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If you require this document in an alternative format, such as Braille, audio, easy read or large print, please contact the Case Management Team on 0161 234 5383
1 Introduction

1.1 The purpose of this Non-residential Charging Policy is to say how we charge for care services in your home or in the community. You may be offered these services when we have assessed your care needs.

1.2 You will receive a care assessment from a social worker or care manager. If they decide that you have eligible care needs the care assessor will inform the Council’s Case Management Team. Your care assessor will evaluate the cost of your eligible care needs. This is called your Personal Budget. The Case Management Team will then financially assess you to work out how much you can afford to contribute towards the cost of any care you may receive.

1.4 In this policy when we say ‘us’ or ‘we’, we mean Manchester City Council. When we say ‘you’ we mean the service user (the person receiving care or services).

2 Legal Framework

2.1 All our charges are worked out using The Care Act 2014 and the Department of Health’s Care and Support (Charging and Assessment of Resources) Regulations 2014.

2.2 Section 14 of the Care Act 2014 allows us to charge for care and support services.

3 Principles of the Non-residential Charging Policy

3.1 The aims of our Non-residential Charging Policy are that we will:

- Work out your charges in line with the Department of Health’s Charging and Assessment of Resources Regulations 2014,
- Tell you where you can get benefit advice,
- Assess everybody for their charges in the same way,
- Not charge you more than the actual cost of your care,
- Consider any personal costs relating to a disability you may have, when we are assessing your ability to pay (Disability Related Expenses),
- Make sure that everyone who can pay for some or all of their care costs, does pay for them,
- Collect any unpaid charges in line with our Charging and Debt Recovery Policy for Care & Residential Services Debt.
4 Principles Services covered by the Non-residential Charging Policy

4.1 We will charge for all assessed non residential social care services, which include:
   o Virtual Personal Budget – This is where we arrange care services for you
   o Cash Personal Budget – This is where you arrange care services for yourself, or with the help of a Personal Assistant
   o Individual Service Fund – This is where a chosen provider arranges care services for you

5 Services not covered by the Non-residential Charging Policy

5.1 We charge for residential care services and accommodation under our Residential Charging Policy.

6 Services we do not charge for

6.1 We do not charge for:
   • Advice and information about assessments,
   • Assessments of care needs and care planning,
   • After care services under Section 117 of the Mental Health Act 1983 (Appendix A),
   • Services provided to people who have Creuzfeldt Jacob Disease (CJD),
   • Services provided as part of Intermediate Care, including reablement, for up to the first six weeks,
   • Any service or part of a service which the NHS is under a duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care,
   • Any services that we have a duty to provide through other legislation,
   • People who are diagnosed with end stage terminal illness (Appendix B).

7 Financial Assessment

7.1 When we assess your care charges we will calculate your Net Assessable Income (NAI), this is the most we would expect you to pay towards your care charges. We will charge you either the cost of your weekly Personal Budget or your weekly Net Assessable Income, whichever is the lower amount. This is calculated from:
   • Eligible income:
The Care and Support (Charging and Assessment of Resources) Regulations 2014 sets out what income we fully include, partially include and fully disregard when completing a financial assessment. Examples of the type of income we include can be found in Appendix C.

- **Tariff Income:**
  We will charge you £1 per week for every £250 you have in savings or assets over £14,250 (we will ignore the value of your sole or main home).

- **Your Minimum Income Guarantee (MIG):**
  The Care and Support (Charging and Assessment of Resources) Regulations 2014 set out the amount of money we need to leave you as a minimum income, this is the amount of money that someone may need to live on. The amount is reviewed each year (Appendix D). The weekly amount is dependent on age and family make-up. There are also disability premiums which may increase your Minimum Income Guarantee dependent on the benefits you receive (Appendix E).

- **Disability Related Expenditure (DRE) and Allowable Expenses:**
  Disability Related Expenditure are expenses that relate to a disability you may have which may, for example, cause you high heating bills or additional laundry bills (Appendix F). We will need evidence of the costs and we may talk to your care assessor about your care needs. Allowable expenses may be such things as rent (minus any Housing benefit), Council Tax liability, child support maintenance etc (Appendix F). We will need evidence of these costs.

