

### 3.

## In-Home Supportive Services Assessment Criteria Worksheet

This worksheet will help you explain why you need an exception to the IHSS Hourly Task Guidelines.

### Instructions for Completing the Worksheet:

1. Transfer Functional Index Ranking information provided by your doctor in the document entitled [Request for Information Documenting Patient's Functional Limitations](#) to this worksheet.
2. Transfer the time you need for each task in your [IHSS Self-Assessment Worksheet](#) to this worksheet.
3. Compare the total hours of need with the [Hourly Task Guidelines](#). If the total hours of need fall outside the range of hours in the guidelines, explain why you need an exception.
4. If the time you can get has been reduced due to proration, explain why you still need additional time.
5. If alternative resources are identified and reduce the amount of time you can get, explain why you still need additional time. The county is required to get a signed statement ([SOC 450](#)), and place it in the recipient's file, from the provider saying the provider knows they can get paid by IHSS but chooses not to accept pay before time can be reduced. MPP 30-757.176. IHSS cannot force family and friends or others to provide IHSS for free. MPP 30-763.622.

### What This Worksheet Will Not Help You With

Paramedical Services. Certain tasks can be either personal care or paramedical services. For more information about paramedical services, see DRC's publication on [Paramedical Services Through the IHSS Program](#).

Protective Supervision consists of being watched to prevent you from accidentally hurting yourself due to a cognitive impairment, mental health condition, or other condition. For more information about protective supervision, see [IHSS Services Protective Supervision](#).

## **The IHSS Hourly Task Guidelines and Assessment Tools**

The In-Home Supportive Services (IHSS) county workers complete a needs assessment for each IHSS applicant/recipient using the Functional Index Rankings, the Annotated Assessment Criteria (AAC), and the Hourly Task Guidelines. The Hourly Task Guidelines, found online in the IHSS [Manual of Policies and Procedures \(MPP\)](#) starting MPP 30-757.11 to 30-757.14(k), defines each IHSS service, the ranges in time IHSS recipients can get for the completion of each IHSS task based on functioning and the factors to consider in determining the time needed and granting exceptions to the Hourly Task Guidelines. See DRC's [IHSS In-Home and Self-Assessment Guide](#) for examples of reasons why more time may be needed. A summary of the [IHSS Functional Index Ranking and Hourly Task Guidelines](#) and [All County Information Notice \(ACIN\) I-97-20](#) is available online.

### **Determining How Much Time You Can Get**

The amount of time you get depends on how many hours you need so your IHSS caregiver can help you complete each IHSS task you need help with. An IHSS county worker uses the guidelines to determine your functioning using rankings and will then authorize time based on the rankings. A functional assessment includes ranking your functioning in 11 activities of daily living and in memory orientation and judgement (MPP 30-756.2). Mental functioning must be considered when ranking functioning in the 11 activities of daily living (MPP 30-756.37) and your need for protective supervision. If your functioning varies, your ranking should be based on your functioning which occurs most of the time (MPP 30-757.1(a)(1) and ACIN I-82-17).

After ranking your functioning and considering how much help you need with tasks, the IHSS worker will authorize time within or outside the Hourly Task Guidelines. If time is needed outside the guidelines, you can get an exception to the Hourly Task Guidelines. MPP 30-757.1(a), 30-757.1(a) (2-3). You can get more or less time than what the guidelines suggest if your IHSS worker documents why you need the time in your IHSS case file (30-757.1(a)(6)). In determining how much time you need both your functioning, including your mental functioning and other factors must be considered such as your living environment (MPP 30-757.1(a)(1)).

Name of IHSS consumer: Click or tap here to enter text.

I am submitting the following information to help me explain why I need an exception to the IHSS Hourly Task Guidelines to remain safe in my own home.

**Domestic Services (Housework), MPP § 30-757.11**

Includes sweeping, vacuuming, and washing or waxing floors; washing kitchen counters and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; cleaning oven and stove; cleaning and defrosting refrigerator; bringing in fuel for heating or cooking purposes from a fuel bin in the yard; miscellaneous domestic services (e.g., changing bed linen; changing light bulbs; and wheelchair cleaning and charging/recharging wheelchair batteries).

**Time You Can Get.** Proration may apply.

Limited to 6:00 hours a month per household unless an exception is granted.

Insert your ranking (2 through 5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per month based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS task.

Is an exception to the Hourly Task Guidelines needed? Yes  No

Reasons you need exception: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Meal Preparation and Meal Clean-Up, MPP §§ 30-757.131 & 30-757.132**

**Meal Preparation** includes such tasks as planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.

**Time You Can Get Based on Rank.** Proration May Apply.

Rank 2: 3:01 to 7:00 Rank 3: 3:30 to 7:00 Rank 4: 5:15 to 7:00 Rank 5: 7:00 to 7:00

If all the recipient’s ingestion of nutrients occurs with **tube feeding**, the recipient will be ranked “1” or “6” in both Meal Preparation and Eating because tube feeding is a Paramedical service. MPP 30-756.41.

