

Continuing NHS Healthcare

5. What happens if I am not eligible for CHC?



This document was written by the Welsh Government. It is an easy read version of Continuing NHS Healthcare Information Booklet for Individuals, Families and Carers.

May 2022

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About this booklet



The booklet is **part 5** of 5 easy read guides to Continuing NHS Healthcare.



It is based on a guide written by Welsh Government. You can read the original guide here: gov.wales/continuing-nhs-healthcare-chc-information-booklet-individuals-families-and-carers.

There are 5 easy read booklets:

1. **What is Continuing NHS Healthcare**
2. **An easy read guide to CHC assessments**
3. **Who is eligible for CHC?**
4. **How is CHC organised**
5. **What happens if I am not eligible for CHC?**



You can find them all here: www.link.com.



This booklet was made into easy read by Easy Read Wales. To tell us what you think about this easy read version, [click here](#).



Llywodraeth Cymru
Welsh Government

Please contact Welsh Government if you need this booklet in another way.



You can find out more CHC on the Welsh Government's website here: gov.wales/national-framework-nhs-continuing-healthcare

Or you can contact Welsh Government for more information:



By post: Welsh Government,
Cathays Park
Cardiff
CF10 3NQ



By phone: 0300 0604400

By e-mail: customerhelp@gov.wales



You can find contact information for your local health board in **booklet 1 page 16**.



Or you can find them on the NHS Direct Wales website: www.nhsdirect.wales.nhs.uk/localservices/localhealthboards

What happens if I am not eligible for CHC?



Eligible means you have the right to get CHC because you meet the conditions.

There is only 1 condition you need to meet to be **eligible** for CHC. You must have a **primary health need**.



If you are not **eligible** for CHC, it is because you do **not** have a primary health need.



If this is the case, your Local Authority may be responsible for your care and support.



But you may still have health needs that your Local Authority cannot meet.



Your Local Authority will work with your Local Health Board to meet these needs.

Joint packages of care and support



When your Local Authority and Local Health Board work together to provide your care and support, it is called a **joint package of care and support**.



They will agree on your care package, and who will pay for what parts of your care.



Care provided by your Local Health Board is free.



Care provided by your Local Authority is **means-tested**.

Means-tested means the amount of money you have can affect whether you get something for free. Or whether you must pay something towards it.



Your **means**, or your money, includes things like how much you earn, how much you have in savings and how much you own.



This means you may have to pay towards the care provided by your Local Authority.



You should not have to wait longer for your care whilst the Local Authority and Local Health Board are organising it.

Funded Nursing Care



If you are **not eligible** for CHC, you might still be able to get **NHS Funded Nursing Care**.



This will be paid if your CHC **assessment** shows you need nursing care in a care home.



An **assessment** is when health and social care professionals get together to decide what your needs are. And how your needs should be met.



NHS Funded Nursing Care is a set amount that is paid straight to your care home each week.



NHS Funded Nursing Care does not affect your benefits.



NHS Funded Nursing Care should lower the cost you need to pay for your care home.



Your care home should give you a written statement that clearly shows you how much of your care home costs are covered by:

- You
- The NHS
- Your Local Authority



You can ask them for a statement if they have not given you one.

Challenging a decision



If your Local Health Board decided you are not **eligible** for CHC, and you do not agree, you have the right to **appeal**.

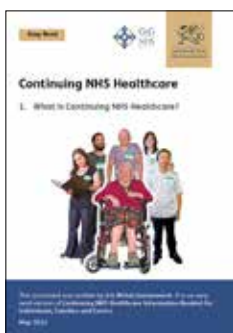
An **appeal** is a formal way to ask for a decision to be looked at because you want it changed.



Your Local Health Board is responsible for checking all **appeals**.



They should have a person in charge of **appeals** that you can contact. You can contact your Local Health Board to find out who that person is.



You can find your Local Health Board contact details in **Booklet 1 page 16**.



Or you can find them on the NHS Direct Wales website: www.nhsdirect.wales.nhs.uk/localservices/localhealthboards



You must tell your Local Health Board that you want to **appeal**. You **must** do this within **28 days** of the date you were told their decision.



You **must** write your **appeal** and give it to your Local Health Board within **6 months** of the date you were told their decision.