- **The formula for calculating maximum charges is as follows:**
  \[(\text{Eligible income}) + (\text{Tariff Income}) - (\text{Minimum Income Guarantee}) - (\text{Disability Related Expenditure and Allowable Expenses}) = \text{NAI}\]. Examples of the Financial Assessment calculation for Non Residential Care are shown in Appendix G.

- We will never charge you more than the cost of your Personal Budget.

7.2 **We will add onto your assessed charge any additional charges for:**
  - Network Rent,
  - Network Service Charges,
  - Community Alarm service.

7.3 **Your yearly charge for care services will always count first towards the funding of your Personal Budget.** We contribute towards your Personal Budget by topping up what you cannot afford to pay.
7.4 If you are assessed as needing night-time care as part of your Personal Budget, we will take all of your Attendance Allowance or Disability Living Allowance/Personal Independence Payment into account as eligible income.  
7.5 When assessing you we will consider how this might affect the finances of your partner at home (if you are part of a couple).  
7.6 Your weekly charge will not change during the year unless the cost of the care you receive drops below your yearly assessed charge.  
7.7 If you do not wish to have a financial assessment we will charge you the full cost of your care.  
7.8 If you do not provide us with enough information to complete a financial assessment we will charge you the full cost of your care.  
7.9 If you have given away savings, capital or income to reduce your care charge, we will assess you as though you still have those assets. This is called deprivation (Appendix H).  

8 Notifying you of your assessed charge  
8.1 When your care assessor confirms that your care has been purchased we will supply you, or the person responsible for your finances (Appendix I), with a breakdown of how we have calculated your charges.  

9 Payment Arrangements  
9.1 In most cases we will send you an invoice for your care charges once every four weeks but in some cases you will need to pay the care provider directly, or pay your charge into a dedicated bank account. We will inform you whether you need to pay us, pay into a bank account or pay the provider when we notify you of your weekly charges.  
9.2 Your charges are collected in different ways depending on if you have a Cash Personal Budget, an Individual Service Fund (ISF) or a Virtual Personal Budget.  
9.3 If you receive a Cash Personal Budget and you receive net payments, you will have to pay your charges into a dedicated bank account.  
9.4 If you receive a Cash Personal Budget and you receive gross payments, we will send you an invoice every four weeks and you will have to pay your charges to us.  
9.5 If you receive an Individual Service Fund, you will have to pay your charges to the provider.
9.6 If you receive a Virtual Personal Budget, we will send you an invoice every four weeks and you will have to pay your charges to us.

9.7 If we have told you that you need to pay us your care charges, you can pay in different ways. We offer the following payments methods (Appendix J for more details):

- Standing Order
- Online Transaction
- Bank Transfer
- Telephone
- Paypoint/Post Office

10 Change of Circumstances

10.1 If your financial circumstances change you must inform us (Case Management Team) (contact details are in Appendix K) and we will check your financial assessment. We will then write to you if your assessed charges change. We will normally backdate any changes to your charges from the date that your finances changed.

11 Annual Re-assessments

11.1 We will automatically adjust your charges every year in April, to take account of any changes in your benefits, private pensions and the cost of living. We may not be able to confirm all of your income and may write to you to ask for more information. When we have reassessed your charges we will write to you asking for you to confirm the information we have. This is to ensure that what we charge you is correct.

12 Reviews and Reconsiderations

12.1 When we notify you of your charges by letter we will offer to call you or visit you to explain any charges that you do not understand. If you still think that your charges for care are incorrect we can review the assessment of your charges. We have a two stage Review and a Reconsideration process. You can contact the Case Management Team (Appendix K) to request a Review or Reconsideration.
Stage One - Review

A Case Management Officer will check that the assessed charges have been calculated correctly. The Case Management Officer will inform you of their decision by letter or a telephone call.

