



**PAYMENT GUIDELINES FOR CARE HOME PROVIDERS WHO ARE ELIGIBLE FOR
PAYMENT BY PAYMENT FORM**

A. PAYMENT GUIDELINES DEFINED

This document is produced by the Council detailing payment process and as such forms an integral part of the Framework Agreement. These procedures will be updated from time to time.

B. PAYMENT FORM PROCESS FOR ASSESSMENTS AND PAYMENTS

1. At the beginning of each period the assessments and payments team will e-mail a Payment Form detailing the payment that will be made for the relevant period (an example of a Payment Form is attached).
2. Payment will normally be received within 10 working days of the period end date for the service users shown on the Payment Form.
3. The payment will be made by BACS transfer. Once payment has been made a remittance advice will be generated and sent by our Payments Team. Should you wish to receive this via email please put this request in an e-mail to **assessments.payments@eastriding.gov.uk**.
4. Please note that where an overpayment is made to the Service Provider the Standard Terms of Business gives the Council the right to automatically off-set this amount against future payments from this, or any other agreement with the Council – see S2.6.5.
5. You will be notified of adjustments under separate cover. Any adjustments will be shown on either the current period Payment Form or a future one.

C. PAYMENT FORM PROCESS FOR CARE HOMES

1. The Payment Form must be checked by the appropriate person and any inaccuracies recorded in “Provider Comments/adjustments”. Please ensure that all details have been checked.
2. In addition the signature ‘box’ on each page of the Payment Form must be signed by the appropriate person, even if nothing has been added in the “Notes” column as you are also confirming that the information is accurate.
3. Where the service user is a short-break (respite) resident and leaves early, the date must be recorded with the reason for leaving.
4. The Payment Form must be fully completed and returned to assessments and payments, preferably by e-mail (assessments.payments@eastriding.gov.uk), not later than 2 weeks after the end of the payment period.
5. You are expected to fully complete the Payment Form within the required time scale. If you fail to do so, no further payments will be made to the Care Home until all the required information is received. If there are exceptional circumstances why this cannot be returned it is important that you make assessments and payments aware by e-mail or telephone (01482 394816).

Note: there are 2 more points in this section overleaf

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6. Where the Council makes an adjustment regarding the client contribution you are required to invoice/credit the client accordingly. Refunds to clients should be made not more than 28 days from the notification letter from the Council. A record of all transactions must be maintained.
7. The Council reserves the right to suspend/stop a Care Home Provider from receiving payments by Payment Form.

D. NOTIFYING THE COUNCIL OF THE DEATH OF A SERVICE USER OR MOVE INTO/OUT OF HOSPITAL

To support the payment process Service Providers must contact the Council with the above information within 24 hours of the event. See clause 18 of the Standard Terms of Business for more information.

Contact the Contract & Review Team on the 24-hour line 01482 396517 or e-mail contract.review@eastriding.gov.uk.

E. USEFUL CONTACT DETAILS

Contract enquiries

Contract & Review Team
Business Management Unit
County Hall
Beverley
East Riding of Yorkshire
HU17 9BA
Phone: 01482 396535
Fax: 01482 396447
Email: contract.review@eastriding.gov.uk

Payment enquiries

Assessments and Payments
County Hall
Beverley
East Riding of Yorkshire
HU17 9BA
Phone: 01482 394816
Fax: 01482 394749
Email: assessments.payments@eastriding.gov.uk

Enquires if a payment received but no remittance advice OR Change of Bank Details

Payments Section
County Hall
Beverley
East Riding of Yorkshire
HU17 9BA
Phone: 01482 394293
Fax: 01482 394209

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F. SPECIFIC ISSUES:-

Schedule 2 of the Standard Terms of Business details the Financial Arrangements including collection of service user and third party payments. The table below expands on some items by giving examples.

Issue	-	Detail
Non-payment of Service User's contribution and/or Third Party contribution		<p>The Service Provider, in accordance with S2. 10.1, promptly notifies the Council by e-mail giving the details of the actions taken to recover the outstanding monies, with dates and copies of collection evidence e.g. reminder letters, minutes of meetings.</p> <p>If a debt remains unpaid for 8 weeks, or earlier if considered appropriate, then it must be transferred to the Council immediately for collection. The Service Provider will submit an Income Return (attached) to the Council, detailing the amounts he has not been able to collect in accordance with S2.10.4 of the Standard Terms of Business.</p>
Free Nursing Care	-	<p>Will be itemised separately on the Payment Form where the Council is paying this element on behalf of the East Riding of Yorkshire CCG.</p> <p>For all other CCGs the invoice for this element should be sent directly to the relevant CCG, as it will not be included on the Individual Placement Agreement and therefore will not be on the Payment Form.</p>
Health funding	-	<p>Where the Council is paying any Health Funding Contribution on behalf of a CCG this will be detailed in the "Funding Type" on the Individual Placement Notification and will be included on Payment Form.</p>
Service User in hospital and contract open	-	<p>Service User contribution to be collected.</p> <p>Please see 18.10 of the Standard Terms of Business which explains more about hospital stays.</p>
Death of a Service User with an open ended contract	-	<ul style="list-style-type: none"> ▪ Payment Form will include payment for 3 days including the date of death. For example Service User dies on the 7th the provider will be paid up to and including the 9th. ▪ Collect the Service User assessed contribution up to and including the day before death only - in the example the 6th ▪ Deferred Payment, where applicable, Payment Form will include payment for 3 days including the date of death. Additional Payments - Payment Form will include payment for 3 days including the date of death. <p>Free nursing care - Payment Form will include payment for 3 days including the date of death. For more information about FNC see Free Nursing Care above.</p>

