Adults Quick Guide

Support Plan Costings – Hints and Tips

The **(Adult) My Care and Support Plan** optional form is recorded during assessment or review if new services are required or existing services are to continue.

Costings for all current and new planned (personal budget) services are recorded within a separate optional form within these steps called **(Adult) Support Plan Costings**.

This guide will offer some hints and tips about how to record services within the separate **(Adult) Support Plan Costings** form.

For further guidance on recording assessment, plan or review activity please refer to the **Assessment, Plan or Review Activity – Hints and Tips** user guide.

Service Types

You must select the 'Service Type' checkbox for all new services and then complete the necessary details.

Existing ongoing services should automatically display – you must not deselect these if they are to continue.

If the service type checkbox is not selected for a service already in place the service will not be costed for and the proposed cost of services (personal budget) amount will be incorrect.

Any services that are to be ended should be deselected as these do not need to be included in the total personal budget amount.

All service types can be used for services delivered via direct payment and direct provision (commissioned services) with the exception of 'Personal Assistant – Direct Payment' and 'Permanent Residency - Residential or Nursing'.

Once you have selected the checkbox for a service type a corresponding section for that service will open under the 'Service Type' checkboxes.

Service Type	Units	When it should be used
Personal Care at Home	Hours (Use decimals for minutes e.g. 0.5 for 30 minutes)	To be used for all community support services provided within a person's home. This includes personal care, social care, night care services and essential domestic/hygiene cleaning services.
Personal Care at Home (2nd Carer)	Hours (Use decimals for minutes e.g. 0.5 for 30 minutes)	To be used for all community support services provided within a person's home, if there is a need for a 2nd carer with a different schedule to the 1st carer. This includes personal care, social care, night care services and essential domestic/hygiene cleaning services.
Personal Assistant – Direct Payment	Hours (Use decimals for minutes e.g. 0.5 for 30 minutes)	To be used for a direct payment to fund a personal assistant.
Personal Assistant – Direct Payment (2nd PA)	Hours (Use decimals for minutes e.g. 0.5 for 30 minutes)	To be used for a direct payment to fund a 2nd personal assistant.
Day Services (External Provider)	Days	To be used for day care services delivered by an independent provider including short term day care services provided by Adults Supporting Adults.
Day Services (Local Authority)	Days	To be used for in-house day care services, i.e. those provided by LCC

Service Type	Units	When it should be used
Supported Living – Day Time Hours	Hours (Use decimals for minutes e.g. 0.5 for 30 minutes)	To be used for cases where support services are being offered during day time hours at home or within shared accommodation. For shared accommodation both the person's share of the house core hours and their own additional one to one hours should be recorded
Supported Living – Sleep Ins	Nights	To be used for cases where sleep ins are being offered at home or within shared accommodation For shared accommodation both the person's share of the house core sleep-ins and their own additional one to one sleep-ins should be recorded
Supported Living – Night Time Hours	Hours (Use decimals for minutes e.g. 0.5 for 30 minutes)	To be used for cases where support services are being offered during night time hours at home or within a shared residential setting For shared accommodation both the person's share of the house core hours and their own additional one to one hours should be recorded
Shared Lives	Sessional Support = Full day/half day Short Breaks = Nights Live-in Service = Nights	For sessional support, short breaks and live-in Shared Lives services provided by PSS (Person Shaped Support).

Service Type	Units	When it should be used
Other Service Type – Non-Residential	Hours (use decimals for minutes e.g. 0.5 for 30 minutes), Days or Nights as applicable. '1' can be used for a weekly cost. If costing weekly, please use the 'additional information' textbox in the Adult Purchase Service Request to provide full details.	This is only to be used in exceptional circumstances for services not covered by the other service options, or when you have used the option already and need to record additions to the current service via a different delivery type, e.g. you need Personal Care as both a commissioned service and via a Direct Payment. This service type is also used for long term services provided by **Adults Supporting Adults.**
Other Service Type – Residential	Nights	This is only to be used in exceptional circumstances for services not covered by the other service options, or when you have used the option already and need to record additions to the current service via a different delivery type, e.g. you need a temporary admission as both a commissioned service and via a Direct Payment. This service type is also to be used for temporary admission – residential or nursing care or respite provided in a **block bed**.
One-off Costs	Service specific - i.e. number of items / hours / days / nights etc as appropriate	This service type should be used for one off personal budget services.

