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HSE National Guideline RSSMAC Waivers (Residential Support Service, Maintenance and Accommodation Contributions)

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This is a National Guideline to support staff in the HSE and Section 38 providers to administer the RSSMAC waivers in line with legislation
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The purpose of the guideline is to set out in detail how to apply financial waivers against RSSMAC payable by individuals accessing long stay facilities.

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HSE National Guideline RSSMAC Waivers (Residential Support Services Maintenance and Accommodation Contributions)

Summary	4
Key Points / Overview	4
Summary of guidelines by waiver type	6
Waiver determination – summary of key steps	9
1 Introduction	10
1.1 Ministerial approval of HSE National Guideline for RSSMAC Waivers– legislative background	10
1.2 When is it appropriate to grant a waiver?	11
1.3 Governance arrangements and appeals procedures	12
2 General guidelines applicable to all waiver assessments	13
2.1 Administration	14
2.2 Waiver assessment steps	15
2.3 Waiver amount	16
3 Allowable expenses	17
3.1 Court-approved maintenance payments	18
3.2 Rent / mortgage – service user’s principal private residence	18
3.3 Pre-existing loan repayments	19
3.4 Pre-existing life or health or home insurance	21
3.5 Service user’s other exceptional outgoings	22
3.6 Child dependants’ reasonable general maintenance expenses	23
3.7 Dependent adults’ reasonable maintenance expenses	24
3.8 Necessary / exceptional travel costs	25
3.9 Dependants’ other exceptional outgoings	25
3.10 Advancing identified needs – necessary expenses	26
3.11 Advancing identified needs - beneficial expenses (e.g. socialisation)	28
4 Reflection of separate contributions (e.g. rent/kitty)	29
Appendix A: Waiver Legislation	30
Appendix B: Standard RSSMAC Rates	31
Appendix C: Worked Examples	32

Summary

This Guideline is primarily intended for use by personnel of the HSE and relevant (“section 38”) service providers when deciding the extent of any waiver to grant under section 67D of the Health Act 1970, i.e. any reduction or setting aside of a person’s statutory obligation to pay a residential support services maintenance and accommodation contribution (RSSMAC) under section 67C, taking account of his/her financial circumstances.

The original guidelines were approved on 12 April 2019 (with effect from 29 March 2019) by the Minister for Health with the consent of the Minister for Public Expenditure and Reform. This guideline is an updated and revised version reflecting the current rate and income band applicable and incorporating some minor technical revisions.

In this Guideline –

- **“Standard RSSMAC”** refers to the residential support services maintenance and accommodation contribution (RSSMAC) amount required to be paid based on the service user’s weekly income – prior to consideration of whether or not to grant any waiver.
- **“Waiver”** means the reduction or setting aside of the amount of the Standard RSSMAC an individual must actually pay, in accordance with these guidelines.
- **“Payable RSSMAC”** refers to the RSSMAC amount determined to be payable following a waiver decision.

Key Points / Overview

- RSSMAC rates are set at an affordable level which guarantees reasonable retained income for personal use to every service user and so most service users may not require a waiver (other than to take account of any rent/kitty they may separately contribute – *see section 4*).
- RSSMACs are not intended to meet the full maintenance and accommodation costs associated with the provision of residential support services, but rather to be an affordable contribution towards such costs.
- Waivers may be granted to:
 - A. Avoid undue financial hardship on the part of the service user (see 3.1 – 3.5) and/or on the part of the service user’s dependants (see 3.6 – 3.9).
 - B. Advance service user’s identified (e.g. care plan) needs (see 3.10 – 3.11).
 - C. Take account of separate contributions made by service users towards their maintenance and accommodation costs e.g. rent/kitty arrangements (see section 4).

In relation to financial hardship (A above) and identified needs (B above), an assessment in accordance with these guidelines is required. No formal waiver assessment is required in relation to separate contributions (C above). All such contributions (e.g. rent/kitty) are considered to form part of the service user’s “Payable RSSMAC”.

- As a general rule, a waiver may be considered if a service user's savings or other cash assets, other than from certain statutory compensation awards do not exceed €36,000 (or, in respect of a waiver claimed for a dependant, €72,000 for a couple).
- Waiver assessment must take account of the service user's financial circumstances i.e.
 - essential expenses and
 - weekly income ('**Income**': service user's income as defined in the HSE National Guideline for Implementation of RSSMAC) and wider relevant means ('**Means**': this involves only the service user's income which may have been disregarded or not included in financial assessment e.g. child maintenance payments. Income and means of a dependant (e.g. spouse / partner) may only be taken into account where a waiver claim relates to that dependant).
- Whenever possible, supporting evidence should be obtained and documented.
- A waiver decision (e.g. refusal or amount waived) may be appealed (see 1.3).

Summary of guidelines by waiver type

The following summary of allowable expenses under the specific types of waiver provision indicates the section(s) to refer to for the related detailed guidelines.

A. Avoidance of undue financial hardship (sections 3.1 – 3.9)

Allowable expenses	Summary of main guidelines
<u>All</u> financial hardship waivers See section 2.1	- An assessment may be undertaken at the request of a service user, a personal representative or, where appropriate, on a service provider's initiative e.g. where service user lacks capacity to make such a request and does not have a personal representative to assist him/her. - As a general rule, consider waiver only where service user's savings / cash assets do not exceed €36,000 (or, in respect of a waiver claimed for a dependant, €72,000 for a couple). However, necessary medical, therapeutic, rehabilitative, or health-related expenses (see 3.10) may be approved without reference to the cash assets threshold. - In addition to the service user's calculated weekly income add: - Previously disregarded income, if any, from employment of a rehabilitative nature (the first €120 of such income is disregarded when calculating Standard RSSMAC but should be included for waiver assessment purposes) plus - Other specified income and means - Approve allowable expenses net of the service user's relevant entitlements (grants, allowances, tax relief etc.) - Obtain and document supporting evidence whenever possible. - Keep up to date with the service user's financial circumstances (check at least annually or on request by service user, family member, advocate etc) to ensure that if a new waiver or a waiver adjustment may be required, it is considered without undue delay
Court-approved maintenance payments See section 3.1	An allowable expense may be approved up to the amount of the service user's requirement to pay maintenance under the relevant order or agreement, net of his/her entitlement to any relevant tax relief.
Rent/mortgage – service user's principal private residence See section 3.2	- An allowable expense may be approved up to the amount of the service user's share of the rent or mortgage payment (principal plus interest plus, if relevant, mortgage protection insurance), net of his/her entitlement to tax reliefs, rent allowances etc. - This waiver is intended to facilitate continued use of principal private residence by service user's spouse/partner/children, or where there is a reasonable prospect of service user returning to live at home. - This waiver is not considered in respect of investment property, holiday home etc.

A. Avoidance of undue financial hardship (sections 3.1 – 3.9) continued

Pre-existing loan repayments <i>See section 3.3</i>	- An allowable expense may be approved up to the amount of the service user's confirmed share of the loan repayment. - Amount of waiver granted should be updated when loan is fully repaid.
Pre-existing life or health or home insurance <i>See section 3.4</i>	- An allowable expense may be approved for a service user's pre-existing life policy up to the amount of - Full premium (policy up to €15,000), or - Appropriately-reduced premium (policy above €15,000 – e.g. 75% of the premium for a €20,000 policy). - An allowable expense may be approved for a service user's pre-existing home insurance policy up to the amount of the premium. - An allowable expense may be approved for the remainder of the term of a pre-existing health insurance policy in the service user's name, in the amount of the full premium (not applicable to new health insurance policies or to renewals).
Service user's other exceptional outgoings <i>See section 3.5</i>	- Once-off outgoings should generally be met from service user's savings i.e. waiver would <u>not</u> usually be granted. - An allowable expense may be approved in exceptional circumstances in the amount deemed reasonable to assist in meeting the essential outgoings concerned over an appropriate period of time. - When assessing waiver requests relating to exceptional outgoings, service providers should insofar as possible apply relevant national policies (e.g. if any support scheme is in place which is relevant to the outgoings concerned).
Child dependants' general maintenance expenses <i>See section 3.6</i>	- Adjust income to take account of any maintenance payments, provided to the service user in respect of the child dependant(s) concerned. - For each child dependant: An allowable expense may be approved in the amount of the balance, if any (50% of the balance if responsibility for the child's maintenance is shared with the other parent) required to bring the level of provision for the child (excluding Child Benefit) up to the level of - The Department of Social Protection (DSP) qualified child increase rate <u>or</u> - the DSP Supplementary Welfare Allowance rate for the child dependant's age – where the child is 18 years or over and lives habitually in service user's home with no parent habitually living there.
Dependent adults' reasonable maintenance expenses <i>See section 3.7</i>	Waiver may be granted where necessary to avoid undue financial hardship to the service user's spouse / partner or other adult dependant, having regard to the financial circumstances of both the service user and the adult dependant concerned. An allowable expense may be approved in the amount of the balance, if any, required to bring the weekly income of the service user's spouse /partner or other adult dependant up to the level of the single rate of the DSP non-contributory State Pension (€242 from 7 January 2022) (rate updated Jan 2022 by HSE).

A. Avoidance of undue financial hardship (sections 3.1 – 3.9) continued

Necessary / exceptional travel costs See 3.8	- Travel costs of spouse / partner / dependants visiting the service user would normally <u>not</u> qualify for a waiver. - However, in exceptional circumstances, a deciding officer may approve an allowable expense up to the level of the vouched travel costs concerned to facilitate visits. - Fuel costs / private transport not covered.
Dependants' other exceptional outgoings See section 3.9	- Once-off outgoings should generally be met from dependant's savings i.e. waiver would <u>not</u> usually be granted. - An allowable expense may be approved in exceptional circumstances by a deciding officer in the amount deemed reasonable to assist in meeting the essential outgoings concerned over an appropriate period of time. - When assessing waiver requests relating to exceptional outgoings, service providers should insofar as possible apply / adapt relevant national policies (e.g. if any support scheme is in place which is relevant to the outgoings concerned).

B. Advancement of service user's identified needs (sections 3.10 – 3.11)

Allowable expenses	Summary
All needs advancement waivers See section 2.1	As Table A above. [Please note that the cash asset threshold should not be taken into account when considering a waiver in respect of necessary expenses incurred as part of the advancement of a service user's identified care plan needs.]
Necessary expenses See section 3.10	- Allowable expenses may be approved in the amount of the net cost of meeting objectives identified (e.g. in care plan) as being necessary, as distinct from significant benefit, in advancing the service user's identified medical, therapeutic, rehabilitative or health-related needs. - Necessary medical, therapeutic, rehabilitative or health-related expenses may be approved without reference to the cash assets threshold.
Beneficial expenses (e.g. socialisation) See section 3.11	An allowable expense may be approved up to the amount of cost of meeting the care plan objectives identified <i>net of the service user's retained income for personal use above €80 per week</i>.

