is the actual cost at which it is provided by care providers, under contract with the Council. We reserve the right to change, without notice, the amount required within your personal budget to meet your ongoing care costs. This is when a provider involved with providing your care and support alters its' cost. This may increase or decrease the amount you are required to contribute towards your care and support costs.