Stage Two - Reconsideration

If you do not agree with the outcome of the Review, a manager on our Case Management Team will look at your case to see whether the assessment and Review were completed correctly. They may need to talk with your care assessor. The manager will inform you of their decision by letter within 14 days.

13 Complaints

13.1 If you are not happy with how we have dealt with your case, you can make a formal complaint by emailing the Case Management Team (address in Appendix K) stating the reason for your complaint and providing any supporting evidence.

14 Debt Recovery

14.1 We have a duty to recover all care charges.
14.2 If you do not pay what you owe for your care charges we will follow our debt recovery processes.
14.3 This may lead to legal recovery action through the courts if payment is not made. You may also be liable to repay the legal costs and interest charges on the debt at a rate set by the County Court.
Glossary

Cash Personal Budget
This a type of Personal Budget where you have your Personal Budget paid directly into a dedicated bank account by us. You can then spend this on items or services that meet your care needs. You will need to manage your budget and will be audited on your spend.

Community Alarm
Is part of a range of equipment, called Assistive Technology that enables you to remain safe and independent in your own home.

Individual Service Fund
This a type of Personal Budget where you discuss and negotiate care services directly with a service provider. You do not manage the budget and we pay the service provider directly for the service minus your contribution. You will have to pay your contribution directly to the provider.

Minimum Income Guarantee
This is a guaranteed income amount that the Department of Health set to ensure that people have enough to live on once charges have been levied.

Net and Gross Payments
This relates to Cash Personal Budget Payment. Net payments are where you pay your contribution directly into your dedicated account. Gross is where we pay your contribution directly into your dedicated account but then invoice you for your contribution.

Network Rent
This is the rental cost of the accommodation where people with disabilities are supported to live in specialist properties which have often been adapted to their needs, and have staff available to support them.

Network Service charges
These are charges to cover, water, electricity etc in accommodation where people with disabilities are supported to live in specialist properties which have often been adapted to their needs, and have staff available to support them.

Personal Budget
We use a Resource Allocation System (RAS) which allocates points for each care domain identified in your assessment. Each point has a cash value and this is then used to calculate the total amount awarded for your Personal Budget.

Preventative Services
Any services that support you from main stream care funding such as residential/nursing care, domiciliary care, respite.

Reablement Service
Reablement is a short term period of assessment and intensive support to help a person regain independence after a period of illness, the onset of a disability or a change in circumstances.

Virtual Personal Budget
This a type of Personal Budget where the Council commission and purchase services on your behalf.
Appendix A – Section 117 After-Care

If the care home placement is an ‘After-care’ support service provided under Section 117 of the Mental Health Act 1983, the resident is exempt from charges. However, a resident under Section 117 may choose to pay top up fees if they want to pay for extra services or go into a home which costs above and beyond their assessed care costs.

Appendix B – Terminal Illness

What we mean by end stage terminal illness (terminally ill):
Regulation 2 of the Financial Assistance Scheme Regulations 2005 defines “terminally ill” as ‘A person is terminally ill at any time if, at that time, they are suffering from a progressive disease and their death as a result of that disease can reasonably be expected within six months’.

Appendix C – Eligible Income

Income from all sources will be considered including the following:
- Disability Living Allowance / Personal Independence Payment (Care Component)
  Permanent residents only.
- Attendance Allowance (Care Component) Permanent residents only.
- Severe Disability Premium.
- Income Support.
- Pension Credit
- Incapacity Benefit.
- Retirement Pension.
- Occupational and private pensions from previous employment.
- Annuity payments.
- Money from trusts.
- Money from abroad.
- Charitable and voluntary payments received.
- Maintenance payments and payments from family and friends.
- Severe Disablement Allowance.
- Industrial Injuries Benefit.

This is not an exhaustive list and we use the rules set out in The Care and Support (Charging and Assessment of Resources) Regulations 2014 and The Care and Support Statutory Guidance: Annex C: Treatment of Income when working out how much of the residents income is treated as assessable.