C. Reflection of separate contributions (e.g. rent/kitty) (section 4)

Summary of main guidelines	
Separate contributions towards maintenance and accommodation costs <i>See section 4</i>	Formal waiver assessment is not required.
	Cap the service user's total combined contributions requirement (including rent/kitty and any balancing long stay contribution) at the Payable RSSMAC level determined under these Guidelines. Service providers must not request or accept any higher combined total than the Payable RSSMAC.

Waiver determination – summary of key steps

The table below summarises the waiver assessment process (see *detailed steps at 2.1*).

Per HSE National Guideline for Implementation of RSSMAC:

Determine (pre-waiver) **Standard RSSMAC** based on service user's weekly income

Per HSE National Guideline for RSSMAC Waiver:

If service user's savings/cash assets do not exceed €36,000 (or, in respect of a waiver claimed for a dependant, €72,000 for a couple):

Determine (post-waiver) **Payable RSSMAC** based on adjusted income taking account of

- all allowable expenses approved and
- all other relevant income or means (i.e. weekly income plus other relevant available means which – in accordance with these guidelines – may reasonably be expected to cover or contribute towards the expenses concerned)

Service providers must not request or accept any payment which would bring a service user's total contributions (in any combination of agreed rent/kitty etc. and any balancing long-stay contribution) above the level of the Payable RSSMAC level determined in accordance with the guidelines (see section 4).

The actual waiver granted, if any, will amount to the difference between Standard RSSMAC (based on weekly income only) and Payable RSSMAC (calculated on the basis of the guidelines).

National RSSMAC Waiver Guideline⁵ (Residential Support Services Maintenance and Accommodation Contribution)

In this Guideline:

- **“Standard RSSMAC”** refers to the residential support services maintenance and accommodation contribution (RSSMAC) amount required to be paid based on the service user’s weekly income – prior to consideration of whether or not to grant any waiver
- **“Waiver”** means the reduction or setting aside of the amount of the Standard RSSMAC an individual service user must actually pay, in accordance with these guidelines.
- **“Payable RSSMAC”** refers to the RSSMAC amount determined to be payable following a waiver decision.

1 Introduction

1.1 Ministerial approval of HSE National Guideline for RSSMAC Waivers– legislative background

Sections 67A to 67D of the Health Act 1970 provide the **statutory framework** relating to a service user’s obligation to contribute an affordable sum towards the maintenance and accommodation costs of being provided with residential support services, subject to a power to waive (i.e. reduce or set aside) the amount payable in certain circumstances, e.g. financial hardship.

Section 67D provides that, subject to publication and other requirements (see Appendix A), **waivers may be granted, in line with these Guidelines, on three grounds:**

- Avoidance of financial hardship on the part of service users and/or their dependants,
- Advancement of service users’ identified needs, and
- Taking account of separate service user contributions towards maintenance and accommodation costs.

Section 67C provides for the **obligation to pay** residential support services maintenance and accommodation contributions (RSSMACs). Regulations⁶ made under that section set out standard RSSMAC rates (see Appendix B) based on accommodation type and income, with a view to providing every service user with reasonable retained income for personal use.

⁵ This Guideline and the HSE National Guideline for Implementation of RSSMAC together comprise the National Guidelines on Residential Support Services Maintenance and Accommodation Contributions.

⁶ The Health (Residential Support Services Maintenance and Accommodation Contributions) Regulations 2016 (<http://www.irishstatutebook.ie/eli/2016/si/467/made/en/print>) as amended by the Health (Residential Support Services Maintenance and Accommodation Contributions) (Amendment) Regulations 2019 and 2022.

Accordingly, **most service users will not require any waiver in respect of financial hardship or identified needs and will pay the appropriate Standard RSSMAC rates.**

Service providers should note that subsection 67C(8)(b) provides that there is no authorisation in Irish law for requiring a recipient of residential support services to pay any additional contribution in respect of maintenance or accommodation costs. Guidelines on compliance with this provision are included in section 4.

In addition it should be noted that Regulation 24 (1) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and Regulation 24(3) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 requires that a written agreement be in place between a registered provider and a resident/family on admission of a resident to a care home. The agreement must include the **services to be provided to the resident and the fees, if any, to be charged for such services.**

As required by law (see Appendix A), these guidelines were approved on 12 April 2019 (with effect from 29 March 2019) by the Minister for Health with the consent of the Minister for Public Expenditure and Reform.

1.2 When is it appropriate to grant a waiver?

Most service users will not require any waiver **in respect of financial hardship or identified needs** and will pay the appropriate Standard RSSMAC rates, which are set at a level intended to provide every service user with reasonable retained income for personal use.

As a general rule, a waiver may be considered if a service user's savings or other cash assets⁷ do not exceed €36,000 (or, in respect of a waiver claimed for a dependant, €72,000 for a couple). However, necessary medical, therapeutic, rehabilitative, or health-related expenses (see 3.10) may be approved without reference to the cash assets threshold.

Standard RSSMAC rates (see Appendix B) are based on each service user's income level and accommodation type and are structured so that each service user retains a reasonable level of income for personal use. **It is therefore expected that most service users will contribute at the Standard RSSMAC levels set i.e. without the need for any waiver.** Where a waiver is *not* requested, a note of same should be made on the service user's administration file. The service user will contribute the Standard RSSMAC as calculated in accordance with the **HSE National Guideline Implementation of RSSMAC.**

However, the financial circumstances of certain service users may be such as to warrant some level of waiver.

⁷ "cash assets" include any of the following assets in which the service user concerned has a beneficial interest (a) monies, whether held as currency or in an account with a financial institution, (b) monies lent to another person which are repayable and (c) shares, stocks, bonds, securities, and other financial instruments. Where relevant, net rather than gross cash assets should be assessed. "However, savings derived from awards to service users as listed at Item 20 of Schedule 4 of the Health (Residential Support Services Maintenance and Accommodation Contributions) Regulations 2016 should not be included as a cash asset.

In all such cases, service providers must assess those circumstances in accordance with these guidelines when deciding whether or not it may be appropriate to approve expenses as allowable or grant a partial or total waiver.

An assessment may be undertaken at the request of a service user, a personal representative or, where appropriate, on a service provider's initiative e.g. where service user lacks capacity to make such a request and does not have a personal representative to assist him/her. The request should be directed to the deciding officer⁸ designated by the service provider.

Where expenses are approved as allowable, the waiver assessment may determine that the service user (or his/her dependant, if the waiver claimed relates to a dependant) has sufficient means to meet all or part of those expenses i.e. it does not necessarily follow that the Standard RSSMAC will be reduced by the full amount of the approved allowable expenses, or at all.

As a general rule⁹, the granting of a waiver may be considered in relation to a service user whose personal cash assets (e.g. savings) do not exceed €36,000 (or, in respect of a waiver claimed for a dependant, €72,000 for a couple). However, necessary medical, therapeutic, rehabilitative, or health-related expenses (see 3.10) may be approved without reference to the cash assets threshold.

The **Financial Assessment Form** should be used when assessing whether, and to what extent, to grant a waiver. Where possible, it is recommended that the form be completed electronically. The form may be downloaded electronically from the HSE intranet and/or printed in hard copy.

1.3 Governance arrangements and appeals procedures

The general guidelines relating to governance (including record-keeping) and appeals in respect of all aspects of the RSSMAC framework (including waivers) are set out in the HSE National Guideline for Implementation of RSSMAC.

If a service user (or personal representative) is dissatisfied with a decision on whether to waive or the amount of a waiver, the decision may be appealed to the HSE National Appeals Office¹⁰. The service user (or personal representative) should be advised of the appeals process on being notified of the amount of RSSMAC to be paid.

Where a service user (or personal representative as appropriate) is dissatisfied with the outcome of an appeal, he/she may refer a complaint on the matter to the Ombudsman¹¹.

If there is a change in the service user's circumstances or additional information is provided by the service user/representative, the deciding officer should undertake a reassessment of service user's contribution.

⁸ Determination of whether to waive and the extent of any waiver granted is undertaken by a deciding officer designated by the relevant service provider, whether HSE itself or an agency providing the residential support services on HSE's behalf (under section 38 of the Health Act 2004).

⁹ Subject to limited exceptions – See section 2.

¹⁰ HSE National Appeals Office, An Clochar, Health Campus, College Street, Ballyshannon, Co. Donegal.

¹¹ Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2. D02 W773

2 General guidelines applicable to all waiver assessments

Service providers must:

- Apply the waiver assessment steps set out below (2.1) in accordance with these generally-applicable guidelines to all waiver assessments, **and**
- Apply the specific guidelines set out at *sections 3.1 – 3.5 and sections 3.10 – 3.11* in respect of waiver claims relating to service users, and/or *sections 3.6 – 3.9* in respect of waiver claims relating to dependants to each individual allowable expense category concerned.
- **A waiver should not generally be granted where a service user's cash assets (e.g. savings) exceed €36,000** (or, in respect of a waiver claimed for a dependant, €72,000 for a couple). Where cash assets do not exceed this threshold, the service provider must apply these guidelines and the appropriate specific guidelines (*section 3*) to determine the allowable expenses, if any, to approve, using the assessment steps at 2.1 below. This guideline is subject to the following **exception**:
 - Necessary medical, therapeutic, rehabilitative or health-related expenses (see 3.10) may be approved without reference to the cash assets threshold.
- Service providers should **ensure that application is made for any relevant supports which service users may be entitled to** e.g. grants, allowances, benefits, tax reliefs etc. The RSSMAC waiver provisions are not an alternative to provision of such supports, where applicable.
- When deciding whether, and to what extent, to grant a waiver, **service providers must have regard to the relevant financial circumstances** i.e. the service user's weekly income, all other relevant means and all allowable expenses approved under these Guidelines.
- When applying the waiver assessment steps (see 2.1), service providers should:

Calculate total relevant income and means to include:

- Service user's "weekly income" (see *HSE National Guideline for Implementation of RSSMAC*)¹²
- PLUS
- The first €120 of the service user's income, if any, from employment of a rehabilitative nature.
 - Other means, if any, specified in relation to the waiver category or categories concerned (see 3.1 – 3.11 below).

¹² Note that in certain circumstances, weekly income may need to be established for the first time i.e. where the service provider and service user have agreed that the Standard RSSMAC is at the maximum rate i.e. weekly income is unspecified other than being in the highest income band.

