Adults Quick Guide

My Care Package – Hints and Tips

Adult My Care Package is both a separate workflow step and also an optional form available within certain Adult Care workflow steps.

There are two versions of the **Adult My Care Package** form – **(Adult) My Care Package – Planned Services** and **(Adult) My Care Package – Unplanned and Amendments**.

This guide will offer hints and tips about how to complete the **My Care Package** form – it will not cover details of every field within the form and will not go into detail over which fields appear in which version of the form.

You must complete the relevant sections in full when completing this form. Mandatory fields will be highlighted in red.

Refer to the **Working with Workflow Steps and Forms** user guide for full guidance on how to complete a workflow step and form.

(Adult) My Care Package – Planned Services

(Adult) My Care Package – Planned Services is an optional form available within the **Adult My Assessment** and **Adult My Review** steps.

It should opened and completed when you need to:

- Arrange new services
- Arrange changes to existing services (temporary and permanent changes)
- Record an episode of rolling respite has taken place
- Renew LD flexible respite allocation
- Request an extension to a temporary admission placement
- Request services are suspended and that suspended services are restarted
- Request services are ended

You must complete the assessment / review, and care and support plan forms and ensure you click the **Save** icon 💾 before opening the My Care Package form.

(Adult) My Care Package – Unplanned and Amendments

(Adult) My Care Package – Unplanned and Amendments is an optional form available within the **Adult Contact (Open)** and **Adult Immediate Emergency Service Request** steps.

It should be opened and completed in the **Adult Contact (Open)** step to record an episode of rolling respite has taken place.

It should be opened and completed in the **Adult Immediate Emergency Service Request** step to arrange an unplanned service.

The **(Adult) My Care Package – Unplanned and Amendments** form is also in the **Adult My Care Package** step. This step is available from the **Start > New …** sidebar menu and should be used to:

- Arrange changes to existing services (temporary and some permanent changes)
- Record an episode of rolling respite has taken place
- Renew LD flexible respite allocation
- Request an extension to a temporary admission placement
- Request services are suspended and that suspended services are restarted
- Process uplifts for direct payments

It is important to note **(Adult) My Care Package – Unplanned and Amendments** form has restricted use. Some functionality will be 'greyed out' meaning that you need to use the **(Adult) My Care Package – Planned Services** optional form within the assessment or review step to complete the task e.g. arranging a new service and ending a service.

Section 1. Care Package Maintenance

Financial Assessment Referrals

A financial assessment referral is required for new packages of care, a change from non-residential to residential services, a move from temporary to permanent residential care, or a change in personal or financial circumstances.

You must tick the relevant checkbox(es) to indicate the type of **Financial Assessment Referral(s)** required as part of this workflow. If a **Financial Assessment Referral** is required you must remember to add it as a next action within the **Next actions** section (last section of the main form).

Care Package

You must tick the relevant **Services** checkbox(es) for all new services required as part of this workflow.

Remember: In the **(Adult) My Care Package – Unplanned and Amendments** form most of these checkboxes will be greyed out as you will usually need to use the **(Adult) My Care Package – Planned Services** form to arrange new services or end services.

Service Checkbox	When it should be used
All Unplanned Services	To be used for unplanned services
Rolling / Flexible Respite	To be used to set a rolling or flexible respite allocation
Temporary Residential Care	To be used for an immediate temporary (short term) residential or nursing care placement.
Homecare	To be used for brokered homecare services.
Community Supported Living	To be used where support services are being offered at home or within a shared accommodation (Group Home) setting.
Day Care	To be used for day care services delivered in house (by LCC) or by a private provider

Service Checkbox	When it should be used
Shared Lives	To be used for sessional support (Day Services), short breaks and live-in Shared Lives services provided by PSS (Person Shaped Support).
Direct Payments	To be used for a direct payment to fund any of the following: • Carer Respite • Personal Assistants • Agency Support (non-CSL) • Community Supported Living • Day Services • Transport and Milage • One Off Costs • Other Ongoing Costs
Permanent Residential Care	To be used for a permanent (long term) residential or nursing care placement.
Miscellaneous Support	To be used for one off or ongoing services which do not fit into any of the other sections of the form. Should also be used where a **block bed** is being used for a temporary residency placement or respite.
TEC and Equipment	To be used for any TEC (technology enabled care), equipment and LCC funded Telecare which has already been paid for.

For open cases, existing ongoing services should already be ticked as this information will pull through from the previous **My Care Package** form.

You must not untick these if they are to continue as it means the service(s) will not be costed for and the proposed cost of services (personal budget) amount will be incorrect.

Based on the **Services** checkbox(es) ticked the corresponding section(s) of the form (**sections 2 to 12**) will turn red indicating mandatory fields need to be completed relating to that service.

