

Policy Circular

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Owner: Strategy & Communications Directorate

Subject: ILF Payments

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Next Review: April 2012

Please note: From 17 June 2010 the ILF is closed to new applications.

1.0 Background

This policy replaces the previous unspent money, group 5 payments, averaging ILF input and direct payments (interim) policies.

The ILF wishes to promote real choice and control for all our users; we do not expect users to spend the exact amount of the weekly award on care each week. Rather it is for each user to decide how their needs can best be met using the ILF award and to decide 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.

Independent Living Fund

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The Independent Living Fund is an Executive Non-Departmental Public Body of the Department for Work and Pensions

2.0 Policy

2.1 Maximum Payments

The maximum payment the ILF is able to make is £475 in respect of a Group 2 user, and £815 in respect of a Group 1 user for each week of the year that a person is eligible.

2.2 Averaged payments

The ILF 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 user 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 user has a variable care 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 user 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 user cannot request that we take into account unused funding from a previous financial year.

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 Criminal Records Bureau checks or health and safety training costs. It is not appropriate for these costs to be included in an averaged payment and a separate one off payment should be made for these costs on request. When making a one off payment case holders must ensure that the total allowable annual payment is not exceeded.

2.3 Group 5 payments

An ILF user who is receiving ILF payments as a Group 1 (users who applied before April 1993), Group 2 (users who applied after April 1993) or Group 4 (users who are going through a Disability Living Allowance (DLA), Attendance Allowance (AA) or Constant Attendance Allowance (CAA) appeal) candidate becomes a Group 5 candidate when they are in temporary residential care, or in respite at a registered care home or hospital.

The 2006 Trust Deed gives Trustees the power to continue to make payments to group five candidates for up to 28 days during temporary admissions to residential care, respite at a registered care home or hospital stays.

The ILF will continue to pay a users 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 user has indicated that they need the payment to continue. The ILF will continue to pay the award for up to 28 days where the user is admitted to hospital and the admission was not planned, unless the user indicates that they do not need the award to continue. This applies in all cases regardless of the type of care employed.

Group 5 candidates 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. Users are required to provide dates of temporary admissions to residential care, respite and hospital stays to the ILF 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 user 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 user can choose to keep the money to use at other times where they can demonstrate approximately how and when the award will be spent.

2.4 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 user is or will be, in receipt of a Group 5 payment, but because of linking periods the ILF becomes aware that their DLA/AA/CAA will cease for either part or the whole of the group 5 payment period, their award should be recalculated to remove the contribution of $\frac{1}{2}$ DLA/CAA/AA from their Available Income. Once the user’s DLA/AA/CAA is reinstated, the original award should go back into payment. This is because the Conditions of Grant Agreement (COGA) requires us to take into account the actual rate of DLA that is being received.

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.

2.5 Unspent money

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

ILF users 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 user has accumulated unspent money in excess of the allowable amounts outlined above this should be dealt with in line with the guidance in Best Working Practice.

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, case holders should consider whether a reassessment would be the most appropriate course of action.

3.0 Grant recovery

There will be situations where a user's circumstances change and they cease to be eligible for funding, for instance they go into unplanned residential care. Where the maximum award has been exceeded because we have annualised a payment on the basis that a user will be eligible for funding during these weeks, the ILF will refer these to the grant recovery team in the normal way.

4.0 Source

Trustees meeting 14 January 2010
Trustees meeting 10 February 2010
Trustees meeting 9 June 2010
Trustees 20 April 2011

5.0 Cross References

Regular and Ongoing LA Input
Backdating
Increase Requests (archived)
Short Term Care

6.0 History Date Reviewed

10 June 2010
3 May 2011
6 July 2011