Calculate allowable expenses net of:

- Any related entitlement (of the service user and/or the wider household) to receive directly relevant subsidies / supports such as grants, allowances, tax reliefs etc. For example, a housing assistance payment would be relevant to a waiver claim relating to rent paid in respect of the service user's principal private residence.
 - Means, if any, of the service user or his/her dependants specified to be relevant to the waiver category or categories concerned. (see 3.1 – 3.11 below).
- **A special guideline (see 3.11) applies to assessment of waivers in relation to expenses deemed *beneficial***, as distinct from necessary, in advancing a service user's identified needs (e.g. *socialisation objectives set out in a care plan*).
 - **Allowable expenses may be approved outside the terms of the generally-applicable or specific guidelines only in very exceptional circumstances** where a waiver is nonetheless necessary to avoid undue financial hardship on the part of the service user (see 3.1 – 3.5) and/or on the part of his/her dependants (see 3.6 – 3.9). In such cases, the deciding officer must make a recommendation in regard to the waiver to the HSE Central RSSMAC Office, and this office may approve the recommendation. If approved by the HSE Central RSSMAC Office, the exceptional circumstances concerned and the reason for the decision to approve allowable expenses outside the terms of the guidelines must be recorded and retained on file by the deciding officer and the HSE Central RSSMAC Office. In cases where a short stay service user (e.g. respite, convalescence, rehabilitation etc.) has requested a waiver, it is in order for the approval in such cases to be made by the deciding officer.

2.1 Administration

A Financial Assessment Form should be completed– electronically if possible – by the service provider in conjunction with the service user and/or his or her personal representative, to determine the level of waiver, if any. The service user and/or his or her representative should be advised in writing of the amount of Payable RSSMAC and of the basis for its calculation. The service user should also be advised of his/her right to appeal the Payable RSSMAC determination.

- The service user (and personal representative, where appropriate) should receive written notification of any revisions to RSSMAC amount and/or waivers (in advance of coming into effect where possible).
- Up-to-date documentation should be obtained where possible, to support/validate each waiver request e.g. evidence of income and means along with evidence of relevant supports/subsidies applied for (and outcomes), relevant receipts/invoices etc.
- Timely waiver assessment updates should be scheduled to be undertaken at appropriate date(s) – e.g. to coincide with anticipated changes to the service user's or a dependant's financial circumstances (in respect of a waiver claim relating to a dependant) or upon a dependent child reaching adulthood or completing full-time education etc. or upon expiry of expense (e.g. date of a final loan repayment). Where a waiver is not granted because of the cash assets threshold, this should be updated if cash assets fall below this threshold.

2.2 Waiver assessment steps

Service users should apply the waiver provisions in respect of the avoidance of hardship and advancement of identified needs (e.g. care plan objectives) as follows:

Confirm that the service user's savings / cash assets do not exceed €36,000 (or, in respect of a waiver claimed for a dependant, €72,000 for a couple).

- [A] Confirm the service user's weekly income per *HSE National Guideline for Implementation of RSSMAC*.
- [B] Confirm the Standard RSSMAC applicable based on weekly income.
- [C] Identify total relevant income and means (i.e. service user's weekly income plus other available income and/or means ¹³ relevant to the waiver claimed).
- [D] Decide whether and to what extent to approve each claimed expense as allowable in line with the guidelines, i.e. where service provider is satisfied that, having regard to the financial circumstances relevant to the waiver decision concerned:
 - Undue financial hardship would arise for
 - a. the service user if he/she could not meet the expense(s) concerned – see sections 3.1 – 3.5, or
 - b. the service user's dependants (e.g. children and spouse/partner) if the dependants concerned could not meet the expense(s) concerned – see sections 3.6 – 3.9, or
 - The expenditure is necessary (see 3.10) or would be of significant benefit, as distinct from necessary (see 3.11), in advancing the service user's medical, therapeutic, rehabilitative or health-related needs, including needs identified in a care plan (if any). Note special guideline (see 3.11) applicable to waiver assessment in relation to beneficial expenses.
- [E] Calculate adjusted income (i.e. total relevant income and means less allowable expenses approved).
- [F] Confirm the Payable RSSMAC based on that adjusted income.
- [G] Waiver granted (if any) equals Standard RSSMAC [B] less Payable RSSMAC [F].

The outcome of the waiver assessment may or may not result in a reduction of the Standard RSSMAC, depending on whether or not adjusted income (i.e. all relevant income and means less all allowable expenses approved) falls into a lower weekly income band within the relevant Schedule than the income band into which the (unadjusted) weekly income fell. **The Payable RSSMAC amount is the maximum which the service user may be required to pay.** It may be paid in any combination of rent/kitty etc. and any balancing long stay contribution agreed between the service provider and service user.

¹³ This will generally involve only the service user's other income or means. Dependant income / means is generally taken into account indirectly, i.e. when approving allowable expenses relating to dependants based on expenses net of means.

Waiver Assessment Steps

The following table outlines the waiver determination process for service providers:

Firstly, apply the HSE National Guideline for Implementation of RSSMAC to determine (pre-waiver) Standard RSSMAC: [A] = Weekly income of service user [B] = Standard RSSMAC rate per relevant (Category A, B or C) Schedule based on weekly income [A] above
Next, apply the HSE National Guideline for RSSMAC Waivers to determine (post-waiver) Payable RSSMAC: If service user's savings/cash assets <u>exceed</u> €36,000 (or, in respect of a waiver claimed for a dependant, €72,000 for a couple): Waiver generally not granted: Standard RSSMAC is payable. If service user's savings/cash assets <u>do not exceed</u> €36,000 (or, in respect of a waiver claimed for a dependant, €72,000 for a couple): [C] = Total relevant income and means (<i>weekly income [A] plus other relevant available income and means which – in accordance with these guidelines – may reasonably be expected to cover or contribute towards the expenses concerned</i>) [D] = Allowable expenses approved (on weekly basis) in accordance with these HSE National Guideline for RSSMAC Waivers [E] = Adjusted income = [C] – [D] = Total relevant income and means LESS Allowable expenses approved [F] = Payable RSSMAC to be paid by service user = Rate per relevant (Category A, B or C) Schedule based on <u>lesser</u> of [E] or [A] above [G] = Waiver granted (if any) = [B] – [F] = Standard RSSMAC LESS Payable RSSMAC NOTES: Payable RSSMAC [F] above is the maximum combined contribution payable by the service user in any combination of agreed rent/kitty etc. and any balancing contribution.

2.3 Waiver amount

The actual waiver granted, if any, will amount to the difference between the Standard RSSMAC calculated based on the service user's weekly income only (under the HSE National Guideline for Implementation of RSSMAC) and the Payable RSSMAC calculated on the basis of adjusted income (under these guidelines).

3 Allowable expenses

A service provider may grant a waiver –

- For the avoidance of undue financial hardship if *“having regard to the financial circumstances of the person concerned, it is satisfied that ... it is necessary to do so in order to avoid undue financial hardship on the part of the person concerned or his or her dependants”*, or
- in relation to identified needs if *“having regard to the financial circumstances of the person concerned, it is satisfied that ... it is necessary to do so, or that doing so would be of significant benefit, in advancing the medical, therapeutic, rehabilitative or health-related needs of the person concerned (including, where a care plan has been prepared for that person by or on behalf of the Health Service Executive, needs relating to meeting objectives specified in such a care plan)”*

When a service provider exercises a discretionary function such as determining whether, and to what extent, to waive a statutory RSSMAC, it must do so in a **fair and consistent** manner and must take account of the range of circumstances in individual cases, including:

- All relevant income and means available to the service user (and, where appropriate, to his or her partner and/or dependants).
- The reasonable requirements of the service user (and reasonable provision for children and other dependants) in respect of essentials e.g. housing, heating, nutrition, clothing, children's education etc.
- Other relevant factors such as exceptional financial burdens arising from social circumstances.

The necessity to grant a waiver for the avoidance of financial hardship needs to be demonstrated to the satisfaction of the deciding officer i.e. that the money remaining with the person, having taken the statutory contribution into account, is insufficient to meet his/her (and his/her dependants') reasonable needs. This can be determined by having regard both to any approved allowable expenses and the relevant income and means available to meet or contribute towards those expenses, in accordance with these guidelines.

The deciding officer is required to **have regard to all financial circumstances relevant to each waiver claim**. This includes considering the total relevant income and means, i.e. the service user's income plus any *other* available means which, in the opinion of the deciding officer, are relevant in the circumstances and fair and reasonable to assess as being available to contribute towards meeting the expenses concerned.

A special guideline applies to approval of allowable expenses identified as beneficial (as distinct from necessary) in advancing identified needs (see 3.11).

3.1 Court-approved maintenance payments

Where a court order or legal separation or divorce agreement exists for **maintenance payments by the service user** in respect of his/her dependent child, spouse or former spouse/partner, such payments – net of any related income tax relief which the service user is entitled to claim – may be approved as an allowable expense.

Where similar expenses arise in the context of less formal arrangements (e.g. where general maintenance needs arise in respect of a service user's dependant(s) arising from a previous relationship, but where no legally binding order or agreement is in place), service providers should deal with any related waiver claims on their merits based on whether the service user has either sole or shared (e.g. 50%) responsibility for the maintenance of his/her child dependants.

Guideline Summary: Court-approved maintenance payments

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

An allowable expense may be approved up to the amount of

- weekly payment amount (as set out in the relevant maintenance order or agreement, where appropriate),
- **net** of the service user's eligibility, if any, for tax relief on the maintenance paid.

3.2 Rent / mortgage – service user's principal private residence

The service user's share of the net cost of rent/mortgage payable on his/her family home /principal private residence), i.e. the service user's actual contribution to the rent/mortgage prior to admission, may be approved as an allowable expense in order to provide for and facilitate the security of tenure for a reasonable period. If the service user has not been making a contribution to the rent/mortgage then no allowable expense may be approved in respect of a waiver under this heading.

Calculation of the service user's share of the rent/mortgage may not always be straightforward. For example, It may well be the position, for many couples, that both members of the couple pay income into a "common family fund" (e.g. a joint account) out of which mortgage payments are made. In such cases, the service user's proportional contribution towards the total mortgage payment may be calculated in accordance with his/her proportional contributions to the joint account.

In the event, however, that it proves impossible to confirm the service user's actual or proportional contribution as set out above, a provider may as a last resort apply a notional mortgage contribution e.g. an assumed 50% share. Note that consideration may also be given to approving an allowable expense in respect of the contribution of the spouse or partner of a service user to the rent/mortgage, if necessary to avoid undue financial hardship on the spouse/partner's part (see 3.7 "*Dependent adults' reasonable maintenance expenses*" below).

Guideline Summary: Rent / mortgage – service user's principal private residence

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

Approve as allowable expenses?

Yes – noting the following:

- This guideline does not apply to a second home, investment property, or holiday home etc.
- This guideline is not intended to apply to property where the service user has been living alone and where is no reasonable prospect of him/her returning to live there. However, where necessary to avoid undue financial hardship, consideration may be given to granting a time-limited waiver approval e.g. a number of months to give the service user time to let or sell the property.
- The waiver is intended to facilitate continued use of principal private residence by service user's spouse/partner/children, or where there is a reasonable prospect of service user returning home.
- It should be a strict condition of approval of rent/mortgage as an allowable expense that the service user/personal representative agrees not to increase the mortgage (e.g. by taking out a further mortgage to fund a new extension).
- Supporting documentation might include a statement from a lender or landlord showing repayments.
- In "non-standard" circumstances, the full rent/mortgage costs may be approved as an allowable expense for the first six months of care where considered necessary by the deciding officer to avoid undue financial hardship. In such cases, an update should be undertaken at the end of that period to assess the appropriate contribution level (including examining evidence of rent/mortgage payments made and examining the source of the payments).
- If necessary to avoid undue financial hardship, a waiver may also be sought in relation to a spouse/partner's share of rent/mortgage expenses (see 3.7).