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

Once you have unticked the relevant **Services** checkbox(es) you must also answer **Yes** to the question **Are any services ending as part of this workflow?** – an **Ending Services** subsection will appear.

Ending Services

Use the **Add** button to record details of the services that need to be ended in the table – complete all the necessary details in the popup window.

- Click the **Add** button to record an additional service that is ending or click the **Add and close** button once all services have been recorded.

- If needed, you can click the **edit pencil** icon 🖊 to amend any details and then click the **Save Changes** button.

- If added in error, a row can also be deleted using the **delete** icon 🗑

Direct Payments Suspension and Termination

If a direct payment service is being suspended or ended as part of this workflow, you must answer **Yes** to the question **Is a Direct Payment being ended or suspended as part of this workflow?**

Note: This question is just **Is a Direct Payment being suspended as part of this workflow?** in the **(Adult) My Care Package – Unplanned and Amendments** form as you cannot end a service using that form.

A confirmation checkbox will appear to confirm you have completed the **DP Suspension and Termination Checklist** form. This is an optional form located in the **Forms and letters** icon 📑.

You must complete the form and send the **Adult Authorise DP termination / suspension** request from the **Requests** toolbar icon 📋 to your manager so they can authorise the suspension or ending of the DP service.

Where suspending a direct payment service you must also remember to add **Direct Payment Suspension Monitoring** as a next action within the **Next actions** section (last section of the main form). Refer to the **Direct Payment Suspension Monitoring** user guide for full details.

Suspended Services

If services are being suspended as part of this workflow, or you are ending a suspension already in place you must answer **Yes** to the question **Are any services being suspended, or service suspensions ending as part of this workflow?**

Suspended services will automatically display in the **table for any services that are suspended as part of this workflow**:

- if the suspension needs to be ended – use the **edit pencil** icon to amend the row and add the restart details then click the **Save Changes** button

- if the suspension has already been ended as part of a previous workflow – use the **delete** icon to remove theses services from the table

For services that are being suspended as part of this workflow:

- Click the **Add** button to record the details in the **table for any services that are suspended as part of this workflow** – complete all the necessary details in the popup window.

- Click the **Add** button to record an additional service that is being suspended or click the **Add and close** button once all services have been recorded.

- If needed, you can click the **edit pencil** icon to amend any details and then click the **Save Changes** button.

- If added in error, a row can also be deleted using the **delete** icon

Answer the two mandatory questions at the bottom of this section – these questions are prompts to ensure you have completed the details within this section correctly.

General Tips for Completing Sections 2 to 12

In **sections 2 to 11** you must select the relevant **Status of the service as a result of this workflow** radio button – the screen will expand based on your selection.

If changes are being made you may be asked to provide details of the change to make it easier for the finance team to process the change.

Some changes, e.g. increases in care and extensions to temporary residential placements, require manager's authorisation – as per the prompt that appears in the form, you must send the **Adult Please review information and authorise** request in the **Requests** toolbar icon to your manager for these cases.

In relevant sections, click the **Show guidance** icon to access additional practice guidance i.e. to check the 'Lincolnshire Postcode Lookup' spreadsheet when arranging homecare to ensure you select the correct rate, and also when deciding who to select as the 'Primary purchasing team' and when the budget split between teams.

When using the **Find** button to search for an organisation to add them as a provider/care home, e.g. to add an out of county care home for temporary admissions or permanent residency, if you cannot find them you should email CommercialTeamPeopleServices@lincolnshire.gov.uk. The Commercial Team arrange for all new suppliers/providers to be set up on Mosaic once a signed contract has been received.

When using the **Add** button e.g. to record a schedule – complete all the necessary details in the popup window(s).

- Click the **Add** button to record an additional call or click the **Add and close** button once all rows have been recorded.

- If updating the service, click the **edit pencil** icon to amend the details and then click the **Save Changes** button.

- If added in error, a row can also be deleted using the **delete** icon

Always check the **Forms and letters** toolbar icon to see what optional forms and letters are available e.g. for relevant agreement forms where there is a first or third party top up – open and complete all relevant forms based on the services you are arranging / amending etc.

Use the **Attachments** toolbar icon 📎 to upload any relevant external documents e.g. signed copies of agreement forms.

Temporary Residential Care - For LCC OP/PD only

For new placements

You must also complete the **Request to Approve Temporary Admission** optional form available in the **Forms and letters** toolbar icon 📇. Refer to the **Temporary Admissions Authorisation Process** user guide for full details.

You must send the **Adult Please review information and authorise** request in the **Requests** toolbar icon 📋 to your manager for these cases.

For extensions

You must also complete the **Adult Extension to Temporary Residential Care** optional form available in the **Forms and letters** toolbar icon 📇. Refer to the **Extending Temporary Admissions** user guide for full details.

You must send the **Adult Please review information and authorise** request in the **Requests** toolbar icon 📋 to your manager for these cases.