Appendix D – Minimum Income Guarantee

Single person:
- a) is aged 18 or older but less than 25, the amount of £72.40;
- b) is aged 25 or older but less than pension credit age, the amount of £91.40;
- c) has attained pension credit age, the amount of £189.00.

Where the adult concerned is a lone parent aged 18 or over, the amount of £91.40.

Where the adult concerned is a member of a couple and—
a) one or both are aged 18 or over, the amount of £71.80;
b) one or both have attained pension credit age, the amount of £144.30.

Where the adult concerned is responsible for, and a member of the same household as, a child, the amount of £83.65 in respect of each child.

**Appendix E – Disability Premiums**

Where the adult concerned is a single person who is in receipt of, or the local authority considers would, if in receipt of income support, be in receipt of—
a) disability premium, the amount of the applicable premium is £40.35;
b) enhanced disability premium, the amount of the applicable premium is £19.70.

Where the adult concerned is a member of a couple and one member of that couple is in receipt of, or the local authority considers would, if in receipt of income support, be in receipt of—
a) disability premium, the amount of the applicable premium is £28.75;
b) enhanced disability premium, the amount of the applicable premium is £14.15.

Where the adult concerned is in receipt of, or the local authority considers would, if in receipt of income support be in receipt of, carer premium, the amount of the applicable premium is £43.25.

**Appendix F – Disability Related Expenses and Allowable Expenses**

**Mandatory Allowances**
We will take into account the following expenses providing we have evidence:

- Rent (minus any Housing Benefit)*
- Ground Rent*
- Council Tax (minus any Council Tax Support)*
- Mortgage*
- Court or Child Support Agency imposed maintenance
- Community Alarm Charges

* Applies to your main or only home

**Discretionary Allowances (including Disability Related Expenditures)**
Payments that you make in respect of County Court Judgements may be considered as an eligible expense. Each case will be considered on its own merits.

In addition we will also consider taking into account reasonable amounts for Disability Related Expenditures that you may have. The Care and Support (Charging and Assessment of Resources) Regulations 2014 set out examples of Disability Related Expenditure. The overall aim is to allow for reasonable expenditure needed for independent living. All Disability Related Expenditure should be supported by evidence.
Examples of Disability Related Expenditure (DRE) and Evidence Required (ER):
Please note that this is not an exhaustive list.

- Activities – Any costs that are part of your Care Plan and approved by your Care Assessor’s budget manager. ER; at least four receipts over a two month period.

- Beds and Bedding – Any costs above a reasonable expenditure that is linked to a disability you have and approved by your Care Assessor’s budget manager. ER; at least four receipts over a two month period.

- Clothing
  - Any specific spend that can be evidenced, above a reasonable cost for that item, linked to a disability you have and supported by a care professional. ER; at least four receipts over a two month period.
  - Any costs above a reasonable expenditure that is linked to a disability you have and approved by your Care Assessor’s budget manager. ER; at least four receipts over a two month period.

- Communication Needs – The cost of telephone or internet services would be considered an everyday living expense, unless this cost can be proved to be linked to a disability you have and is approved by your Care Assessor’s budget manager. ER; evidence of the costs of the service.

- Diet
  - Any specific spend that can be evidenced, above a reasonable cost for that item, linked to a disability you have and supported by a care professional. ER; at least four receipts over a two month period.
  - Any costs above a reasonable expenditure that is linked to a disability you have and approved by your Care Assessor’s budget manager. ER; at least four receipts over a two month period.