Level of expenses to approve as allowable (step D)?

Weekly amount of service user's share of mortgage or rent payment concerned (including any mortgage interest and/or mortgage protection insurance) net of relevant accommodation subsidies (e.g. tax relief, housing assistance payments, rent supplement, etc.), if any, which the service user (or, if appropriate, subsidies received by a spouse/partner or dependant sharing or benefiting from the rent/mortgage paid) would be eligible to claim in respect of the rent or mortgage payment.

3.3 Pre-existing loan repayments

An allowable expense may be approved in respect of pre-existing loans/debts which the deciding officer accepts need to be repaid by a service user, e.g. to a financial institution, in the context of a lease-purchase agreement for an agreed 'essential' item etc. It should be noted that in exceptional circumstances, **allowable expenses may also be approved outside the terms of the generally-applicable guidelines in accordance with section 2 of these guidelines.**

Where the loan/debt concerned is in joint names (e.g. shared with the service user's spouse/partner), only the service user's share may be taken into account under this heading (the

guidelines in 3.2 above relating to calculating the service user's appropriate share of a jointly-paid rent/mortgage expense may be similarly applied under this heading).

Note, however, that the service provider must exercise discretion, based on what is reasonable in the circumstances, when deciding whether or not to approve each such loan/debt as an allowable expense for RSSMAC purposes. It may perhaps be more reasonable to require a service user to fund (or part-fund) the repayment of a loan which was for the purpose of purchasing a non-essential luxury item by selling the item in question rather than by approving the loan as an allowable expense.

Consideration may also be given to approving an allowable expense in respect of the contribution of the spouse or partner of a service user to the loan/debt repayments concerned, if necessary to avoid undue financial hardship on the spouse/partner's part (*see 3.7 "Dependent adults' reasonable maintenance expenses" below*).

Guideline Summary: Expenses relating to a service user's pre-existing loan repayments

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

Approve as allowable expenses?

Yes - noting that:

- Service providers must exercise discretion based on what is reasonable in the circumstances when deciding whether or not to approve a loan/debt as an allowable expense. For example, a deciding officer might refuse to approve a loan repayment for a luxury item as an allowable expense, if no financial hardship would arise if the item was sold instead of continuing to repay a loan obtained to purchase it.
- Except in exceptional circumstances, only loan repayments that a service user had committed to prior to admission can be included as an allowable expenses. A service user who needs to apply for a loan post admission (e.g. to fund essential repairs/maintenance to a storm-damaged home) should be advised to discuss this with the deciding officer to ascertain how it might impact on his/her RSSMAC
- If cash assets exist which could be used to reduce or repay the loan, this option should be explored before deciding whether or not to approve all or part of the outstanding loan as an allowable expense.
- Options for repayment of loan without recourse to waivers should be explored, e.g. options to seek agreement to reschedule a loan for greater affordability, etc.
- Where a person's loan repayment schedule is designed to end on a specific date (e.g. 4-year car loan), appropriate update(s) should be noted and reassessment(s) scheduled accordingly.
- If necessary to avoid undue financial hardship, a waiver may also be sought in relation to a spouse/partner's share of pre-existing joint loan repayments (*see 3.7*).

Level of expenses to approve as allowable (step D)?

An allowable expense may be approved at the level of the weekly amount which the deciding officer considers reasonable in all the circumstances to ensure the avoidance of undue financial hardship, but not exceeding the weekly amount of the loan repayment commitment (or the proportion applicable to the service user in the case of a joint loan).

3.4 Pre-existing life or health or home insurance

Where a service user has a pre-existing life or home insurance policy on admission, an allowable expense may be approved.

An allowable expense may also be approved in respect of a service user's pre-existing health insurance premium net of any applicable tax reliefs. The supporting documentation obtained should include evidence of premium payable, policy expiry date and entitlement/non-entitlement to tax relief.

Guideline Summary: Expenses relating to a service user's pre-existing life or health or home insurance policy

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

Approve as allowable expenses?

- A proportion of pre-existing **life insurance** premium payments (on admission to care) may be approved as allowable expenses – noting that:
 - Applies to service user only – not spouse / partner / dependants.
 - Supporting documentation should include the date the policy matures.
- A service user's pre-existing **health insurance** premium payments (on admission to care or on commencement date 1 January 2017) may be approved as allowable expenses for the remaining duration of the policy (**not applicable to new policies or renewals**).

Level of expenses to approve as allowable (step D)?

- **Life insurance premium cost**, up to the amount of:
 - Full premium (policy up to €15,000), or
 - Appropriately-reduced premium cost (policy above €15,000) e.g. 75% of the premium in the case of a €20,000 life policy/
 - Duration: until date life policy matures.
- An allowable expense may be approved in respect of a **pre-existing home insurance policy** up to the amount of the policy.
 - An allowable expense may be approved for the remainder of the term of a **pre-existing health insurance policy** in the service user's name (i.e. pre-existing on admission or on commencement date 1 January 2017 and (not applicable to subsequent renewal of the policy) in the amount of full premium, **net** of service user's entitlement, if any, to tax relief.

3.5 Service user's other exceptional outgoings

These Guidelines cannot anticipate all possible circumstances which might lead to waiver requests. Accordingly, having regard to all the relevant financial circumstances, a service user's other exceptional outgoings may be considered based on their merits. Such outgoings should only be approved as an allowable expense **in very exceptional cases** by the HSE Central RSSMAC Office, on the recommendation of the deciding officer. The HSE Central RSSMAC Office and the Deciding Officer must record the exceptional circumstances concerned and the reason for the decision to approve allowable expenses outside the terms of the guidelines.

It is also recognised that a service user receiving short-medium term respite, convalescence or rehabilitative care continues to accrue bills / charges / taxes etc. Approval of such expenses for a limited duration on a pro-rata basis as allowable may be appropriate e.g. so that essential utility or other bills may be met without giving rise to undue financial hardship. Allowable expenses in regard to such short stay service users may be approved by the deciding officer. A significant consideration may be whether, up to the service user's admission date, payments in relation to the exceptional outgoings concerned were met from his/her own income or from a spouse/partner or dependant's income. If the expense was previously met by a spouse/partner or dependant, it may support a conclusion that undue hardship would not arise if that person continues to meet that expense.

Exceptional outgoings which may be approved as allowable expenses could include agreed necessary once-off and substantial expenditure which the service user cannot afford to meet from retained income or savings, e.g. attendance at a family wedding abroad, storm/flood damage to the service user's principal private residence etc.

Guideline Summary: Expenses relating to service user's other exceptional outgoings

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

Approve as allowable expenses?

Generally no - insofar as possible, exceptional expenses should be met from the service user's savings/cash assets.

- In exceptional cases, the HSE Central RSSMAC Office may approve, on the recommendation of the deciding officer, a service user's (excluding short stay service user – see below) exceptional outgoings as allowable expenses where failure to meet the expenses concerned would result in undue financial hardship on the part of the service user or his/her dependants, *noting that*:
 - It is necessary to obtain the approval of the HSE Central RSSMAC Office, which must record the exceptional circumstances concerned and the reason for the decision to approve allowable expenses outside the terms of the guidelines.
 - A date for an appropriate update should be confirmed.
- If necessary to avoid undue financial hardship, a waiver may also be sought in relation to a dependant's share, if any, of the exceptional expenses concerned (see 3.9).
- Exceptional outgoings in regard to short stay service users may be approved by the deciding officer.

Level of expenses to approve as allowable (step D)

- An allowable expense may be approved by the HSE Central RSSMAC Office in the amount deemed reasonable to assist in meeting the essential outgoings concerned over an appropriate period of time, on a weekly basis calculated to be spread over a specified period of weeks appropriate to the circumstances
- When assessing waiver requests relating to exceptional outgoings, service providers should insofar as possible apply/adapt relevant national policies (e.g. if any support scheme is in place which is relevant to the outgoings concerned).

3.6 Child dependants' reasonable general maintenance expenses

Reasonable general maintenance expenses relating to a service user's child dependants may be approved as allowable expenses where appropriate.

For the purposes of these guidelines, "child dependant" is defined as:

A child or step-child or foster-child of the service user, or of the partner of the service user, who is dependent on the service user for support and who is under the age of 18, or if in full-time education, is either under the age of 22 or is continuing to receive full-time education during an academic year in which he/she reached the age of 22 i.e. dependent up to the end of academic year.

Guideline Summary: General maintenance expenses relating to child dependants

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

Approve as allowable expenses? Yes.

Specific income and means to be counted when calculating total other relevant income and means

(Step C) Include court-approved maintenance payments, if any, provided **to the service user** for the purpose of meeting the expenses of the child dependant(s) concerned.

Level of expenses to approve as allowable (step D)

- *Where the dependant is aged 18 years or over and habitually resides in the service user's home (with no parent habitually residing there), approve:*
 - *The balance, if any, required to bring the level of provision for that dependant's maintenance up to the amount of the Department of Social Protection (DSP) **Supplementary Welfare Allowance rate for the child's age**¹⁴ net of*
 - *the existing level of provision to the household for the purposes of maintaining the dependant concerned excluding Child Benefit but including other relevant DSP provision¹¹¹⁵ and the relevant dependant's weekly non-DSP income above €80 if any.*
- *Where the service user has sole responsibility for maintenance of the child concerned, approve:*
 - *The balance, if any, required to bring the level of provision for that child's maintenance up to the amount of the DSP **qualified child increase rate**¹⁶ net of*
 - *The existing level of provision to the service user for the purposes of maintaining the dependant concerned excluding Child Benefit but including other relevant DSP provision and the relevant dependant's weekly non-DSP income above €80, if any.*
- *Where the service user shares responsibility for maintenance of the child concerned with the child's other parent, approve 50% of:*
 - *The balance, if any, required to bring the level of provision for that child's maintenance up to the amount of the DSP **qualified child increase rate** net of*
 - *the existing level of provision to the household for the purposes of maintaining the dependant concerned excluding Child Benefit but including other relevant DSP provision and the relevant dependant's weekly non-DSP income above €80, if any.*

¹⁴ SWA rate from January 2022 for person aged 18-24: €117.70

¹⁵ For example, Supplementary Welfare Allowance, Qualified Child Increases etc.

