

Frequently Asked Questions about:

Waivers from Long-stay Contributions (Residential Support Services Maintenance and Accommodation Contributions)

This guide is for information only. It is not a legal interpretation.

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1. Can I get a reduction to my long-stay contribution?

Your service provider will help you figure out how much you have to pay. You will have an individual **assessment** to make sure that the amount you have to pay is correct. You will need to provide details of all relevant income and outgoings such as expenses. If you have extra expenses that make it difficult for you to pay your long-stay contribution, you may be granted a **waiver**.

After your assessment, your service provider will write to tell you what you must pay and if you will get a waiver.

There is information on the criteria for being granted or refused a waiver in question 10.

2. What is a waiver?

A **waiver** is an agreement that you will have to pay either a reduced long-stay contribution or no long-stay contribution. This will depend on the amount of the waiver you get.

3. What expenses or other outgoings can be considered for a waiver of my standard long-stay contribution?

There are three waiver categories.

- Avoidance of undue financial hardship includes making sure that you can afford to meet essential expenses such as:
 - your own reasonable expenses
 - the reasonable expenses of your dependants, such as your children
 - existing financial commitments such as the rent or mortgage on your family home
 - other essential expenses
- Expenses to meet identified needs such as the objectives in your care plan
- Payments you already make for your maintenance and accommodation.

4. How do I qualify for a waiver?

As part of your individual financial assessment, your service provider will help you figure out the amount of the long-stay contribution you have to pay and if you qualify for a waiver. Your service provider will tell you what documents you need to provide to support your request for a waiver, such as bills, receipts, bank statements and pay slips. If you do not have these documents with you during your individual assessment, they can be provided to your service provider afterwards.

When your assessment is finished, you will get a letter that tells you the amount of the long-stay contribution you have to pay, whether you have got a waiver or not, the amount of waiver (if any), and an explanation.

5. Who will carry out my assessment?

Your service provider will select a member of staff to help you figure out the long-stay contribution you will have to pay and whether you qualify for a waiver. You will be contacted by your service provider to arrange a date and time for your individual assessment.

6. Can I get assistance from a family member or other advocate? What will they do for me?

Yes. Your service provider will be happy to work with you and your family member or other advocate. For example, you might ask a family member to help you with the assessment for your long-stay contribution. They can also attend meetings with you.

7. If my circumstances change, will my long-stay contribution change?

Reasons your long-stay contribution may change include:

- Your weekly income changes
- You pay off an expense you had a waiver for (such as a mortgage or a loan).

If your circumstances change, tell your service provider. They will update your long-stay contribution.

8. What can I do if my circumstances change?

If your circumstances change:

- You should tell your service provider about the change in your circumstances
- Your service provider will arrange another assessment to find out if your waiver amount or your long-stay contribution should change.

9. What can I do if I am unhappy with my waiver decision?

If you are unhappy with your waiver decision, you can:

- Ask your service provider for the decision to be **corrected** if a mistake has been made in your assessment
- **Appeal** in writing to:
HSE National Appeals Office

An Clochar, Ballyshannon Health Campus
College Street
Ballyshannon
Co Donegal F94 TPX4

You can also appeal by **sending an email to:**
regionalappealsoffice@hse.ie

Please outline the reasons why you are dissatisfied with the decision and the grounds on which you wish to have it reconsidered. Please include a copy of the decision letter and attach any other relevant documents.

If you are still unhappy after you have appealed, you can:

- **Write a letter of complaint** to the Office of the Ombudsman The address is:
Office of the Ombudsman
18 Lower Leeson Street
Dublin 2
D02 HE97.

10. What criteria apply to granting or refusing a waiver?

The criteria for granting or refusing a waiver are set out in Waiver Guidelines which will be published in October 2016. The guidelines will help service providers to carry out waiver assessments. When deciding whether to approve a waiver, service providers must take account of the service user's financial circumstances in line with the approved guidelines.

The main features of the guidelines will include:

- Recognition that most people are: a) likely to be able to pay the required long-stay contribution without the need for a waiver; **and** b) have reasonable income for their own use
- A service user (or their family member or other advocate) who feels they may be unable to afford the required contribution may ask for a waiver. The waiver request must be supported by documentary evidence of the relevant financial circumstances including all relevant income and essential expenses
- The contribution due may be reduced or set aside, if a waiver:

- is necessary to avoid undue financial hardship
Examples: meeting rent or mortgage on the family home, maintenance payments, pre-existing loan repayments, dependants' reasonable expenses and so on
- is necessary or of significant benefit to meet the service user's medical, therapeutic, rehabilitative or health-related needs (including needs set out in their care plan)
Examples: care plan objectives such as gym membership, socialisation, weight loss programme and so on
- reflects payments already made by the service user towards maintenance and accommodation costs, such as by contributing to a weekly 'kitty' for groceries and other household expenses.
Examples: any rent, 'kitty' or household expenses contributions by service users are counted as being part of their long-stay contribution.

11. Under what legislation are waivers granted?

Waivers from long-stay contributions are granted under Section 67D of the Health Act 1970:

- As inserted by Section 19 of the Health (Amendment) Act 2013
- As further amended by Part 3 of the Health (Miscellaneous Provisions) Act 2014.

When considering waivers, service providers must do so in line with guidelines approved by the Minister for Health – see *question 10*.