You can ask the Local Health Board to look at:



- How the decision about your **eligibility** for CHC was made – was the process followed properly



- Whether your needs were checked properly

After your **appeal** if you are still unhappy, you can go to the **Public Services Ombudsman for Wales**.



For more information about this go to **Booklet 1 page 22**.

There are 2 stages to the **appeal**:



- a **local review** stage



- and an **Independent Review Panel** stage.

Local review stage



At this stage of your appeal, the Local Health Board will check their decision.



Your Local Health Board should tell you what their process is for checking their decision. And how long it will take.



If you are unhappy after this stage, your **appeal** will go to the **Independent Review Panel**.

Independent Review Panel



Your Local Health Board must have an **Independent Review Panel**.



This is a group of people from the Local Health Board and Local Authority.



They will look at your **appeal** and the decision made. They should do this within 4 weeks of the local review stage ending.

Who pays for your care whilst you wait for the result of your appeal?



The decision that you are not **eligible** for CHC stays in place until the **appeal** is finished.



During the **appeal** you may need to pay towards your care.

Retrospective reviews



This is when the Local Health Board looks back at a time when you were paying for your care, to see if they need to pay you back.



They will pay you back if you were **eligible** for CHC at the time when you were paying towards your care.

You may need to ask for a **retrospective review** if:



- the Local Health Board did a CHC **assessment**, but there is proof that it was not done properly



- it was clear that you needed a CHC **assessment**, but you were not given one.



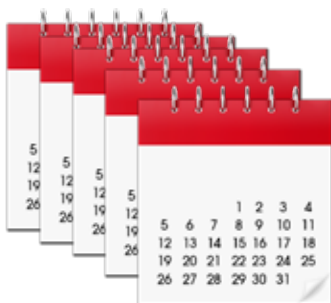
You must start a **retrospective review** within **12 months** of the last day of the time you are claiming money back for.



You will need to give your Local Health Board proof of the care fees you paid during the time you are claiming for.



If you are claiming for someone else, you need to show the Local Health Board proof that you have the right to act on their behalf by law.



You must show this proof within 5 months of starting the retrospective review.



The Local Health Board will send you a questionnaire.



You need to fill this out to explain why you should have had CHC during the time you are claiming for.



When the Local Health Board gets your questionnaire, they will ask your care providers for records of your care.

Stage 1 of the Retrospective Review



The Local Health Board will look at the records of your care. They will check if you were **eligible**, using the CHC Checklist Tool.



If they think you were **not eligible** for CHC care during the time you are claiming for, the review will be closed.



If they think you could have been **eligible** for CHC, they will move on to stage 2.



The Chair of the **Independent Review Panel** will check and confirm the decisions made at this stage.

Stage 2 of the Retrospective Review



The Local Health Board will add any further proof they can find about your care during the time you are claiming for.



They will check it all against the usual CHC **assessment** process.



They will decide if you were **eligible** during the time you are claiming for by looking at the proof available.

The results of the review will be 1 of the following:



- **matching** – you were **eligible** for CHC during the whole time you are claiming for



- **partial** – you were **eligible** for CHC during some of the time you are claiming for



- **no eligibility** – you were not **eligible** for CHC at any point of the time you are claiming for



- **Panel** – the person or people checking cannot decide. Either because they cannot agree, or because the information available is not clear enough.

Depending on the results of your review, 1 of the following things will happen next:



- **Matched** – your case will go forward, and you will be paid back.



- **Partial or no eligibility** – you will be sent the findings and have the chance to talk about what happens next



- **Panel** – the Independent Review Panel will get together to look at your case



You will be invited to come and talk about your case if the result of the review was **partial or no eligibility**:

Partial eligibility



You will talk about your case to try and agree on a time that you were **eligible** for CHC.



If you agree, your case will be put forward and you will be paid back for the time you agreed on.



If you do not agree, your case will be passed onto the Independent Review Panel

No eligibility



You will talk about your case to try to help you understand why you were not **eligible** for CHC.



All cases will be checked and confirmed by the Chair of the Independent Review Panel.

Hard words

Appeal

An appeal is a formal way to ask for a decision to be looked at because you want it changed.

Assessment

An assessment is when health and social care professionals get together to decide =what your needs are. And how your needs should be met.

Eligible

Eligible means you have the right to get CHC because you meet the conditions.

Means-tested

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