¹⁶ Qualified child increase rate: €40 per week for a child under 12 and €48 for a child 12 and over (rates Jan 2022)

Note: If necessary to avoid undue financial hardship, a waiver may also be sought in relation to:

- A spouse/partner's share of the child dependants' maintenance expenses – under "Dependent adults' reasonable maintenance expenses" (see 3.7).
- Specific exceptional expenses associated with the maintenance of child dependants – under "Dependant's other exceptional outgoings" (see 3.9).

3.7 *Dependent adults' reasonable maintenance expenses*¹⁷

Where necessary to avoid undue financial hardship, allowable expenses may be approved in relation to reasonable maintenance expenses of an adult dependant. See *Guidelines Table* below and separate *Worked Examples*.

In exceptional circumstances, other members of the service user's household may be treated, for waiver assessment purposes, as adult dependants e.g. a carer (or a person being cared for by the service user) who lives in the service user's home and is deemed by the deciding officer to be financially dependent on the service user. If so, related expenses could be considered under this heading.

Guideline Summary: Dependent adults' reasonable maintenance expenses

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

Approve as allowable expenses?

Yes – subject to the deciding officer being satisfied that failure to meet the reasonable expenses of the adult dependant concerned would result in undue financial hardship on the part of the service user or his/her dependant(s).

Specific income and means to be counted when calculating total other relevant income and means (step C) Include (if not already counted) a DSP qualified adult allowance payable to the service user in respect of the adult dependant concerned.

Level of expenses to approve as allowable (step D)

An allowable expense may be approved at the following level:

- The balance, if any, required to bring the weekly income of the service user's spouse /partner or other adult dependant up to the level of o the single rate of the DSP non-contributory State Pension (€242 from January 2022)
plus
 - That adult dependant's share of costs relating to allowable expenses approved in respect of the service user (e.g. rent/mortgage, maintenance of child dependants etc)net of:
 - The adult dependant's income from all sources, including DSP, in excess of the single rate of DSP non-contributory State Pension (*i.e. in excess of €242 (rates updated Jan 2022 by HSE)*).

¹⁷ e.g. a dependent spouse or partner (married couple / civil partners / cohabiting couple)

3.8 Necessary / exceptional travel costs

It is envisaged that **travel expenses should only be approved in very exceptional cases.**

However, where a service user's dependant spouse/partner or child or next-of-kin has to rely on public transport, including taxis, to visit the service user, a claim for a waiver may be considered on an exceptional basis. Alternatively, service users may have exceptional personal travel expenses that could be considered (especially, though not exclusively, where they live more independently in community-type residences).

Guideline Summary: Expenses relating to necessary / exceptional travel costs

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

Approve as allowable expenses?

Generally No – but in exceptional cases, essential travel costs of a dependant / family member may be approved as allowable expenses where undue financial hardship would otherwise arise, noting that:

- Waivers under this heading should generally be limited to necessary and exceptional travel costs incurred by one person, being the service user's visiting spouse/partner or immediate family member (parent/child/sibling).
- Fuel costs / private transport costs are not allowable under this heading.
- Service providers should confirm that the benefit of any waiver granted is passed on to the person incurring the exceptional travel costs and adjust the level of a waiver granted if the intended outcome (e.g. facilitation of a weekly visit) does not arise.

Level of expenses to approve as allowable (step D)

An allowable expense may be approved, in exceptional circumstances, in the amount of the estimated weekly equivalent of the rate of the vouched travel costs.

3.9 Dependants' other exceptional outgoings

As noted in section 3.5 above in relation to a service recipient's other exceptional outgoings, these Guidelines could not be expected to anticipate all possible circumstances which might lead to waiver requests. Accordingly, other exceptional and essential outgoings incurred by a dependant of a service recipient may be considered based on their merits, having regard to that dependant's financial circumstances. Such outgoings should only be approved as an allowable expense in **very exceptional cases** by the HSE Central RSSMAC Office, on the recommendation of the deciding officer. The HSE Central RSSMAC Office and the deciding officer must record the exceptional circumstances concerned and the reason for the decision to approve allowable expenses outside the terms of the guidelines. In regard to short stay service users, it is in order for allowable expenses to be approved by the deciding officer.

A significant consideration may be whether, up to the service user's admission date, payments in relation to the dependant's exceptional outgoings concerned were met by the dependant concerned.

If not, it may support a conclusion that undue hardship would not arise if the person originally responsible for the expense continues to meet it.

Exceptional outgoings which may be approved as allowable expenses could include agreed necessary once off and substantial expenditure which the dependant cannot afford to meet from the dependant's income, e.g. once-off medical expenses required due to illness of dependant which may not be covered by State services or health insurance.

Guideline Summary: Expenses relating to dependants' other exceptional outgoings

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

Approve as allowable expenses?

- Generally no - insofar as possible, exceptional once-off outgoings should generally be met from the dependant's savings/cash assets.
- However, in very exceptional cases, the HSE Central RSSMAC Office may approve (deciding officer may approve in respect of short stay service users), on the recommendation of the deciding officer, a dependant's exceptional outgoings as allowable expenses where failure to meet the expenses concerned would result in undue financial hardship on the part of the dependant(s) concerned, *noting that*:
 - It is necessary to obtain the approval of the HSE Central RSSMAC Office, which must record the exceptional circumstances concerned and the reason for the decision to approve allowable expenses outside the terms of the guidelines.
 - A date for an appropriate update should be confirmed.

Level of expenses to approve as allowable (step D)?

- An allowable expense may be approved by the HSE Central RSSMAC Office in the amount deemed reasonable to assist in meeting the essential outgoings concerned, on a weekly basis calculated to be spread over a specified period of weeks appropriate to the circumstances (*see separate Worked Examples*).

Note: When assessing waiver requests relating to exceptional outgoings, service providers should insofar as possible apply / adapt relevant national policies (e.g. if any support scheme is in place which is relevant to the outgoings concerned).

3.10 Advancing identified needs – necessary expenses

A service provider may determine that specific expenses, including expenses relating to care plan objectives, are necessary in advancing a service user's identified medical, therapeutic, rehabilitative or health-related needs. Such **necessary (as distinct from beneficial) expenses may be approved as allowable expenses net of any related supports the service user may be entitled to** e.g. tax relief, reimbursement from a private health insurance policy, etc.

Waiver claims in respect of necessary medical, therapeutic, rehabilitative or health-related expenses should be assessed *without* reference to the service user's cash assets/savings.

Where a service user has full medical card eligibility, allowable medical expenses may only be approved in respect of public medical costs which are *not* covered by the medical card scheme, including prescription charges.

Exceptional medical costs may be approved as allowable expenses in respect of service users, including service users who do not have full medical card eligibility, where such costs are incurred as part of treatment provided under the public health system or where costs are being incurred under the Drugs Payment Scheme.

In addition essential expenditure in respect of private health costs may be approved as allowable expenses for service users who do not have private health insurance cover or medical card eligibility e.g. in respect of required orthodontic treatment, GP visit / call-out fees etc.

Necessary therapeutic, rehabilitative and health-related expenses (e.g. costed care plan objectives) may be approved as allowable expenses on a case-by-case basis. Examples might include identification in a care plan of a service user's need to be provided with a series of therapy sessions e.g. physiotherapy or to be enrolled in a weight-reduction, smoking-cessation or other programme, or avail of an orthodontic procedure etc.

Guideline Summary: Necessary expenses - advancement of identified needs (incl. care plan objectives)

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

Approve as allowable expenses?

Yes – expenses considered by the service provider to be necessary (as distinct from beneficial) in advancing the service user's identified medical, therapeutic, rehabilitative or health-related needs, including such expenses arising from care plan objectives, may be approved as allowable expenses, *noting that:*

- If the service user is entitled to receive the services concerned free of charge or to full reimbursement, e.g. as a medical card holder or under the terms of a health insurance policy, the related expenses should not be approved as allowable expenses.
- If a waiver is approved for expenses relating to a time-limited care need (e.g. an orthodontic programme planned over a 2-year period), appropriate date(s) for an update should be noted and updates) should be carried out on that/those date(s).

Level of expenses to approve as allowable (step D)?

An allowable expense may be approved in the amount of

- weekly cost of meeting the care plan or other needs identified as being necessary net of:
- Service user's eligibility, if any, for subsidisation of the services concerned e.g. by virtue of the terms of a health insurance policy etc.

3.11 Advancing identified needs - beneficial expenses (e.g. socialisation)

Expenses approved as being beneficial (as distinct from necessary) in advancing the service user's medical, therapeutic, rehabilitative or health-related needs, for example socialisation expenses set out in a care plan may be approved as allowable.

Many residents who are liable to pay RSSMACs, including those living in community settings/hostels, live largely independent lifestyles, assisted by appropriate supports, with an objective of realising their maximum potential to integrate with the local community. The RSSMAC rate structure (see *Background Note below*) in tandem with the waiver provisions are designed to take account of additional expenses incurred as a result of this independent lifestyle and to facilitate service users achieving care plan objectives.

Accordingly, **service providers may approve allowable expenses relating to approved beneficial (e.g. socialisation) objectives** or other medical, therapeutic, rehabilitative or health-related needs, subject to the generally-applicable guidelines (see *section 2*) and the special guideline below.

Special guideline relating to beneficial expenses

NB: Read in conjunction with *Section 2 General Guidelines Applicable*. For Worked Examples see Appendix C

An allowable expense may be approved up to the amount of:

- The cost of meeting the care plan objectives identified in the care plan and determined by the deciding officer to be of significant benefit in advancing the service user's identified needs
- Net of the service user's retained income, if any, above €80 per week.

4 Reflection of separate contributions (e.g. rent/kitty)

A formal waiver assessment is not required in relation to rent/kitty-type arrangements. Compliance with the legislation is achieved by capping total contributions towards maintenance and accommodation (i.e. kitty, rent, RSSMACs etc.) at the Payable RSSMAC level. Service providers may not request or accept any higher level of payment.

The RSSMAC legislation provides both:

- For waivers to reflect any separate provision towards a service user's own maintenance or accommodation costs (net of any rent subsidies received) and
- That there is no authorisation in law for requiring a service user to pay any additional contribution towards maintenance and accommodation costs in excess of the statutory RSSMAC requirement.

As a result of these provisions, any such separate contribution (e.g. any agreed rent/kitty payment) is a 'waiver'. However, **no specific waiver assessment is required in order to reflect such contributions: compliance is achieved simply by capping all combined contributions (e.g. agreed rent/kitty – net of housing assistance payments, rent supplement etc. – and any balancing long-stay contribution) at the level of the Payable RSSMAC amount**, having applied any other appropriate waiver provisions i.e. in respect of hardship on the part of the service user (see 3.1 – 3.5) or on the part of his/her dependants (3.6 – 3.9) and/or identified care plan etc. needs (3.10 – 3.11).