Permanent Residential Care - For LCC OP/PD only

You must also complete the **Permanent Residency Request** optional form available in the **Forms and letters** toolbar icon 📇. Refer to the **Permanent Residency Request Process - Practitioner** user guide for full details.

You must send the **Adult Please review information and authorise** request in the **Requests** toolbar icon 📋 to your manager for these cases.

Section 13. Personal Budget and Contributions (Planned Services version only)

This section breaks down the total cost of the Personal Budget, funding streams, and the person's contribution.

This section only covers a person's annual Personal Budget. If the person is purely having Temporary Residential services pending review, or is in Permanent Residential Care, the costs can be found in the relevant sections of the form.

If there is an excess budget required i.e. the **Social care annual budget** is more than the **Annual indicative planning budget** the **Budget excess authorisation** checkbox will be mandatory.

This checkbox must be ticked by the manager when authorising the workflow step - send the **Adult Please review information and authorise** request to your manager using the **Requests** toolbar icon.

> When a personal budget is generated (new case) or changed (additional new services, permanent changes to services etc) the **Adult My Personal Budget Letter** available in the **Forms and letters** toolbar icon should be completed and sent to the person / their representative.

Next actions

In the **Adult My Care Package** step **Next actions** is **Section 13**.

When completing the **(Adult) My Care Package** optional form in any other step the **Next actions** section is the last section of the main form within the workflow step (first tab within the workflow step window).

Refer to the **Working with Workflow Steps and Forms** user guide for details on how to record next actions.

The next actions you'll need to use match the service type(s) – these should be used when requesting new services, changing a service, suspending/restarting a service or ending a service.

Next action	Who to assign to
Adult Homecare – Action Required	Relevant **Brokerage inbox** using the Pass to worker dropdown menu
Adult Residential / Nursing Care – Action Required	**Residential / Nursing Care Inbox** using the Pass to worker dropdown menu

Next action	Who to assign to
Adult CSL / Day Care – Action Required	**Non Brokered Non Res Services – Inbox** using the Pass to worker dropdown menu
Adult Direct Payments – Action Required	**Direct Payments – Inbox** using the Pass to worker dropdown menu
Adult Shared Lives – Action Required	**Shared Lives – Inbox** using the Pass to worker dropdown menu

From the **Adult Care Package** step the following actions are also available:

Next action	When to use	Who to assign to
Adult My Care Package	If another change is needed once this form is complete e.g. you are likely to need to extend a temporary admission again	**Self** using the **Assign to Me** button
Adult Financial Assessment Referral (assign to self)	For new packages of care, a change from non-residential to residential services, a move from temporary to permanent residential care, or a change in personal or financial circumstances	**Self** using the **Assign to Me** button
Adult Direct Payment Suspension Monitoring	If you are suspending direct payment services. The 'scheduled date' defaults is as 4 weeks but can be amended	**Self** using the **Assign to Me** button
Adult Change to Care Package No Longer Required (NFA)	When no changes are required i.e. next actions do not need to be sent to finance or brokerage.	This is a terminating, no further action (NFA), action and does not need assigning to anyone

For all next actions available from other steps please refer to the relevant user guides.

Requests and Notifications

When completing the **Adult My Care Package** step or the **(Adult) My Care Package** optional form within other steps you may also need to send certain requests and / or notifications.

Refer to the **Requests and Notifications** user guide for details on how to record requests and notifications.

The following **Requests** and **Notifications** are available from the **Requests** toolbar icon 📋 within the **Adult My Care Package** step.

Please note: Some of these **Requests** and **Notifications** will also be available from the Adult Care steps the **(Adult) My Care Package** optional form is available from (refer to relevant user guides on these steps for further information) – these should be used as and when required.

Request (R) / Notification (N)	When to use	Who to send to
(R) Adult Please action	General request found in most Adult Care workflow steps. To be used as and where needed	Any worker or team as necessary using the Pass to worker / Pass to team > Find button
(R) Adult Authorise DP termination / suspension	Where a direct payment is being ended or suspended. You must have completed the **DP Suspension and Termination Checklist** optional form before sending this request.	Your manager using the Pass to worker > Find button
(R) Adult Please review information and authorise	Where the step requires authorisation	Your manager using the Pass to worker > Find button

Request (R) / Notification (N)	When to use	Who to send to
(N) Adult OPG 100 search	Sent to request an Office of Public Guardian (OPG) search or to notify Adult Care Finance of the outcome of an OPG search	**Adult Care Finance** using the Pass to team dropdown menu
(N) Adult Care Finance informed by manager	For LD cases only - where the extension of a temporary admission is agreed	**Adult Care Finance** using the Pass to team dropdown menu
(N) Adult Notification of approved Temporary Residency request	Where the extension of a temporary admission is agreed	Relevant **Adult Admin team** using the Pass to team dropdown menu