

Paying for residential care

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Care homes fees can be funded in one of the following ways:

- the council funds some or all of the care
- the person being cared for pays all the costs for their care.
- the NHS may contribute to the cost of all or some of the care.

When will the council pay for a care home?

To decide if someone is eligible for financial support, the council will first carry out a needs assessment to determine if they have eligible need.

If so the council will next carry out a financial assessment.

What is the financial assessment?

This looks at capital and income to determine how much someone needs to contribute towards their care costs. Only the capital and income of the person requiring care can be considered. Joint accounts are generally treated as an equal split. If they receive a private or occupational pension and have a partner still living at home, 50% of this will be disregarded from the income assessment.

Capital Thresholds

There are thresholds for savings and assets above which people will need to pay for care:

- **Less than £14,250:** entitled to support from the council. No contribution from capital but they will be expected to contribute from income.
- **More than £14,250, but less than £23,250:** Contribution towards the cost of care: £1 for every £250 of savings between limits ('tariff income') in addition to contribution from income.
- **More than £23,250:** responsible for paying their own care home fees.

The value of the person's home will be taken into consideration unless someone still lives there, who is; their partner; a close relative who has a disability or is over 60.

People in a care home will contribute most of their income, however, once all eligible income is considered, a Personal Expenses Allowance of at least £24.90 must be left. This is to pay for personal items such as toiletries, haircuts and clothes.

If someone qualifies for help with costs:

- The council **must** ensure that at least one option is offered within a person's personal budget, this is the standard rate the council set for residential care. If no suitable accommodation is available at the standard rate, the council must arrange care in a more expensive setting and adjust the budget accordingly.
- Only when a person actively chooses a more expensive accommodation can a 'top-up' payment be sought.
- If the person doesn't want to or has difficulty selling their home, they can request a long-term loan known as a deferred payment agreement.
- If someone permanently moves into a council-funded care home and has less than £23,250 capital the council must ignore the value of their property for the first 12 weeks.

If they don't qualify for help with costs:

- The individual will be expected to self-fund their care.
- If assessed as having eligible care needs, people are still entitled to ask the council for help with arranging care.
- The council may give advice on options, recommend suitable care providers, or help to arrange a contract with a care provider. If they arrange a contract with a care provider, they may charge an arrangement fee for doing so.

When will the NHS contribute to the cost of care in a care home?

NHS Continuing Healthcare funds people who need ongoing health care outside of hospital if they have complex medical care needs due to disability, accident, or a major illness. They must be assessed by the NHS as having a 'primary health need'. If eligible; the full cost of the care home fees is covered.

NHS-funded Nursing Care is also available in nursing homes for people assessed by the NHS as requiring nursing care. The NHS pays a flat rate of £165.55 per week directly to the care home towards the cost of this nursing care.

Neither of these forms of funding are means tested.

For further information, contact York Carers Centre

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