This maximum amount may be paid in any combination agreed between the service provider and service user but may not be exceeded – i.e. **service providers may not request or accept any total payment in excess of the amount of the Payable RSSMAC** determined for each individual service user, in accordance with these guidelines.

The amount of the weekly contribution amount towards "rent" (net of any relevant subsidies which the service user is entitled to receive) and/or "kitty" and/or "weekly household expenses contribution" etc., i.e. amount(s) must be agreed between the service provider and the service users in the residence concerned. The agreed amount(s) may vary from one residence to another (e.g. due to location, type of facility etc.).

The Payable RSSMAC must include such agreed separate payments made during the period concerned, noting that **no RSSMAC or kitty or rent may be required from a service user by a service provider for a day when residential support services are not received** by that person.

It should be made clear on relevant invoices / receipts / statements etc. that any agreed contributions to weekly living expenses (net of any rent allowances/subsidies received by the service user) are included in the total RSSMAC payable by the service user.

Appendix A: Waiver Legislation

Waiver legislation – Subsections 67D(1)-(8) of the Health Act 1970

Subsection 67D(1) provides for RSSMAC **waivers** (in whole or in part) if the HSE¹⁸ is of the opinion that, *having regard to the financial circumstances of that person*, such waiver is –

- necessary in order to avoid undue financial hardship in relation to that person or that person's dependants – *under 67D(1)(b)(i)*,
- necessary, or of significant benefit, in advancing the medical, therapeutic, rehabilitative or health related needs of the person concerned (including, where a care plan has been prepared for that person by or on behalf of the HSE, needs relating to meeting objectives specified in such a care plan) – *67D(1)(b)(ii)*,
or
- reasonable having regard to the extent to which the person concerned provides for his or her own maintenance or accommodation, or both – *67D(1)(b)(iii)*.

Subsection 67D(2) requires that the **exercise of the waiver power must be in accordance with guidelines** standing approved by the Minister (i.e. these guidelines).

Subsection 67D(3) requires the **recording in writing of the basis for each waiver decision**. To comply with this provision, a written record setting out the basis for each such decision should be kept on the relevant service user's file(s). A set of copies of all such decisions should be maintained by each service provider (whether at HSE Community Healthcare Organisation/Local Health Office area level or at section 38 agency level) subject to appropriate confidentiality and data protection safeguards.

Subsections 67D(4) to (7) require the **HSE to prepare and submit HSE National Guideline for RSSMAC Waivers** to the Minister for Health and empower the **Minister to approve** the guidelines (or amended guidelines) with the consent of the Minister for Public Expenditure and Reform, or to refuse approval or revoke previously approved guidelines.

Subsection 67D(8) requires the HSE to arrange for the **publication**, in such manner as it considers appropriate, of HSE National Guideline for RSSMAC Waivers approved by the Minister for Health.

The publication of these guidelines on the HSE National Central Repository website fulfils that statutory obligation. These guidelines are an updated and revised version of the previous guidelines. They reflect contribution rate and income band changes in the Health (Residential Support Services Maintenance and Accommodation) (Amendment) Regulations 2019 and 2022 (updated in Jan 2022 by the HSE).

¹⁸ Determination of whether to waive and the extent of any waiver granted is undertaken by a deciding officer designated by the relevant service provider, whether HSE itself or an agency providing the residential support services on HSE's behalf (under section 38 of the Health Act 2004).

Appendix B: Standard RSSMAC Rates

Standard RSSMAC rates by Accommodation Category (updated Jan 2022)

Schedule 1 - Category A Accommodation			Schedule 2 - Category B Accommodation			Schedule 3 - Category C Accommodation		
Assessed weekly income	Contribution		Assessed weekly income	Contribution		Assessed weekly income	Contribution	
	Daily	Weekly		Daily	Weekly		Daily	Weekly
€228 or more	€ 25.58	€179	€214 or more	€ 19.15	€134	€208 or more	€ 10.58	€74
€223 to €227.99	€ 24.86	€174	€209 to €213.99	€ 18.43	€129	€204.50 to €207.99	€ 10.08	€70.50
€218 to €222.99	€ 24.15	€169	€204 to €208.99	€ 17.72	€124	€201 to €204.49	€ 9.58	€67
€213 to €217.99	€ 23.43	€164	€199 to €203.99	€ 17.00	€119	€197.50 to €200.99	€ 9.08	€63.50
€208 to €212.99	€ 22.72	€159	€194 to €198.99	€ 16.29	€114	€194 to €197.49	€ 8.58	€60
€203 to €207.99	€ 22.00	€154	€189 to €193.99	€ 15.58	€109	€190.50 to €193.99	€ 8.08	€56.50
€198 to €202.99	€ 21.29	€149	€184 to €188.99	€ 14.86	€104	€187 to €190.49	€ 7.58	€53
€193 to €197.99	€ 20.58	€144	€179 to €183.99	€ 14.15	€99	€183.50 to €186.99	€ 7.08	€49.50
€188 to €192.99	€ 19.86	€139	€174 to €178.99	€ 13.43	€94	€180 to €183.49	€ 6.58	€46
€183 to €187.99	€ 19.15	€134	€169 to €173.99	€ 12.72	€89	€176.50 to €179.99	€ 6.08	€42.50
€178 to €182.99	€ 18.43	€129	€164 to €168.99	€ 12.00	€84	€173 to €176.49	€ 5.58	€39
€173 to €177.99	€ 17.72	€124	€159 to €163.99	€ 11.29	€79	€169.50 to €172.99	€ 5.08	€35.50
€168 to €172.99	€ 17.00	€119	€154 to €158.99	€ 10.58	€74	€166 to €169.49	€ 4.58	€32
€163 to €167.99	€ 16.29	€114	€149 to €153.99	€ 9.86	€69	€162.50 to €165.99	€ 4.08	€28.50
€158 to €162.99	€ 15.58	€109	€144 to €148.99	€ 9.15	€64	€159 to €162.49	€ 3.58	€25
€153 to €157.99	€ 14.86	€104	€139 to €143.99	€ 8.43	€59	€155.50 to €158.99	€ 3.08	€21.50
€148 to €152.99	€ 14.15	€99	€134 to €138.99	€ 7.72	€54	€152 to €155.49	€ 2.58	€18
€143 to €147.99	€ 13.43	€94	€129 to €133.99	€ 7.00	€49	€148.50 to €151.99	€ 2.08	€14.50
€138 to €142.99	€ 12.72	€89	€124 to €128.99	€ 6.29	€44	€145 to €148.49	€ 1.58	€11
€133 to €137.99	€ 12.00	€84	€119 to €123.99	€ 5.58	€39	€141.50 to €144.99	€ 1.08	€7.50
€128 to €132.99	€ 11.29	€79	€114 to €118.99	€ 4.86	€34	€138 to €141.49	€ 0.58	€4
€123 to €127.99	€ 10.58	€74	€109 to €113.99	€ 4.15	€29	€137.99 or less	Nil	Nil
€118 to €122.99	€ 9.86	€69	€104 to €108.99	€ 3.43	€24			
€113 to €117.99	€ 9.15	€64	€99 to €103.99	€ 2.72	€19			
€108 to €112.99	€ 8.43	€59	€94 to €98.99	€ 2.00	€14			
€103 to €107.99	€ 7.72	€54	€89 to €93.99	€ 1.29	€9			
€98 to €102.99	€ 7.00	€49	€84 to €88.99	€ 0.58	€4			
€93 to €97.99	€ 6.29	€44	€83.99 or less	Nil	Nil			
€88 to €92.99	€ 5.58	€39						
€83 to €87.99	€ 4.86	€34						
€78 to €82.99	€ 4.15	€29						
€73 to €77.99	€ 3.43	€24						
€68 to €72.99	€ 2.72	€19						
€63 to €67.99	€ 2.00	€14						
€58 to €62.99	€ 1.29	€9						
€53 to €57.99	€ 0.58	€4						
€52.99 or less	Nil	Nil						

Appendix C: Worked Examples

Worked Examples – Waiver Guidelines

The Worked Examples are provided as an aid to applying the Waivers Guideline. Some examples provide more than one scenario, to show the impact of different /changing circumstances. The worked examples are all based on the current Standard RSSMAC rates by Accommodation Category (updated Jan 2022) and currently applicable.

Use the index below to look up the relevant worked example(s) for specific guidelines. References to “Steps A – G” refer to the RSSMACs and waiver assessment steps set out at section 2.2 of the Waivers Guideline.

Index to Worked Example			
Waiver Guideline	Worked Example	Page No.	Type of Expense
3.1	1	33	Court-approved maintenance payments
3.2	2A	34	Rent or mortgage on a service user’s principal private residence – where service user is single
3.2	2B	35	Shared rent or mortgage on a service user’s principal private residence
3.3	3	36	Service user’s pre-existing loan repayments
3.4	4A	37	A service user’s pre-existing life insurance / assurance policy
3.4	4B	38	Pre-existing health insurance policy
3.5	5	39	Service user’s other exceptional outgoings
3.6	6	40	General maintenance expenses relating to child dependents
3.7	7	41	Dependent adults’ reasonable maintenance expenses
3.8	8	42	Necessary / exceptional travel costs
3.9	9	43	Dependants’ other exceptional outgoings
3.10	10	44	Necessary expenses relating to identified needs including care plan objectives)
3.11	11	45	Beneficial expenses (e.g. socialisation objectives set out in care plan)

Steps [A] – [G]	Worked Example 1 <i>(see Waiver Guidelines section 3.1)</i> Expenses relating to court-approved maintenance payments
[A] = €208 [B] = €74 [C] = €208 [D] = €60 [E] = C-D = €148 [F] = €11 Waiver [G] = B-F = €63	<i>Adam receives residential support services in Category C accommodation. His weekly income [A] is €208 (i.e. in the <u>€208 or more</u> income band in the Category C Schedule), so his Standard RSSMAC [B] would be €74 if no waiver applied.</i> <i>Adam is separated and is required under a maintenance order to pay his ex-spouse a weekly maintenance payment of €60. Adam has no substantial cash assets and is not eligible for any income tax relief in respect of his maintenance payments. A waiver in respect of maintenance payments is claimed.</i> The deciding officer – (i) assesses total relevant income and means [C] at €208 i.e. weekly income [A] €208 <u>plus</u> other relevant available income and means of Nil) and (ii) approves allowable expenses [D] of €60 (amount of required weekly maintenance payment net of Nil tax relief eligibility). If this were the only waiver claimed on Adam's behalf, his adjusted income [E] would be C - D = €208 - €60 = €148 (i.e. <u>€145.00 to €148.49</u> income band), so his Payable RSSMAC [F] would be €1.58 daily / €11 per week. The waiver [G] in this example = Standard RSSMAC [B] (€74) LESS Payable RSSMAC [F] (€11) = €63 per week.

