

Long-Term Care Benefit - Leaflet LTC1

July 2012

This leaflet tells you about Long-term Care Benefit, giving general information about the benefit and how to claim it.

If there is anything you do not understand in this leaflet please call the Pensions & Allowances helpline on 732506.

The leaflet is for guidance and must not be treated as a complete and authoritative statement of the Law.

How we collect and use information

The Social Security Department collects personal information for social security purposes in accordance with the six laws which it administers. The information collected will depend on your business with us, but will be no more than is required for that purpose, and will not be further disclosed except as permitted by law. The Department complies with its legal duty under the Data Protection (Bailiwick of Guernsey) Law, and is the Data Controller for the purposes of that law. If you wish to know more about the way we use it, you can ask at the Department's office.

General

What is Long-term Care Benefit?

Long-term Care Benefit is a weekly benefit, which is paid towards the cost of the fees if you are in a private residential or private nursing home. "Private" means not run by the States.

Who can claim?

Any person who:

- Has been assessed as being in need of care which could be provided in a private residential care or private nursing home.
- Is in possession of a valid Needs Assessment Panel Certificate, issued by the Health and Social Services Department, and has a bed in a home.
- Has at any time, lived in Guernsey or Alderney for a continuous period of 5 years and;

- Has lived in Guernsey or Alderney for at least 12 months, immediately prior to claiming Long-term Care Benefit.

What are the Different types of Care Benefit?

There are three types of benefits depending on your needs. 'Residential' is for those whose care needs are relatively low level; 'Elderly Mental Infirmity' (EMI) is for those needing extra care because of conditions such as Alzheimer's; and 'Nursing' is for those needing a more intensive level of care. The States makes a contribution which varies depending on which of the 3 types of benefit is appropriate. The payment for residential care is the lowest and nursing care highest.

What about the bill and what do I have to pay?

Each home is different and will make different charges depending on whether residential, EMI or nursing care is required. The home will also have different levels of charges depending on the facilities provided. For example, some homes offer a choice of menu, superior rooms, en-suite facilities or shared rooms. The variations mean that each home has its own individual tariff. The States will only make a fixed contribution to the bill, depending on whether it is residential, EMI or nursing and not on any differences in facilities. The States will also require a payment towards the bill, called the co-payment. If you are unable to make the required co-payment, you can apply for supplementary benefit and in this very specific instance the law allows the family home not to be taken into account.

In some cases the States payment, together with the co-payment is enough to pay the bill from the home, but in other cases it will not be sufficient and you will have to make up any shortfall from your own resources to pay 'top-up' fees. Options for you to pay the 'top up' if you do not have the resources may include changing to a different care home, or your family giving financial support, or renting out or selling your home.

It is strongly advised that you and your family make sure that you fully understand the implications and tariff of the home that you choose. If in any doubt, contact the home and Social Security on 732506 when we will be pleased to assist.

What if I own my own home or have savings?

If you own your own home or have savings this does not stop you from claiming Long-term Care Benefit. One of the principles of the scheme is that a person going into care should no longer be required to sell their home before they can receive help with care home fees.

But, as explained above, if the care home fees are more than the standard co-payment from you plus the long-term care benefit, Social Security cannot pay any 'top-up' fees. That will be a matter for agreement between you and the home. It has to be your decision as to how to meet any such top-up fees.

Claiming

How do I claim?

This will usually be with the assistance of a social worker, community nurse or by contacting the Pensions and Allowance Section at the Social Security Department. You will need to complete a claim form and be in possession of a valid Needs Assessment Panel Certificate before your claim can be decided.

Who will assess my care needs?

An assessment of your needs will be carried out, with you and your carer by a healthcare professional. They will pass their findings to the Needs Assessment Panel at the Health and Social Services Department. The Panel will decide on the type of care best suited to your needs.

How will I know what sort of care I need?

The Needs Assessment Panel will issue a certificate, called the NAP Certificate, which will state the type of care you need.

What if I'm unhappy with the decision of the Needs Assessment Panel?

You can ask for the panel to look at your case again. If you are still unhappy with the outcome you can appeal to the Social Insurance Tribunal once you have received a formal decision about your claim for Long-term Care Benefit.

How are claims decided?

The Administrator of the Social Security Department is responsible in law for deciding claims. You will be told of his decision in writing and if you are not satisfied, you may appeal to the Tribunal within 28 days. The Tribunal consists of an independent chairman and two members. An appeal to the Royal Court against the Tribunal's decision is restricted to a question of law.

Am I guaranteed to get a bed?

A certificate from the Needs Assessment Panel is not a guarantee of a bed. It will be for you and your family to find a place in a home that meets your needs. A social worker will be able to assist you as they have a list of current vacancies.