<u>Issue</u>	-	<u>Detail</u>
Temporary/Respite Care/Short-Breaks Death of service user	-	<p>For example Service User is booked in for stay for 1 week -19th to 24th inclusive:-</p> <ul style="list-style-type: none"> ▪ Service User dies on the 20th - Payment Form will include payment up to and including the 22nd ▪ Service User dies on the 23rd- Payment Form will include payment up to and including the 24th as the contract ended on that date ▪ Service user dies 24th. Payment Form will include payment up to and including the 24th.
Temporary/Respite Care/ Short-Breaks Service User leaves before the end of the contract (other than death) or does not attend.		<p>Contractually the Council is required to pay for the agreed period. However, if the reason for leaving prematurely is because of an upheld complaint the Council will only pay for the nights spent in the Care Home.</p> <p>The contract (Individual Placement Agreement), however, can be terminated giving 28 days notice (or less if stipulated on the Individual Placement Agreement). In some cases both parties may also be prepared to negotiate the notice period downwards.</p> <p>Please note that where the Service User does not attend at all we may ask you to accept another Service User instead.</p>

INCOME RETURN

FROM _____

Date _____

Period Invoice Covers	Amount £	Debt Type i.e. Service User's Assessed Contribution or Third Party Payment (A) or (T)	Date issued to Debtor (copy of invoice must be attached)	Date first reminder issued (copy must be attached)	Date second reminder issued (copy of reminder/notes of personal meeting must be attached)	Amount of debt requested to be transferred to the Council (see schedule 2 of the contract for further details)	If necessary request for future Service User's Assessed Contribution or Third Party Payment from a specific date (please enter below)
<u>Total Claimed</u>							

Where possible send by e-mail to: assessments.payments@eastriding.gov.uk. **Note: This should be password protected if sent electronically.**

Otherwise by fax to: 01482 394749

Or by post to: Assessments and Payments, East Riding of Yorkshire Council, County Hall, Beverley, HU17 9BA

EXAMPLE PAYMENT FORM

Name of Provider Home Name
Payment Address Home Address
Reference Number
Payment Period 12/01/2015-08/02/2015

Service User ID	Payment Start Date	Payment End Date	Weekly Contracted Cost inc. AP if agreed	Weekly Client Contribution	FNC (this is included in the weekly cost)	Weekly Council Contribution, excluding FNC	Total Period Gross Payment inc. AP if agreed	Total Period Client Contribution	Council Payment / Adjustment	Notes
Data will be	19/11/14	16/12/14	£401.73	£0.00	£0.00	£401.73	£0.00	£0.00	£0.00	
included	19/11/14	17/12/14	£401.73	£0.00	£0.00	£401.73	£1,606.92	£0.00	£1,606.92	
in the	17/12/14	11/01/15	£401.73	£0.00	£0.00	£401.73	£1,492.14	£0.00	£1,492.14	
actual	12/01/15	08/02/15	£401.73	£0.00	£0.00	£401.73	£1,606.92	£0.00	£1,606.92	
forms	12/01/15	08/02/15	£455.14	£455.14	£0.00	£0.00	£1,820.56	£1,094.44	£726.12	
in this	12/01/15	08/02/15	£401.73	£123.95	£0.00	£277.78	£1,606.92	£495.80	£1,111.12	
column	12/01/15	08/02/15	£401.73	£401.73	£0.00	£0.00	£1,606.92	£1,606.92	£0.00	
	12/01/15	08/02/15	£401.73	£181.14	£0.00	£220.59	£1,606.92	£724.56	£882.36	
	12/01/15	08/02/15	£455.14	£249.36	£0.00	£205.78	£1,820.56	£997.44	£823.12	
	12/01/15	08/02/15	£401.73	£401.73	£0.00	£0.00	£1,606.92	£1,606.92	£0.00	
	12/01/15	08/02/15	£455.14	£431.27	£0.00	£23.87	£1,820.56	£1,725.08	£95.48	
	12/01/15	08/02/15	£401.73	£209.32	£0.00	£192.41	£1,606.92	£0.00	£1,606.92	
	12/01/15	08/02/15	£401.73	£186.59	£0.00	£215.14	£1,606.92	£746.36	£860.56	
	09/01/15	11/01/15	£455.14	£0.00	£0.00	£455.14	£195.06	£0.00	£195.06	
	12/01/15	08/02/15	£455.14	£0.00	£0.00	£455.14	£1,820.56	£0.00	£1,820.56	

Signatures required on each page

Total Payment Made	£12,827.28
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Please make any adjustments as required and sign below, and return by 31/01/2014. Failure to submit a signed declaration could result in non payment of future contributions from the Council.