

IHSS UHV FINDINGS REPORT

GENERAL INFORMATION *(Attach additional sheets if necessary)*

IHSS recipient name: _____ County: _____
 Case no.: _____ UHV staff name: _____
 Recipient phone no.: _____ UHV staff phone no.: _____
 Alt. phone no.: _____ Reason for UHV: _____

A. CASE FILE INFORMATION

Primary language: _____ No. of providers: _____
 No. in household: _____ Date of last F2F: _____
 Authorized no. hours: _____ Who conducted last F2F: _____

- Severely Impaired Minor
- Protective Supervision
- FI rank 5 service(s) (specify): _____
- Case/Narrative notes reviewed

B. RECORD OF ATTEMPTS TO CONTACT THE RECIPIENT *(Provide details in Section E)*

Visits		Phone calls to recipient		Completed visit
(date)	(time)	(date)	(time)	
1st	_____	1st	_____	<input type="checkbox"/> Recipient ID verified <input type="checkbox"/> Provider present <input type="checkbox"/> Provider ID verified Provider name: _____
2nd	_____	2nd	_____	
3rd	_____	Letter (date)	NOA (date)	

C. FINDINGS OF THE UHV *(Provide details in Section F)*

- Program Integrity concerns unsubstantiated ***(check ONLY if ALL statements below are correct)***
 - It appears that all authorized services are being provided to the recipient
 - It appears that all authorized services are provided at an acceptable quality
 - It appears that the recipient is receiving adequate care
- Program Integrity concerns appear valid
 - Services appear to be authorized beyond need
 - Services appear to be authorized below need
 - Authorized services appear to not be sufficiently provided

IHSS UHV FINDINGS REPORT INSTRUCTIONS**General Information**

IHSS recipient name:	Enter the name of the recipient being visited.
Case no.:	Enter the IHSS case number.
Recipient phone no.:	Enter the phone number on file for the recipient.
Alt. phone no.:	Enter an alternate phone number for the recipient, if there is one on file.
County:	Select the county conducting the UHV.
UHV staff name:	Enter the name of the person conducting the UHV.
UHV staff phone no.:	Enter the phone number of the person conducting the UHV.
Reason for UHV:	Enter the reason for the UHV. Please provide details in Section E as needed.

A. Case File Information

Primary language:	Select the primary language of the recipient as listed in the case file.
No. in household:	Enter the total number of people living in the household including the recipient.
Authorized no. hours:	Enter the number of hours authorized for purchase.
No. of providers:	Enter the number of eligible providers on file for this recipient.
Date of last Face-to-Face (F2F):	Enter the date of the last recorded face-to-face contact the county had with the recipient.
Who conducted the last F2F:	Enter the name of the person who conducted the last face-to-face with the recipient.
Severely Impaired:	Check if the recipient meets the Severely Impaired criteria.
Protective Supervision:	Check if the recipient is currently authorized Protective Supervision.

Minor	Check if the recipient is a minor.
FI rank 5 service(s):	Record any services for which the recipient is currently assessed a functional index ranking of 5.
NOTE:	This will indicate which services the recipient cannot perform on his/her own.
Case/Narrative notes reviewed:	Check if case file narrative or notes were reviewed prior to UHV. NOTE: Any case file information directly affecting the UHV should be noted in Section E.

B. Record of Attempts to Contact the Recipient

Visits

1st home visit:	Record the date and time the first UHV was attempted, whether or not it was completed.
2nd home visit:	Record the date and time the second UHV was attempted, whether or not it was completed.
3rd home visit:	Record the date and time the third UHV was attempted, whether or not it was completed.

Phone calls to recipient

1st Recipient Phone Call:	Record the date and time the first phone call was made to the recipient.
2nd Recipient Phone Call:	Record the date and time the second phone call was made to the recipient.
UHV Follow-up Letter:	Record the date the UHV Follow-up letter was sent.
NOA:	Record the date the Notice of Action was sent.

Completed Visit

Recipient ID Verified:	Check if the recipient ID was verified during the UHV.
Provider Present:	Check if the provider was present during the UHV.
Provider ID Verified:	Check if the provider ID was verified. Document the provider's name.

Use section E to provide details of section B.

C. Findings of the UHV

Program Integrity Concerns Unsubstantiated:

Check if, in your opinion, based on the UHV, it appears that there are no Program Integrity concerns. Checking this box indicates that all three statements below are accurate. If one (or more) statements are not checked, provide details in Section F.

It appears that all authorized services are being provided to the recipient:

Check if it appears that all authorized services are being provided to the recipient.

It appears that all authorized services are provided at an acceptable quality:

Check if it appears that all authorized services are provided at an acceptable quality.

It appears that the recipient is receiving adequate care:

Check if it appears that the recipient is receiving adequate care.

Program integrity concerns appear valid:

Check if, in your opinion, based on the UHV, it appears that there may be Program Integrity concerns. Check if at least one of the following statements below is accurate. If it appears that there may be Program Integrity concerns not described in the following statements, check this box and provide details in Section F.

Services appear to be authorized beyond need:

Check if it appears that the authorized services documented in the case file are beyond the current need.

Services appear to be authorized below need:

Check if it appears that the authorized services documented in the case file are below the current need.

Authorized services appear to not be sufficiently provided:

Check if it appears that the recipient is not receiving the level of services that they are authorized.

Use section F to provide details of section C.

D. Report of Recommendations

Recommend reassessment to: Check if, based on the UHV, a reassessment is recommended.

Increase Hours: Check if a reassessment is recommended because it appears that the recipient's need exceeds the authorized hours.

Decrease hours: Check if a reassessment is recommended because it appears that the authorized hours exceed the recipient's need.

Terminate services: Check if, based on a completed UHV, a reassessment is recommended because it appears that the recipient does not need IHSS.

Information and/or referral provided:
Check if information was provided and/or a referral for additional assistance was made or recommended. Specify all information or referrals provided during the UHV.

Overpay recovery/administrative action:
Check if, based on the UHV, some administrative action such as overpay recovery is recommended.

Refer IHSS complaint to: (APS, CPS, DA/SIU, DHCS, DOJ, Other)
Check if you recommend that the case be forwarded for additional action by another agency. Check the box of the agency to which referral is recommended. Multiple agencies may be chosen. **NOTE:** Also check the box indicating who the complaint is against, if known. Both the provider and recipient may be checked if appropriate.

Termination for non-compliance:
Check if the recommendation is the termination of the recipient's case for non-compliance with program requirements. For example, termination is recommended because the UHV was not conducted due to no contact made or entry denied.

- Other follow-up:** Check if it is necessary to follow-up on the case for any reason not mentioned above. Provide details in Section F.
- No further action:** Check if no further action on the case is necessary.
- UHV staff signature report:** The person who conducted the UHV should sign the report.
- Date of report:** Enter the date the report was completed.
Use section F to provide details of section D.

E. Case File and Visit Summary

For each contact, provide the date, time, and specific details; include all descriptions of interactions (including messages left on machines) from section B.

Add any other information from case file that seems relevant.

F. Findings and Recommendations

Record detailed findings and recommendations from section D.