Payments

Do I have to pay anything myself if I'm in a private residential care or nursing home?

Yes, you will have to pay what we call the co-payment from your own funds. You will have to agree how you pay it with the care home. The current rate is set out in Leaflet 50 (Benefit Payment and Contribution Rates).

How much benefit will be paid?

This depends on whether you are in a private residential care home or a private nursing home. There are 3 rates of benefit:

- Residential care benefit
- Residential care benefit with Elderly Mental Infirmary (EMI) supplement
- Nursing care benefit.

The maximum rates we will pay are set out in Leaflet 50 (Benefit Payment and Contribution Rates).

How will the benefit be paid?

For the convenience of all parties, the Department will pay the benefit, on your behalf, direct to your care home on a weekly basis. If you are unhappy with this please contact the Pensions & Allowances helpline on 732506.

What if the home I live in charges more than the insurance scheme can pay?

Each care home has a different level of fees. You need to know what the full fees are before moving in. If you agree to take a room for which the charge is more than the value of the co-payment plus the maximum benefit we can pay, the extra must be paid from your own funds or by a third party. Top-up fees cannot be paid by Social Security.

What if I'm living in a Health and Social Services or Housing Department home?

If you are living in a home run by the States you will only have to pay the weekly co-payment. You will not need to claim Long-term Care Benefit.

What if I don't have enough money to pay the co-payment?

If you can't afford the co-payment, Supplementary Benefit should be able to help. For this particular purpose, the value of your former home would be ignored in assessing your level of benefit. To find out more please call the Supplementary Benefit helpline on 732508.

Can my Guernsey pension be paid direct to my care home?

Yes, you can redirect your pension by completing a form. To arrange this please call the Pensions & Allowances helpline on 732506.

What if I redirect my pension but it's less than the co-payment?

If you are paying the balance yourself the care home will agree the method of payment with you. If the balance is to be paid from Supplementary Benefit the payment will normally be made direct to the home.

Special cases

What happens about my care home bed if I go into hospital?

If you need to go into hospital we will still pay Long-term Care Benefit for a number of weeks to keep your bed open. But, you will still have to make the co-payment yourself.

What if I'm in hospital for a long time?

The Needs Assessment Panel will probably meet to discuss your case and decide on the type of care best suited to your needs. The panel will decide if your current care home can still provide the most suitable care for you.

What is respite care?

If you are being cared for at home you may need to go into a care home for a short period to give your normal carer a break. This arrangement is called respite care.

The Department will normally pay for up to 4 weeks respite care a year. You will not have to pay the co-payment because we know that you will still have your normal home expenses.

The maximum amount we will pay for respite care in a private residential care home or private nursing home is set out in Leaflet 50 (Benefit Payment & Contribution Rates).

Can I go into respite care if I have not lived in Guernsey for 5 years?

Yes, but you will not be entitled to claim Long-term Care Benefit and you will have to pay the fees yourself.

What if I'm receiving Severe Disability Benefit?

If you move into a care home on a permanent basis you will no longer be entitled to Severe Disability Benefit. The final payment will be made on the Monday before you move in.

What if I'm receiving Sickness or Invalidity Benefit?

If you claim Long-term Care Benefit you will still be entitled to receive your sickness or invalidity benefit. But, you will still have to pay the co-payment yourself. If you would like the benefit paid direct to your care home please call the Incapacity Benefits helpline on 732507.

What if I'm receiving Industrial Disablement Benefit?

If you claim Long-term Care Benefit you will still be entitled to receive your Industrial Disablement Benefit. If the reason you have moved into a care home is because your industrial injury has become worse, you could ask for your case to be looked at again by the Medical Board. You will still have to pay the co-payment yourself. If you want your Industrial Disablement Benefit paid direct to your care home please call the Incapacity Benefits helpline on 732507.

What if I can no longer manage my own affairs?

If you can no longer manage your own affairs you may wish to think about asking a relative or friend to act for you. To find out more please call the Pensions & Allowances helpline on 732506.

For more information

If you need further information please call the Pensions & Allowances helpline on 732506, or e-mail us at enquiry@ssd.gov.gg

What to do if you have a complaint

If you are dissatisfied with any aspect of our service please let a member of staff know at the time so that we can try to resolve the issue immediately. If you wish to make a formal complaint to the Department, please contact us and ask for a complaints leaflet or download a leaflet from the States website www.gov.gg (follow the links to 'Social Security', 'Complaints & Appeals', 'Customer Service Complaints') and return the completed complaints form to the Chief Officer, Social Security Department, Edward T Wheadon House, Le Truchot, St Peter Port, GY1 3WH. Alternatively you can scan and email the completed form to us at ssd-complaints@gov.gg. A senior officer will then investigate your complaint in accordance with the Department's Complaints Policy.