Service Type	Units	When it should be used
Permanent Residency – Residential or Nursing	Nights	To be used when a need for permanent (long term) residential or nursing services is identified. **Note**: The **Permanent Residency / REG Request** optional form must be completed and authorised as per the permanent residency process. Refer to the **Permanent Residency/REG Request Process - Practitioners** user guide for full details.
Temporary Admission – Residential or Nursing	Nights	To be used when a need for temporary (short term) residential or nursing services is identified, including respite services. **Note:** The **Request to Approve Temporary Admission** optional form must be completed and authorised for all placements (excluding rolling respite). Refer to the **Temporary Admissions Authorisation Process** user guide for full details.

Recording Service Details

You must record units for each required service. The units field is mandatory for all 'Service Types' selected.

The plan will calculate a budget for each service based on the number of units and unit cost of that service.

A tick box will display for all service types (with the exception of Day Services – Local Authority) to allow you to indicate if any costs will be funded by Health.

If ticked, further mandatory questions will display to allow you to record the level of Health funding and how the funding was calculated (cost/percentage). The LCC weekly cost will prepopulate accordingly.

You must state whether each service type selected is part of a Direct Payment or not. This field is mandatory once the units have been recorded or service type selected.

Personal Care / 2nd Carer

To check which rate band the person's address is (to ensure the correct unit cost is displaying in your plan) use the **Show guidance** icon against the 'Rate band' dropdown menu. Click the link within this guidance to access the Lincolnshire Postcode Lookup spreadsheet.

Units per week are in hours – use decimals for part hours (minutes) e.g. 0.5 for 30 minutes

Answer the sitting service question and, if applicable, record how many hours required

Day Services (External Provider and Local Authority)

Units per week are in days – amend the unit cost as applicable and Mosaic will calculate the weekly cost

For Day Services (External Provider) you should record any one to one hours by answering 'Yes' to the question 'Are One to One Hours required?' and then record the details in the fields that appear.

Supported Living (Day Time Hours, Night Time Hours and Sleep Ins)

You must specify whether this is a shared accommodation or support at home service using the type of support dropdown menu.

If it is **shared accommodation** service you must enter the person's share of the house core hours/nights each week and then record any one to one hours if applicable.

Currently the support plan costings will not calculate the share of core hours or nights for you. The calculation for the share of hours or nights is:

The number of hours or nights **multiplied by** the number of carers and then **divided by** the capacity of the property.

This figure will not change regardless of use because it is calculated based on the number of beds at the property.

(If a recurring decimal is calculated, e.g. 2.3333333, you should round the number down, e.g. 2.33)

Shared Lives

You must select the 'Type of Request' using the checkboxes – Sessional Support (Daytime Services), Short Breaks or Live-in Service.

More than one service type can be selected if required but Short Breaks and Live-in Service cannot be selected together.

The 'Further Details' textbox can be used to provide information as necessary. For example, any specific details for the support required.

When a checkbox has been selected the corresponding section for the Shared Lives service will open.

> A 'PSS Lincolnshire Referral Form' must also be completed outside Mosaic.
>
> This should be emailed to **sharedliveslincs@pss.org.uk** .
>
> PSS will upload the Referral and Shared Lives Agreement form. Practitioners should check the Attachments tab in the Documents section to view these.

Shared Lives - Sessional Support

Use the **Add** button to specify whether a 'full day' or 'half day' sessional support is required for each day of the week. If support is not required on a particular day, leave the field as 'Please Select'. Click the **Add and Close** button once all selections have been made.

If updating the service details, e.g. if a day changes from 'full day' to 'half day', you can click the **edit pencil** icon 🖊 to amend the details and then click the **Save Changes** button.

Cost breakdown – you will need to select the relevant Service Band and indicate if the service is to be provided by a direct payment.

If required, this information can also all be deleted using the **delete** icon

Shared Lives – Short Breaks

You will need to select the relevant Service Band, the number of nights and whether the service is to be provided by a direct payment.

Shared Lives – Live-in Service

You will need to select the relevant Service Band and indicate if the service is to be provided by a direct payment.

Will the customer require 'Shared Lives – Short Breaks' whilst their regular carer is having annual leave? – Select Yes/No from the dropdown menu. Click the **Show guidance** icon for further details.

If 'yes' is selected, the following additional mandatory question displays – *How many nights of Short Breaks are required with the Shared Lives provider?* Specify the number of nights as appropriate if person will use Short Breaks during this period of carer leave.

Other Service Type – Non- Residential

When this service type is selected you will see a warning message – click the **OK** button to continue.

As per the warning message and information in the **Show guidance** icon this service type is only to be used:

1. In exceptional circumstances for services not covered by the other service options

2. When you have used the option already and need to record additions to the current service via a different delivery type, e.g. you need Personal Care as both a commissioned service and via a Direct Payment.

3. Long term services provided by Adults Supporting Adults

4. Any Non-Shared Lives, Non-Residential Respite services e.g. respite provided at home

Use the **Add** button to record information in this section – you will need to specify type of service, cost per year and, like all other services, specify whether it is part of a direct payment or not.