- Equipment – Other equipment other than the items listed in the table below can be considered provided it is proven to be directly linked to a disability you have and is approved by your Care Assessor’s budget manager. ER; evidence of purchase is required. Equipment purchased through a Disabled Facilities Grant or provided free of charge by Health or Local Authority service will not be eligible.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AMOUNT</th>
<th>EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchair</td>
<td>£3.92 per week manual</td>
<td>Evidence of the purchase.</td>
</tr>
<tr>
<td></td>
<td>£9.52 per week powered</td>
<td></td>
</tr>
<tr>
<td>Powered bed</td>
<td>Actual cost divided by 500 (10 year life) up to a maximum of £4.33 per week</td>
<td>Evidence of the purchase.</td>
</tr>
<tr>
<td>Turning bed</td>
<td>Actual cost divided by 500 (10 year life) up to a maximum of £7.59 per week</td>
<td>Evidence of the purchase.</td>
</tr>
<tr>
<td>Powered reclining chair</td>
<td>Actual cost divided by 500 (10 year life) up to a maximum of £3.44 per week</td>
<td>Evidence of the purchase.</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Stair-lift</td>
<td>Actual cost divided by 500 (10 year life) up to a maximum of £6.13 per week</td>
<td>Evidence of the purchase.</td>
</tr>
<tr>
<td>Hoist</td>
<td>Actual cost divided by 500 (10 year life) up to a maximum of £3.00 per week</td>
<td>Evidence of the purchase.</td>
</tr>
</tbody>
</table>

- Furniture – Any reasonable expenditure that is not due to wear and tear, is directly linked to a disability you may have and approved by your Care Assessor’s budget manager.
  ER; evidence of the purchase is required.

- Gardening – Reasonable expenditure to maintain a garden to a basic standard throughout the year due to a disability you may have, providing the maintenance of the garden cannot be carried out by another member of the household, family or friend.
  ER; at least four receipts over a two month period.

- Household Fuel Usage – Any expenditure above the figures in the table below can be considered towards a DRE.
  ER; we would require statements from your gas and/or electric companies for at least a six month period.

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Annual Spend (North West)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single person - Flat/Terrace</td>
<td>£1,460.37</td>
</tr>
<tr>
<td>Couple – Flat/Terrace</td>
<td>£1,924.65</td>
</tr>
<tr>
<td>Single person – Semi Detached</td>
<td>£1,551.12</td>
</tr>
<tr>
<td>Couples – Semi Detached</td>
<td>£2,042.84</td>
</tr>
<tr>
<td>Single – Detached</td>
<td>£1,888.78</td>
</tr>
<tr>
<td>Couples – Detached</td>
<td>£2,487.07</td>
</tr>
</tbody>
</table>

- Incontinence Products – If the Care Plan has identified a need for incontinence products and is not funded by Health services; we can consider expenditure that is not more than the NHS Continence Team recommendation, or is approved by the Care Assessor’s budget manager.
  ER; at least four receipts over a two month period.

- Laundry Costs – If your Care Plan has identified additional laundry needs we will apply a fixed £3.76 per week DRE.

- Non-Prescribed Medicinal Expenses – We would consider this as a DRE if directly linked to a disability you have and is approved by the Care Assessor’s budget manager.
  ER; at least four receipts over a two month period.
- Petrol Costs – Any additional costs above everyday expenditure (or covered by the mobility element of your Disability Living Allowance) would need to be evidenced over a two month period, be related to a disability you have and approved by the Care Assessor’s budget manager.
  ER; at least four receipts over a two month period.

- Prescription Charges – We would consider the annual cost of Prescription Prepayment Certificates (PPC) available through the NHS (https://www.nhs.uk/NHSEngland/Healthcosts/Pages/Prescriptioncosts.aspx) or the cost of actual prescriptions if lower.
  ER; evidence of PPC or at least four receipts over a two month period.

- Privately Arranged Care – We would consider this as a DRE if the care delivered was part of your Care Plan but not funded by the Council.
  ER; at least four weeks of receipts.

- Water – Only where a water meter is installed and usage is above the ‘Standard Charge’ based on the Rateable Value.
  ER; one bill within the last six months.
## Appendix G – Financial Assessment Examples

### Example 1: Net Assessable Income is less than weekly Personal Budget

Mrs A is a 96 year old customer and has a Personal Budget of £6,753 per year (£129.86 per week).

