

Attachment A

<On county letterhead>

**Unannounced Home Visit
Follow-Up Letter**

Mr. John Smith
1234 Main Street
Anytown, CA 90123-4567

Dear Mr. Smith:

We tried to visit you at your home on <insert date of attempted home visit here> at <insert time of attempted home visit here>. You were either not home or did not allow the county staff to enter your home. The purpose of the visit is to make sure that you are getting your IHSS services, verify the quality of those services, and to check on your well-being. We also go over some program rules and requirements.

You are responsible for managing your provider and making sure you get your needed services. Our goal is to increase your knowledge so that you will become a better-informed recipient to make sure you have the best outcome for your health and well-being.

Please be reminded that you must cooperate with home visits as a condition for getting your benefits. Some visits may be announced and other visits may be unannounced. If we are unable to do a home visit or find out why we could not do one, your benefits could end. You would get a notice before that happens.

Following program rules can help prevent you owing us for overpayments, prevent the loss of services, and protect you from civil or criminal legal actions.

In addition to cooperating with home visits, please remember to do the following:

- Only sign your own name on each timesheet, unless you are authorized to sign for someone else.
- Make sure to tell your worker if your level of need goes UP or DOWN so you can get the correct amount of services.
- Only put the hours that were actually worked on the timesheet. Do not list all of the approved hours if they were not worked.
- (Hours while you are in the **hospital** or **nursing home**, unless authorized by your caseworker, or if you are **incarcerated** cannot be paid for).
- Always report all members living in your household.
- Report if you are going to be out of your home for an extended period of time.

Please call <insert designated representative name and phone here> to verify your address, phone number, availability, and best way to contact you. This will help us to complete the visit. The person making the unannounced home visit will be trained county staff, will have a county badge or ID, and must show this to you before you permit entry into your home.

If you feel that you have been mistreated or discriminated against, contact <insert contact information here>. If you suspect fraud occurring in the IHSS program, please contact the Department of Health Care Services fraud hotline at 1-888-717-8302.