> Ensure you delete all information recorded in the **'Other Service Type - Non-Residential'** table if the service type is no longer required.
>
> Delete the information using the **delete** icon against each line before unticking the service type checkbox.
>
> You will see another warning message reminding you of this when you untick the service type checkbox.

Other Service Type – Residential

When this service type is selected you will see a warning message – click the **OK** button to continue.

As per the warning message and information in the **Show guidance** icon this service type is only to be used:

1. In exceptional circumstances for services not covered by the other service options

2. When you have used the option already and need to record additions to the current service via a different delivery type, e.g. you need a temporary admission as both a commissioned service and via a Direct Payment.

Use the **Add** button to record information in this section – you will need to specify type of service, number of nights per year, weekly cost and, like all other services, specify whether it is part of a direct payment or not.

Ensure you delete all information recorded in the **'Other Service Type - Residential'** table if the service type is no longer required.

Delete the information using the **delete** icon 🗑 against each line before unticking the service type checkbox.

You will see another warning message reminding you of this when you untick the service type checkbox.

LCC OP/PD only (excluding Acute Hospitals) –

If you are costing for a new temporary admission (short term residential or nursing) placement starting immediately (excluding rolling respite), you must also complete the **Request to Approve Temporary Admission** optional form available in the **Forms and letters** icon 📄.

You must complete the assessment/review, plan and support plan costings forms and ensure you click the **Save** icon 💾 before opening the **Request to Approve Temporary Admission** form.

Refer to the **Temporary Admissions Authorisation Process** user guide for full details.

One-off Costs

When this service type is selected you will see a warning message – click the **OK** button to continue.

As per the warning message and information in the **Show guidance** icon ❓ this service type is only to be used to record any services that are a one off costed services which need to be included in the person's personal budget. It must not be used for non-personal budget services such as equipment or telecare.

Use the **Add** button to record information in this section – you will need to specify type of service, the cost of that one-off service, and, like all other services, specify whether it is part of a direct payment or not.

Ensure you delete all information recorded in the **'One-off Costs'** table if the service type is no longer required.

Delete the information using the **delete** icon against each line before unticking the service type checkbox.

You will see another warning message reminding you of this when you untick the service type checkbox.

Permanent Residency - Residential or Nursing

You must identify the type of permanent residency (long term care). This will generate a contracted bed cost, unless it is for an LD Provider who has not signed up to the Framework.

If this cost is not correct you must select the appropriate 'Payment Amendments' checkbox to allow you to record the correct cost.

For example, if 'PD Residential' is selected and the contracted cost which defaults in (£623.00 in this example) is incorrect because the person is placed in an out of county home with an increased cost I can select that checkbox in the 'Payment Amendments'.

The screen will then expand to allow me to record the correct cost (increase per week) – and get a corrected personal budget figure.

The 'Payment Amendments' section menu is mandatory. You should select 'Not applicable' if the contracted bed cost is correct.

'Is there a third party top-up?' is a mandatory question. If 'Yes' is selected additional mandatory questions will appear.

It is mandatory to record either the details of the person who is going to pay the third party top-up, the person who will arrange payment on behalf of an organisation, or the manager's details if LCC/LPFT are going to pay the top-up.

It is mandatory to state whether a Financial Assessment Referral has already been made. If 'No' is selected here you will be prompted to add the next action 'Adult Financial Assessment Referral (assign to self)' in Actions taken within the main assessment or review form.

If 'LD Residential' or 'LD Nursing' is selected in the 'Type of Permanent Residency' dropdown menu you will see an additional mandatory question.

If 'Yes' is selected you will have an additional dropdown menu to select from.

If 'No' is selected you will have to record the 'Contracted Bed Cost' per week.

LCC OP/PD only (including Hospitals) –

If you are costing for a permanent residency (residential or nursing) placement, you must also complete the **Permanent Residency / REG Request** optional form available in **Forms and letters** icon .

You must complete the assessment/review, plan and support plan costings forms and ensure you click the **Save** icon before opening the **Permanent Residency / REG Request** form.

Refer to the **Permanent Residency/REG Request Process - Practitioner** user guide for full details.

Temporary Admission - Residential or Nursing

You must identify the type of temporary admission (short term care) and record the number of nights. This will generate a contracted bed cost. If this cost is not correct you must select the appropriate 'Payment Amendments' checkbox to allow you to record the correct cost.

For example, if 'OP Residential' is selected and the contracted cost which defaults in (£483.00 for 7 nights in this example) is incorrect because the person is placed in an out of county home with an increased cost I can select that checkbox in the 'Payment Amendments'.