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Income</td>
<td>£282.11</td>
</tr>
<tr>
<td></td>
<td>Retirement Pension</td>
<td>122.30</td>
</tr>
<tr>
<td></td>
<td>Pension Credit (£82.48 per week; this is made up of £79.51 Guarantee Credit, which we take into account, and £2.97 Savings Credit, which we disregard)</td>
<td>79.51</td>
</tr>
<tr>
<td></td>
<td>Low rate Attendance Allowance (£57.30 per week)</td>
<td>57.30</td>
</tr>
<tr>
<td></td>
<td>Savings of £20,000, giving a tariff income of £23 per week.</td>
<td>23.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total assessed income</strong></td>
<td><strong>282.11</strong></td>
</tr>
<tr>
<td>2</td>
<td>Protected income Minimum Income Guarantee</td>
<td>189.00</td>
</tr>
<tr>
<td>3</td>
<td>No eligible Disability Related Expenditure or eligible Housing Related outgoings</td>
<td>0.00</td>
</tr>
<tr>
<td>4</td>
<td><strong>Net Assessable Income</strong></td>
<td><strong>93.11</strong></td>
</tr>
<tr>
<td>5</td>
<td>Mrs A’s assessed contribution towards her support is £91.11 per week as her Net Assessable Income is lower than her weekly Personal Budget.</td>
<td></td>
</tr>
</tbody>
</table>
Example 2:

Net Assessable Income is less than weekly Personal Budget

Mr B is a 44 year old man. He has a Personal Budget of £5,402 per year (£103.88 per week).

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Income Support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Middle rate Disability Living Allowance /PIP (£57.30 per week)</td>
<td>57.30</td>
</tr>
<tr>
<td></td>
<td>Savings of £2,620.51. This doesn’t incur a tariff.</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total assessed income</strong></td>
<td><strong>163.65</strong></td>
</tr>
<tr>
<td>2</td>
<td>Protected Income Minimum Income Guarantee</td>
<td>131.75</td>
</tr>
<tr>
<td>3</td>
<td>No eligible Disability Related Expenditure</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Eligible outgoings for his rent (net of Housing Benefit)</td>
<td>10.00</td>
</tr>
<tr>
<td>4</td>
<td><strong>Net Assessable Income</strong></td>
<td><strong>21.90</strong></td>
</tr>
<tr>
<td>5</td>
<td>Mr B’s assessed contribution towards his support is <strong>£21.90</strong> per week as his Net Assessable Income is lower than his weekly Personal Budget.</td>
<td></td>
</tr>
</tbody>
</table>
### Example 3: Net Assessable Income is more than weekly Personal Budget

Mrs C is a 68 year old customer with a Personal Budget of £3000 per year (£57.69 per week).

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1    | Retirement pension of £124.00  
      | Pension Credit of £77.80 per week (£67.80 Guarantee Credit, which we include as income, and £10.00 Savings Credit)  
      | High rate Attendance Allowance of £85.60 per week. As she only receives care services during the daytime, only £57.30 is counted.  
      | Savings of £25,000. This incurs a tariff of £43.00 per week. |
|      | **Total assessed income** |
| 2    | Protected income Minimum Income Guarantee |
| 3    | Unable to do her own laundry. She pays £5.00 per week for service washes, which she has evidence for. |
| 4    | **Net Assessable Income** |
| 5    | Mr C’s assessed contribution towards her support is £57.69 per week. This is the weekly value of her Personal Budget, as this is lower than her Net Assessable Income. |
### Example 4: Customer does not make a contribution to the cost of their care

Mr D is a 24 year old customer and has a Personal Budget of £6,000 per year (£115.38 per week).