Steps [A] – [G]	Worked Example 2A <i>(see Waiver Guidelines section 3.2)</i> Expenses relating to rent or mortgage on a service user’s principal private residence – where service user is single
[A] = €242 [B] = €179 [C] = €242 [D] = €196 [E] = C-D = €46 [F] = Nil Waiver [G] =B-F = €179	<i>Emer receives residential support services in Category A accommodation in a rehabilitation setting. Her weekly income [A] is €242 (i.e. €228 or more income band in the Category A Schedule), so her Standard RSSMAC [B] is €179 before considering waiver claims.</i> <i>She is single and is expected to return to live in her principal private residence, where the rent is €850 per month. Her cash assets do not exceed €36,000. A waiver in respect of rent costs is claimed.</i> The deciding officer – (i) assesses total relevant income and means [C] at €242 i.e. weekly income [A] €242 <u>plus</u> other relevant available income and means of Nil) and (ii) approves allowable expenses [D] of €196 (approx. weekly equivalent of monthly rent of €850). If this were the <u>only</u> waiver claimed on Emer’s behalf, the adjusted income figure [E] would be C – D = €242– €196 = €46 (i.e. <u>€52.99 or less</u> income band), so her Payable RSSMAC rate [F] would be Nil per week. The waiver [G] in this example = Standard RSSMAC [B] (€179) LESS Payable RSSMAC [F] (€0) = €179 per week.

** In the example above, however, a “dependant adult’s reasonable maintenance expenses” waiver (see Waiver Guidelines section 3.7) may be claimed if necessary to avoid undue hardship to Sorcha’s wife (arising from her liability to pay the mortgage/rent) and would be considered on its merits in tandem with Sorcha’s rent/mortgage waiver claim.*

Steps [A] – [G]	Worked Example 3 (see Waiver Guidelines section 3.3) Expenses relating to a service user's pre-existing personal loan repayments
Scenario A [A] = €350 [B] = €134 [C] = €350 [D] = n/a [E] = D-F = €350 [F] = €134 Waiver [G] = NIL	Scenario A: Tony receives rehabilitative residential support services in Category B accommodation. His weekly income [A] is €350 (i.e. in the €214 or more income band in the Category B Schedule), so his Standard RSSMAC [B] is €134 before considering waiver claims. He and his partner Dave have €102,000 in a joint savings account (of which Tony's share is 50% i.e. €52,000). Immediately prior to admission to care Tony entered into a car loan repayment commitment of €500 per month in his own name. The repayments are scheduled to continue for a further 48 months (i.e. outstanding loan sum is €24,000). A waiver to meet Tony's (100%) share of the loan repayment costs is claimed. The deciding officer does <u>not</u> grant a waiver because Tony's cash assets (his share of the couple's joint savings) exceed the €36,000 threshold. However, Tony is invited to resubmit a waiver request in the event of his cash assets falling below €36,000. Alternatively, a specific date for an update can be arranged by agreement with Tony. <i>Note: Although the loan expense was approved as an allowable expense, the deciding officer confirmed that the loan repayment expense could be met from the service user's income/cash assets without causing undue financial hardship to the service user or his dependants.</i>
Scenario B [A] = €350 [B] = €134 [C] = €350 [D] = €116 [E] = C-D = €234 [F] = €134 Waiver [G] = B-F = Nil	Scenario B: Same as Scenario A except that the couple's joint savings are €52,000 (of which Tony's share is 50% i.e. €26,000). The deciding officer – (i) assesses total relevant income and means [C] at €350 i.e. weekly income [A] plus other relevant available income and means of Nil. And (ii) approves allowable expenses [D] in the amount (weekly) of €116 (approx. weekly equivalent of Tony's €500 monthly share of the loan repayment commitment). If this were the <u>only</u> waiver claimed on Tony's behalf, the adjusted income figure [E] would be C – D = €350 – €116 = €234 (i.e. €214 or more income band), so his Payable RSSMAC rate [F] remains €19.15 daily / €134 per week. The waiver [G] in this example (Scenario B) = Standard RSSMAC [B] (€134) LESS Payable RSSMAC [F] (€134) = Nil. <i>Note: Although the loan expense was approved as an allowable expense, the deciding officer confirmed that the loan repayment expense could be met from the service user's income/means without causing undue financial hardship to the service user or his dependants.</i>

Steps [A] – [G]	Worked Example 4A (see Waiver Guidelines section 3.4) Expenses relating to a service user's pre-existing life insurance / assurance policy
Scenario A [A] = €208 [B] = €74 [C] = €208 [D] = n/a [E] = €208 [F] = [B] = €74 Waiver [G] = NIL	Scenario A: Anna is single and receives residential support services in Category C accommodation. Her weekly income [A] (Disability Allowance) is €208 (i.e. in the <u>€208 or more</u> income band in the Category C Schedule), so her Standard RSSMAC [B] would be €74 if no waiver applied. She has €37,500 in a savings account. She has a pre-existing policy costing €25 per month which will yield a €30,000 lump sum upon Anna's death. A waiver to meet these costs is claimed. The deciding officer does not grant a waiver because Anna's savings exceed €36,000. However, he arranges an update meeting in a few months as it appears likely that Anna's savings could fall below that threshold fairly soon. Anna is invited to resubmit a waiver request in the event of her cash assets falling below the €36,000 threshold. Alternatively, a specific date for an update can be arranged by agreement with Anna.
Scenario B [A] = €208 [B] = €74 [C] = €208 [D] = €3 [E] = C–D = €205 [F] = €70.50 Waiver [G] = B–F = €3.50	Scenario B: Same as Scenario A, except that Anna's savings amount to €7,500 The deciding officer – (i) assesses total relevant income and means [C] at €208 i.e. weekly income [A] plus other relevant available income and means of Nil (as Anna has no additional relevant income and means) and (ii) approves allowable expenses [D] in the amount (weekly) of €3 (approx. weekly equivalent of premium which would generate €15,000 lump-sum i.e. rounded-up weekly equivalent of <u>half</u> of existing €25 monthly premium for €30,000 policy). If this were the only waiver claimed on Anna's behalf, her adjusted income figure [E] would be C – D = €208 – €3 = €205 (i.e. €204.50 to €207.99 income band), so her Payable RSSMAC rate [F] would be €10.08 daily / €70.50 per week. The waiver [G] in this example (Scenario B) = Standard RSSMAC [B] (€74) LESS Payable RSSMAC (€70.50) = €3.50 per week.

Steps [A] – [G]	Worked Example 5 (see Waiver Guidelines section 3.5) Expenses relating to service user's other exceptional outgoings
[A] = €208 [B] = €74 [C] = €208 [D] = €74 for 10 weeks and €50 for 1 week [E] = C–D = €134 for 10 wks and €158 for 1 week [F] = Nil for 10 weeks and €21.50 for 1 week Waiver [G] = B–F = €74 for 10 weeks and €52.50 for 1 week	<i>Éanna is a single man in his 30s who lives in an intellectual disability facility in the community. He receives residential support services in Category C accommodation. His weekly income [A] is DA of €208 (i.e. in the <u>€208 or more</u> income band in the Category C Schedule), so his Standard RSSMAC [B] is €74 before considering waiver claims. Éanna has no significant savings or other cash assets to cover the travel, food and accommodation costs (estimated at €790) of his attendance at his grandmother's funeral in London together with members of his family. A waiver in respect of this exceptional expense is claimed so that Éanna can afford to travel to the funeral with his family.</i> The deciding officer, having secured HSE Central RSSMAC Office approval – (i) assesses total relevant income and means [C] at €208 i.e. weekly income [A] – plus other relevant available income and means of Nil and (ii) approves allowable expenses [D] in the total amount of €790 as claimed and validated as reasonable, spread over 11 weeks (i.e. €74 per week (the minimum income adjustment which results in grant of maximum waiver) for 10 weeks plus €50 for a further week). If this were the <u>only</u> waiver claimed on Éanna's behalf, the adjusted income figure [E] would be: Weeks 1-10: E = C – D = €208–€74= €134 (i.e. <u>€137.99 or less</u> income band), so his Payable RSSMAC rate [F] for those weeks would be Nil Week 11: E = C – D = €208–€50= €158 (i.e. <u>€155.50 to €158.99</u> (income band), so his Payable RSSMAC rate [F] for week 11 would be €3.08 daily = €21.50 per week. - From Week 12 onwards: income and RSSMAC rates “revert to normal” i.e. E = A = €208 and F = B = €74). In this example, Éanna is granted a waiver [G] in whole (€74) for the next 10 weeks followed by a waiver in part for Week 11 (i.e. Standard RSSMAC €74 LESS Payable RSSMAC €21.50 = €52.50 waiver). <i>In the example above, the total expense of €790 is met by adjusting Éanna's weekly income calculation (with reference to the “first” 10 weeks) by the minimum income reduction which will yield a Nil rate (i.e. by €74) and by a balancing income adjustment in Week 11 of the remaining €50. The waiver reverts to Nil (and Payable RSSMAC reverts to €74) from week 12.</i>

Steps [A] – [G]	Worked Example 6 <i>(see Waiver Guidelines section 3.6)</i> General maintenance expenses relating to child dependants
[A] = €280 [B] = €179 [C] = €280 [D] = €44 [E] = C–D = €236 [F] = €179 Waiver [G] = B–F = Nil	<i>Michael receives residential support services in Category A accommodation. His weekly income [A] is €280 (i.e. in the <u>€228 or more</u> income band in the Category A Schedule), so his Standard RSSMAC [B] is €179 before considering waiver claims.</i> <i>He and his wife Maria have 2 child dependants, one under 12 years and one over 12 years. A general child dependant's expenses waiver is claimed in respect of each child. There are no significant savings or other cash assets involved.</i> The deciding officer – (i) assesses total relevant income and means [C] at €280 (i.e. weekly income [A] €280 <u>plus</u> other relevant available income and means of Nil) and (ii) approves allowable expenses [D] in the amount (weekly) of €44 as follows: 50% of rate of DEASP qualified child increase in respect of each child dependant under 12 (i.e. 50% of €40 = €20), plus 50% of rate of DEASP qualified child increase in respect of each child dependant over 12 (i.e. 50% of €48 = €24) If this were the <u>only</u> waiver claimed on Michael's behalf, the adjusted income figure [E] would be C – D = €280– €44= €236 (i.e. <u>€228 or more</u> income band), so his Payable RSSMAC rate [F] would remain €25.58 daily / €179 per week. The waiver [G] in this example = Standard RSSMAC [B] (€179) LESS Payable RSSMAC [F] (€179) = Nil.

