

**GRANT PROGRAM FACT SHEET**  
**SERVICES ARE FUNDED BY AGENCY ON AGING AREA 4**  
**IN-HOME SERVICE PROGRAM**



Areas Served for the Grant Program: Sacramento and Placer Counties

**PURPOSE OF THE PROGRAM**

The purpose of this program is to offer a service to the elderly and disabled persons who prefer to maintain their independence at home, and whose safety and well-being can be assured within the scope of our services. The duration of service is up to 52 weeks.

**SERVICES PROVIDED**

Following assessment in the home, the Program Director develops a care plan which reflects the needs of the client and must include the following required activities:

**PERSONAL CARE:**

To assist clients with routine care of a personal nature such as bathing, dressing, personal appearance, feeding and general hygiene.

**Other Allowable Activities**

Additional activities allowed under this category include hands-on care such as: shampooing hair, grooming, assistance with toileting activities utilizing bedpan and bedside commode, shaving with electric razor, brushing teeth, mobility assistance and assistance in transferring and re-positioning in bed, simple nail care, self-sufficiency training and training for family care of client.

**ELIGIBILITY**

AT THE TIME SERVICES ARE PROVIDED, CLIENTS IN THIS CATEGORY MUST:

- (a) Be 60 years of age or older;
- (b) Reside within the county where the service is funded;
- (c) Have significant personal care needs that would otherwise be unmet; and,
- (d) Not also be receiving personal care via In Home Support Services

**FUNDING**

Through the Older Americans Act, federal and state monies are used to pay for these services. Recipients of these services will be given a *free and voluntary* opportunity to contribute to the cost of the service.

**REFERRALS**

A client may be referred by anyone, including themselves.

.....  
4700 Northgate Blvd., Suite 160 Sacramento, CA 95834 Phone: (916) 979-4975 Fax: (916) 979-4977

**SERVICE HOURS**

Services are federally funded and disbursed by the state through Agency on Aging Area 4. AAA4 then will allocate the funds through each approved provider beginning of each fiscal year upon state budget approval.

Hours available for eligible clients is then dependent on the amount of budget approved each month of every fiscal year. The service provider notifies the client not later than 7 days after the assessment if he/she may or may not be eligible for any type of service. **An assessment is not a guarantee of eligibility to any programs offered.**

**PERSONALIZED HOME CAREWORKERS**

Upon notifying the client of the start of service, each client will be assigned to one or two workers the company feels are a good match for the client. The workers will assist the client based on the written assessment. If a client has a dispute of not allowing specific workers, the provider has the right to temporary discontinue the service until another suitable worker is available. Provider will exhaust remedy to settle each client dispute. Any dispute not settled within 60 days will be reported to Agency on Aging Area4

**DISENROLLMENT REASONS**

The following are the reasons for disenrollment:

1. Client repeatedly cancels/reschedules service without at least 48 hour notice.
2. Client refusing service or having certain demands that the provider cannot meet or beyond their scope of service.
3. Client refusing to allow any new substitute to his/her regular caregiver if the need arises.
4. Client refusing to settle any dispute or problem related to the service acquired.

**APPEALS**

Clients may appeal any action or inaction such as services reduction, termination, denial, delays in eligibility determination, etc. If the client appeals within 10 working days of the proposed action, the service remains in place until a hearing decision is reached.

Any questions or clarifications regarding such action will be referred to the Personalized Homecare Services Administrator.

I hereby acknowledge that I read and understand all the information stated above:

Printed Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Confirmed:  
Printed Name \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_