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Benefits amounting to £90.15 per week</td>
<td>94.45</td>
</tr>
<tr>
<td></td>
<td>Low rate DLA of £22.65 per week</td>
<td>22.65</td>
</tr>
<tr>
<td></td>
<td>No savings</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total assessed income</strong></td>
<td>117.10</td>
</tr>
<tr>
<td>2</td>
<td>Protected income Minimum Income Guarantee</td>
<td>112.75</td>
</tr>
<tr>
<td>3</td>
<td>Disability-Related Expenditure (DRE) Laundry £3.65, Gas/Electricity £10,</td>
<td>33.65</td>
</tr>
<tr>
<td></td>
<td>Equipment £20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No Housing Related outgoings</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><strong>Net Assessable Income</strong></td>
<td><strong>NIL</strong></td>
</tr>
</tbody>
</table>

Mr D’s assessed contribution towards his support is **nil**. As his Net Assessable Income is **nil**, he will not be asked to contribute towards the cost of his Personal Budget.
Appendix H – Deprivation of Assets

We will consider the following points before deciding whether on the balance of probabilities deprivation has taken place for the purpose of avoiding care and support charges:

• Whether avoiding the care and support charge was a significant motivation;
• At the point the capital was disposed of could the person have a reasonable expectation of the need for care and support; and
• Did the person have a reasonable expectation of needing to contribute to the cost of their eligible care needs

Appendix I – Mental Capacity and Financial Representatives

For guidance on the Mental Health Act and dealing with a resident’s financial affairs see:

• Lasting Power of Attorneys www.gov.uk/powerof-attorney
• Registering existing Enduring Power of Attorneys www.gov.uk/enduringpower-attorney-duties
• Deputyship www.gov.uk/court-of-protection
• Appointeeships www.gov.uk/become-appointee-for-someone-claiming-benefits
Appendix J – Payment Arrangements

Payment Methods

**Your payment card**
When making a payment you will need your Social Care account reference number. This is located at the bottom right hand side of your Social Care Payment Card, as shown below. This is an example card only—ignore the numbers.

**PayPoint Payments**
You may use your Social Care Payment Card to pay for your care at any Post Office or shop displaying the ‘PayPoint’ or ‘PayZone’ sign.

Please ensure you keep the receipt safe.

**Online Payment**
Payment can be made by Debit or Credit Card by visiting www.manchester.gov.uk/payments. You will need your Social Care account reference number to start with 898000**** to use this method.

**Telephone Payments**
For our automated service, please call 0161 273 5270. Again you will need your Social Care account reference number to start with 898000**** to use this service.

Alternatively, if you want to make your payment via a Case Management Officer you can call 0161 234 5383 between 08.45 and 17.00 Monday to Friday

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**Paying by Standing Order**
This is an instruction from you to your bank or building society, authorising them to regularly pay a fixed amount to an organisation.

If the amount you are expected to pay changes or services end, it is your responsibility to make the change with your bank.

**Paying by Bank Transfer**
You can instruct your bank to make a payment to Manchester City Council using the following bank details:

Sort code: 20 55 41
Account number: 53348075

Please ask your bank to quote your Social Care account reference number starting with 898000**** and your client reference number (which is shown on your statement) with your payment.

**Useful contact numbers:**
Community Alarm – 0161 273 2574
Debt Recovery – 0161 455 1109/1169/1123/1110

The bottom right corner of your statement shows your current balance.
Appendix K – The Case Management Team Contact Details

Contact details for the Case Management Team are:

**Email:**
caseman.enquiries@manchester.gov.uk

**Address:**
Case Management Team  
Revenues and Benefits Unit,  
Benefits Service  
PO Box 3  
Manchester  
M15 5BA  
**Telephone:**  
0161 234 5383

We will treat all information you disclose to us with the strictest confidence and will only use the information for the purposes for which it was disclosed to us. The Council is under a duty to protect the public funds it administers, and to this end may share the information you have provided on this agreement with other bodies responsible for auditing or administering public funds for the prevention and detection of fraud. The Council can data match internally or with other organisations and is currently required to participate in the Audit Commissions National Fraud Initiative (NFI) data match exercise. Further information on this can be obtained from: [http://www.audit-commission.gov.uk/national-fraud-initiative/](http://www.audit-commission.gov.uk/national-fraud-initiative/).

Where specific figures are quoted in this document they reflect the current position. Any change to the relevant legislation may mean that some figures will change.