The screen will then expand to allow me to record the correct cost (increase per week) – and get a corrected personal budget figure.

The 'Payment Amendments' section menu is mandatory. You should select 'Not applicable' if the contracted bed cost is correct.

'Is there a third party top-up?' is a mandatory question. If 'Yes' is selected additional mandatory questions will appear.

It is mandatory to record either the details of the person who is going to pay the third party top-up, the person who will arrange payment on behalf of an organisation, or the manager's details if LCC/LPFT are going to pay the top-up.

It is mandatory to state whether a Financial Assessment Referral has already been made. If 'No' is selected here you will be prompted to add the next action 'Adult Financial Assessment Referral (assign to self)' in Actions Taken within the main assessment or review form.

If 'LD Residential' or 'LD Nursing' is selected in the 'Type of Temporary Admission' dropdown menu you will see an additional mandatory question.

If 'Yes' is selected you will have an additional dropdown menu to select from.

LCC OP/PD only (excluding Acute Hospitals) –

If you are costing for a new temporary admission (short term residential or nursing) placement starting immediately (excluding rolling respite), you must also complete the **Request to Approve Temporary Admission** optional form available in the **Forms and letters** icon .

You must complete the assessment/review, plan and support plan costings forms and ensure you click the **Save** icon before opening the **Request to Approve Temporary Admission** form.

Refer to the **Temporary Admissions Authorisation Process** user guide for full details.

Personal Assistant - Direct Payments / 2ⁿᵈ PA

- Units per week = record the number of hours or days per week as appropriate here e.g. 7 hours a week

- Unit Cost (gross hourly rate paid to PA) = record the gross hourly rate of pay here (this should just be the basic pay) e.g. £8.50 an hour

Use the **Payroll and Employment Related Costs** table to record a breakdown of the payroll and employment related costs for the assistant e.g. national insurance, pension etc.

Click the **Add** button to record information in this section – you will need to specify the extra payment type and the annual cost for each extra payment.

- Weekly Cost (including any additional costs) (£) = this will be calculated for you based on the units and unit cost (including any additional costs from the table) e.g. £59.50 per week

- Service to be delivered via Direct Payment? = defaults in as yes as this service type can only be used for a direct payment service

For the additional one-off costs such as DBS checks (after the first year) record these in the 'One-off Costs' section.

Click the **Add** button to record information in this section – you will need to complete the free text fields. For example, DBS check at £26.00 to be paid as part of the continuing direct payment. See the One-Off Costs section of this guide for more information

Services provided by a different provider/at different rates

If for example, you are commissioning two days of day care a week with different providers and/or different costs. You can only select the service type 'Day Services (External Provider)' once – so can only record one day within this section.

For example, one day at £50.00 per day recorded in the 'Day Services (External Provider)' section.

To record the second day you will need to select 'Other Service Type – Non-Residential' and record the details of the second day within this section.

Please note: This method should also be used if you have a service being provided by a mixture of Direct Payments and commissioned services.

Workaround – Costing for both Non-Res DP Services and Rolling Respite

Where a person is having a yearly direct payment service e.g. homecare, but also rolling respite throughout the year, the person's proposed cost of services is often calculated as more than the indicative budget because you are costing for the homecare for the full year as well as the rolling respite – even though the homecare will not be needed while the person is in respite.

Mosaic will not let you specify the number of weeks a yearly service is applicable for so the following workaround can be used:

Example: Costing for 7 hours of homecare per week and 8 weeks of rolling respite

8 weeks of rolling respite to be costed for as normal

For the homecare:

- 52 (weeks in the year) – 8 (weeks of respite) = 44 (weeks of homecare)
- 44 x 7 (number of hours per week) x hourly rate = **yearly cost** (of the homecare)
- Divide the yearly cost by 52.14 (number of weeks in the year used for calculates to take into account leap years) = **weekly cost** (of the homecare)

For some service types e.g. **Personal Assistant – Direct Payment**, the weekly cost field cannot be amended so you will need to divide the weekly cost by the number of units and update the 'Unit Cost' field.

> **Useful Calculations:**
>
> Weeks in Year (52) – Weeks of Respite = **Number of Weeks for Yearly Non-Residential Service**
>
> Number of Weeks for Yearly Non-Residential Service x Number of Hours/Units per Week x Hourly/Unit Cost = **Yearly Cost**
>
> Yearly Cost divided by 52.14 = **Weekly Cost**
>
> Weekly Cost divided by Number of Hours/Units per Week = **Unit Cost**

Direct Payment Health Budgets

You will have to answer an additional question regarding whether the person is having a direct payment and if so, whether the direct payment is with a joint health budget.

If the person is having a joint health budget you will have to answer additional questions according to the person's situation.