

Policy 20 ILF Payments

Owner: ILF Scotland

Subject: ILF Payments

Version: 1.0

Last Amended: 1 October 2018

Date Reviewed: 23 January 2019

1.0 Background

ILFS wishes to promote real choice and control for all our recipients. We do not expect recipients to spend the exact amount of the weekly award on care each week. Each recipient can decide how their needs can best be met using the ILF award and how much to spend in any given week. ILF awards can only be used to pay for Qualifying Support and Services (QSS), including any future liability for the cost of QSS.

2.0 Policy

2.1 Maximum Payments

The maximum payment the ILFS is able to make is £475 in respect of a Group 2 recipient, and £815 in respect of a Group 1 recipient for each week of the year that a person is eligible. With effect from 1 October 2018, the maximum award can be exceeded in the following circumstances:

- uplifts in the Scottish Living Wage in any one year
- award adjustments in line with Policy 4 and at ILF Scotland's discretion, Policy 44
- a cost set on an employer required by legislation effective in Scotland
- Scottish Government policies obligatory on ILF Scotland recipients.

Any excess will apply only to the gross ILF element of a total care package.

2.2 Averaged payments

ILFS is able to make a payment above the maximum weekly award in respect of any week throughout the year. In order to do this the total sum available to the recipient throughout the year must not be exceeded. The maximum sum

available to an individual is calculated by multiplying the maximum weekly award by the number of weeks someone is eligible to receive ILF funding.

Where a recipient has a variable support package and has more than one offer they can either request that the replacement payment is made for specific dates or choose to receive an averaged payment (see Short Term Care policy) – that is the yearly cost of care divided by the number of weeks a recipient is eligible and paid as an average weekly amount. For the purposes of our calculations, the year is taken as being from 1 April to 31 March and to consist of 52 weeks. A recipient cannot request that we take into account unused funding from a previous financial year.

2.6 One-off payments

One-off payments are made to meet situations which are not a predictable part of the package and for which a separate offer would not normally be made, for example; PVG checks or health and safety training costs. These costs will not usually be included in an averaged payment and a separate one off payment can be made for these costs on request. When making a one off payment case workers must ensure that the total allowable annual payment is not exceeded unless allowed by the exception at paragraph 2.1.

3.0 Group 5 payments

A recipient becomes a Group 5 candidate when they are in temporary residential care, or in respite at a registered care home or hospital.

ILFS can continue to make payments to Group 5 candidates for up to 28 days during temporary admissions to residential care, respite at a registered care home or hospital stays.

ILFS will continue to pay a recipient's award for 28 days from the day after they are admitted to temporary residential care, respite at a registered care home or during a planned hospital admission, where the recipient has indicated that they need the payment to continue. ILFS will continue to pay the award for up to 28 days where the recipient is admitted to hospital, unless the recipient indicates that they do not need the award to continue. This applies in all cases regardless of the type of care employed. ILF recipients should ensure that they minimise expense and rearrange or cancel support where appropriate.

Group 5 recipients can receive a payment for up to a maximum of 28 days at a time and up to a maximum of 26 weeks in any 52-week period. Recipients are required to provide dates of temporary admissions to residential care,

respite and hospital stays to ILFS in order that we can ensure that this limit is not exceeded and that the local authority has met the threshold sum.

A payment can be made whether or not the local authority continue to meet the Threshold Sum during the interruption. Similarly a payment can continue to be made whether or not the recipient continues to receive the highest rate of DLA care component (see “linking periods” below).

Group 5 payments can be used to:

- Pay for care whilst in temporary residential care, respite at a registered care home or hospital
- Pay a retainer to an employed PA
- Or the recipient can choose to keep the money to use at other times where they can demonstrate approximately how and when the award will be spent.

4.0 DLA/AA/CAA Linking Periods

“Linking periods” occur when someone enters hospital or residential care for less than 28 days, is discharged and is then readmitted within 28 days. In such situations the periods in hospital or residential care are added together and benefits adjusted after a total of 28 days.

Where a recipient is, or will be, in receipt of a Group 5 payment, but because of linking periods ILFS becomes aware that their DLA/AA/CAA will cease for either part or the whole of the Group 5 payment period, they remain eligible to receive ILF funding. Their award will be recalculated to remove the contribution of ½ DLA/CAA/AA from their Available Income. Once the recipient’s DLA/AA/CAA is reinstated, the original award will go back into payment. This is subject to the ILF maximum payment (see above).

Once a person returns to Groups 1, 2 or 4, when they return home, the rate of DLA/AA/CAA they received before going into hospital or respite must resume for payments to continue.

5.0 Unspent money

Definition: Unspent monies are monies held by the recipient where there are no specific plans for the expenditure of that money.

ILF recipients are able to carry forward up to 7 days’ worth of unspent funding. This carry forward of 7 days funding is in addition to money that is set aside to meet employers’ costs, such as employers’ NI and holiday pay. This could also be in addition to money which has been saved to be used

flexibly to pay for costs incurred as part of the yearly package, such as a holiday later in the year.

Where it comes to light that a recipient has accumulated unspent money in excess of the allowable amounts outlined above we will usually expect that this is returned to ILFS.

Unspent money should be distinguished from an overpayment. To be classed as an overpayment, money should be of a specific amount, overpaid for a specific reason(s) and over a specific period of time.

Where money is unspent because of longer-term changes to care needs, we may consider whether a reassessment would be the most appropriate course of action.

6.0 Overpayments resulting from a change of circumstance

There will be situations where a recipient's circumstances change and they cease to be eligible for funding part way through a year, but have received more than the maximum allowable sum in that given period - as the expectation was that payments would be averaged over a full year. This does not result in an overpayment provided the payment was made correctly and used legitimately.

8.0 Cross References

Regular and Ongoing LA Input

Backdating

Short Term Care

9.0 History Date Reviewed

23 January 2019