Steps [A] – [G]	Worked Example 7 <i>(see Waiver Guidelines section 3.7)</i> Dependent adults' reasonable maintenance expenses
[A] = €249 [B] = €134	<i>Arthur receives residential support services in Category B accommodation. His weekly income [A] is €249 (i.e. in the <u>€214 or more</u> income band in the Category B Schedule), so his Standard RSSMAC [B] is €134 before considering waiver claims.</i> <i>His wife Neasa has net weekly income of only €130. An adult dependant's expenses waiver is claimed. There are no significant savings or other cash assets involved.</i>
[C] = €249 [D] = €112	The deciding officer – (i) assesses total relevant income and means [C] at €249 (i.e. weekly income [A] €249 <u>plus</u> other relevant available income and means of Nil) and (ii) approves allowable expenses [D] of €112.00 (i.e. shortfall between Neasa's income of €130 and the personal rate of State Pension (non-contributory) (€242))
[E] = C-D = €137 [F] = €54	If this were the only waiver claimed on Arthur's behalf, his adjusted income [E] would be $C - D = €249 - €112 = \textbf{€137}$ (i.e. <u>€134.00 to €138.99</u> income band), so his Payable RSSMAC [F] would be €7.72 daily / €54 per week.
Waiver [G] = B-F = €80	The waiver [G] in this example = Standard RSSMAC [B] (€134) LESS Payable RSSMAC [F] (€54) = €80 per week.

Steps [A] – [G]		Worked Example 8 (see Waiver Guidelines section 3.8) Expenses relating to necessary / exceptional travel costs
[A] = €208 [B] = €124	Zoe is single and receives residential support services in Category B accommodation. Her weekly income [A] is €208 (i.e. in the <u>€204 to €208.99</u> income band in the Category B Schedule), so her Standard RSSMAC [B] is €124 before considering waiver claims. <i>Zoe's next-of-kin and only regular visitor is her elderly sister who does not drive and who lives alone in an isolated location not served by public transport. Her sister has no significant means and lives on State Pension i.e. she cannot afford the €30 taxi fare for the round-trip to visit her sister. Neither Zoe nor her sister have any substantial cash assets. A waiver in respect of necessary travel costs is claimed so that Zoe can fund a weekly visit from her sister.</i>	
[C] = €208 [D] = €30	The deciding officer – (i) assesses total relevant income and means [C] at €208 i.e. weekly income [A] plus other relevant available income and means of Nil (as Zoe has no additional income or cash assets and as her sister has no income in excess of €242 or any substantial cash assets) (ii) approves allowable expenses [D] in the amount (weekly) of: €30 (cost of sister's weekly round-trip by taxi).	
[E] = C–D = €178 [F] = €94	If this were the <u>only</u> waiver claimed on Zoe's behalf, her adjusted income figure [E] would be C – D = €208 – €30 = €178 (i.e. <u>€174 to €178.99</u> income band), so her Payable RSSMAC rate [F] would be €13.43 daily / €94 per week.	
Waiver [G] = B–F = €30	The waiver [G] in this example = Standard RSSMAC [B] (€124) LESS Payable RSSMAC [F] (€94) = €30 per week.	

Steps [A] – [G]		Worked Example 9 (see Waiver Guidelines section 3.9) Expenses relating to dependants' other exceptional outgoings
[A] = €270 [B] = €179	Michael receives residential support services in Category A accommodation. His weekly income [A] is €270 (i.e. in the <u>€228 or more</u> income band in the Category A Schedule), so his Standard RSSMAC [B] is €179 before considering waiver claims. His spouse Nora has net weekly income of €265. Nora has had a mild stroke and is receiving physiotherapy sessions through her primary care team (PCT). However, it has been decided that Nora requires additional physiotherapy sessions on top of the sessions being provided by the PCT for a period of 26 weeks/six months. The cost of the physiotherapy sessions will be €3,000. An exceptional outgoings waiver is claimed in respect of these once off expenses. There are no significant savings or other cash assets involved.	
[C] = €293	The deciding officer – (i) assesses total relevant income and means [C] at €293 i.e. weekly income [A] plus other relevant available income and means of €23 as follows: • €23 (spouse's weekly income in excess of €242 – in line with guideline 3.7 dependent adults' reasonable maintenance expenses).	
[D] = €115.38	And (ii) approves allowable expenses [D] in the amount (weekly) of €115.38 as follows: • Once-off weekly expenses over a 26-week period of €115.38 i.e. €3,000 divided by 26 weeks	
[E] = C-D = €177.62 [F] = €124 Waiver [G] = B - F = €55	If this was the <u>only</u> waiver claimed on Michael's behalf, the adjusted income figure [E] would be C – D = €293– €115.38 = €177.62 (i.e. <u>€173.00 to €177.99</u> income band), so his Payable RSSMAC rate [F] would be €17.72 daily / €124 per week. The waiver [G] in this example = Standard RSSMAC [B] (€179) LESS Payable RSSMAC [F] (€124) = €55 per week. In this example, Michael is granted a waiver [G] of €55 for the next 26 weeks. The deciding officer will undertake an update of Michael's contribution at the end of the 26 week term.	

Steps [A] – [G]		Worked Example 10 <i>(see Waiver Guidelines section 3.10)</i> Necessary expenses relating to identified needs (including care plan objectives)
[A] = €208 [B] = €124	Matthew is single and receives residential support services in Category B accommodation. His weekly income [A] from his Disability Allowance is €208 (i.e. in the <u>€204 to €208.99</u> income band in the Category B Schedule), so his Standard RSSMAC [B] is €124 before considering waiver claims. Matthew has savings of €43,500. A waiver is claimed in respect of two of Matthew's identified needs: (i) a weight-reduction programme, the related care plan objective for which includes gym membership at an annual cost of €600 (ii) required orthodontic treatment estimated to cost approximately €2,500 over the coming year. Note: Although Matthew's cash assets exceed €36,000, consideration is given to granting a waiver because the relevant guidelines (see Waiver Guidelines section 3.10) provide that necessary medical, therapeutic, rehabilitative or health-related expenses may be approved without reference to a cash assets threshold.	
[C] = €208 [D] = €59.62	The deciding officer – (i) assesses total relevant income and means [C] at €208 i.e. weekly income [A] plus other relevant available income and means of Nil and (ii) approves allowable expenses [D] in the amount (weekly) of €59.62 as follows: • €11.54 (i.e. weekly equivalent of €600) to cover the identified necessary expenses for a weight reduction programme • €48.08 (i.e. weekly equivalent of €2,500) to cover the identified necessary orthodontic treatment expenses.	
[E] = C-D = €148.38 [F] = €64	If this were the <u>only</u> waiver claimed on Matthew's behalf, the adjusted income figure [E] would be C – D = €208– €59.62 = €148.38 (i.e. <u>€144.00 to €148.99</u> income band), so his Payable RSSMAC rate [F] would be €9.15 daily / €64 per week.	
Waiver [G] = B - F = €60	The waiver [G] in this example = Standard RSSMAC [B] (€124) LESS Payable RSSMAC [F] (€64) = €60 per week. NOTE: The example above assumes Matthew is not eligible to receive free orthodontic services or full or partial reimbursement of the related costs. Were Matthew to have, for example, a health insurance policy covering some or all of the orthodontic treatment, only the cost to Matthew, if any, net of reimbursement entitlements could be considered.	

		Worked Example 11 (see Waiver Guidelines section 3.11) Beneficial expenses (e.g. socialisation objectives set out in a care plan)	
Steps [A] – [G]			
Scenario A		Scenario A: Molly receives residential support services in Category A accommodation in an intellectual disability facility. Her weekly income [A] is €208 (i.e. in the <u>€208 to €212.99</u> income band in the Category A Schedule), so her Standard RSSMAC [B] is €159 before considering waiver claims. Her retained income is therefore €49 per week. Molly's care plan identifies socialisation objectives costed at €100 per week, and a waiver is sought on her behalf towards meeting those costs. Molly has no additional income or significant savings or other cash assets.	
[A] = €208 [B] = €159			
[C] = €208	The deciding officer – (i) assesses total relevant income and means [C] at €208 i.e. weekly income [A] plus other relevant available income and means of Nil and (ii) approves allowable expenses [D] in the amount (weekly) of €100 as follows: - Costed socialisation expenses of €100.00 - LESS Nil (Molly's retained income in excess of €80)		
[D] = €100			
[E] = C–D = €108 [F] = €59	If this were the <u>only</u> waiver claimed on Molly's behalf, the adjusted income figure [E] would be C – D = €208 – €100 = €108 (i.e. <u>€108 to €112.99</u> income band), so her Payable RSSMAC rate [F] would be €8.43 daily / €59 per week.		
Waiver [G] = B–F = €100	The waiver [G] in this example = Standard RSSMAC [B] (€159) LESS Payable RSSMAC [F] (€59) = €100 per week .		
Scenario B		Scenario B: Same as Scenario A except that (a) Molly's income is €242 and (b) she resides in Category B accommodation. Therefore, weekly income [A] is in the <u>€214 or more</u> income band in the Category B Schedule, Standard RSSMAC [B] is €134 before considering waiver claims and retained income is €108 per week.	
[A] = €242 [B] = €134			
[C] = €242	The deciding officer – (i) assesses total relevant income and means [C] at €242 i.e. weekly income [A] plus other relevant available income and means of Nil and (ii) approves allowable expenses [D] in the amount (weekly) of €72 as follows: - Costed socialisation expenses of €100.00 - LESS €28 (Molly's retained income in excess of €80)		
[D] = €72			
[E] = C–D = €170 [F] = €89	If this were the <u>only</u> waiver claimed on Molly's behalf, the adjusted income figure [E] would be C–D = €242 – €72 = €170 (i.e. <u>€169.00 to €173.99</u> income band), so her Payable RSSMAC rate [F] would be €12.72 daily / €89 per week		
Waiver [G] = B–F = €45	The waiver [G] in this example = Standard RSSMAC [B] (€134) LESS Payable RSSMAC [F] (€89) = €45 per week .		

Steps [A] – [G]	Worked Example 11 (see Waiver Guidelines section 3.11) Beneficial expenses (e.g. socialisation objectives set out in a care plan)
Scenario C	
[A] = €208 [B] = €74	Scenario C: Same as Scenario A except that Molly resides in Category C accommodation, so weekly income [A] is in the <u>€208 or more</u> income band, Standard RSSMAC [B] is €74 before considering waiver claims and retained income is €134 per week.
[C] = €208	The deciding officer – (i) assesses total relevant income and means [C] at €208 i.e. weekly income [A] plus other relevant available income and means of Nil
[D] = €46	and (ii) approves allowable expenses [D] in the amount (weekly) of €46 as follows: • Costed socialisation expenses of €100.00 • LESS €54 (Molly's retained income in excess of €80).
[E] = C–D = €162 [F] = €25.00	If this were the <u>only</u> waiver claimed on Molly's behalf, the adjusted income figure [E] would be $C - D = €208 - €46 = €162$ (i.e. <u>€159 to €162.49</u> income band), so her Payable RSSMAC rate [F] would be €3.58 daily / €25.00 per week.
Waiver [G]=B–F= €49.00	The waiver [G] in this example = Standard RSSMAC [B] (€74) LESS Payable RSSMAC [F] €25.00 = €49 per week.