Insert your ranking (2 through 5) listed in your doctor’s letter: \_\_\_\_\_

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Is an exception to Hourly Task Guidelines needed? Yes  No

Reasons you need exception: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Laundry, MPP § 30-757.134**

**Laundry** includes gaining access to machines, travel to/from a locally available laundromat or other laundry facility, sorting laundry, manipulating soap containers, reaching into machines, handling wet laundry, operating machine

controls, hanging laundry to dry, folding and sorting laundry, mending, ironing, and storing clothes in shelves, drawers, or closets. (Note: Ranks 2 and 3 are not applicable to determine functionality for this task.)

**Time You Can Get.** Proration May Apply.

1:00 hour per week if laundry facilities are in the home.

1:30 hours per week if laundry facilities are out of home.

Insert your ranking (4 through 5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per month based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No  If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Is an exception to Hourly Task Guidelines needed? Yes  No

Reasons you need exception: \_\_\_\_\_

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**Shopping & Errands, MPP § 30-757.135**

**Shopping for food** includes making a grocery list, travel to/from the nearest available store(s) or other facilities consistent with the recipient's economy and needs, shopping, loading, unloading, and storing food. (Note: Ranks 2 and 4 are not applicable to determine functionality for this task).

**Time You Can Get.** Proration May Apply.

1:00 hour per week. No time allowed for the recipient to accompany provider.

Insert your ranking (3 through 5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Is an exception to the Hourly Task Guidelines needed? Yes  No

Reasons you need exception: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Shopping/Errands** includes making a shopping list, travel to/from the nearest available store(s) facilities consistent with the recipient's economy and needs, shopping, loading, unloading, and storing supplies purchased, and/or performing reasonable errands such as delivering a delinquent payment to avert an imminent utility shut-off or picking up a prescription, etc. (Note: Ranks 2 and 4 are not applicable to determine functionality for this task.)

**Time You Can Get.** Proration May Apply.

0:30 hours per week. No time allowed for the recipient to accompany provider.

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No  If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Is an exception to the Hourly Task Guidelines needed? Yes  No

Reasons you need exception: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Respiration, MPP § 30-757.14(b).**

Respiration is limited to nonmedical services such as assistance with self-administration of oxygen and cleaning IPPB machines. (Note: Ranks 2, 3, and 4 are not applicable to determine functionality for this task.)

**Tracheostomy care and suctioning.** If all the recipient's needs for human assistance in Respiration are met with Paramedical services of tracheostomy care and suctioning, the recipient should be ranked a "1" or "6" because this care is a Paramedical service rather than Respiration. MPP sec. 30-756.42 and ACIN I-97-20.

Insert your ranking (5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bowel and Bladder Care, MPP § 30-757.14(a)**

Bowel and Bladder Care includes assistance with using, emptying, and cleaning bedpans/bedside commodes, urinals, ostomy, enema, and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting on/taking off disposable gloves; wiping and cleaning recipient; assisting with getting on/off commode or toilet; and washing/drying recipient's and provider's hands.

This service area does not include the insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program, or colostomy irrigation. These tasks are assessed as Paramedical Services. MPP 30-757.19. A rank of "6" is used for paramedical services. ACIN I-97-20.

**Time You Can Get Based on Rank**

Rank 2: 0:35 to 2:00 Rank 3: 1:10 to 3:20 Rank 4: 2:55 to 5:50 Rank 5: 4:05 to 8:00

Insert your ranking (2 through 5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_

\_\_\_\_\_

**Feeding, MPP § 30-757.14(c)**

Feeding includes assistance with consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require other assistance with special devices to feed themselves or to drink adequate liquids. Tasks include assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipient's face and hands; and washing/drying hands; and washing/drying provider's hands before and after feeding. This does not include cutting food into bite-sized pieces or pureeing food, as these tasks are assessed under Meal Preparation.

If all the recipient's ingestion of nutrients occurs with **tube feeding**, the recipient shall be ranked "1" or "6" in both

Meal Preparation and Eating because tube feeding is a Paramedical service. MPP sec. 30-756.41 and ACIN I-97-20.

**Time You Can Get Based on Rank**

Rank 2: 0:42 to 2:18 Rank 3: 1:10 to 3:30 Rank 4: 3:30 to 7:00 Rank 5: 5:15 to 9:20

Insert your ranking for Eating (2 through 5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Routine Bed Bath, MPP § 30-757.14(d)**

Includes cleaning basin or other materials used for bed sponge baths and putting them away; obtaining water and supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing. The rank for this service category is the same as "Bathing, Oral Hygiene, and Grooming." ACIN I-97-20.

**Time You Can Get Based on Rank**

Rank 2: 0:30 to 1:45 Rank 3: 1:00 to 2:20 Rank 4: 1:10 to 3:30 Rank 5: 1:45 to 3:30

Insert your ranking (2 through 5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_

\_\_\_\_\_

**Dressing, MPP § 30-757.14(f)**

Includes washing/drying of hands; putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings, and braces; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.

**Time You Can Get Based on Rank**

Rank 2: 0:34 to 1:12 Rank 3: 1:00 to 1:52 Rank 4: 1:30 to 2:20 Rank 5: 1:54 to 3:30

Insert your ranking (2 through 5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_

\_\_\_\_\_

**Menstrual Care, 30-757.14(j)**

Menstrual Care is limited to the external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using and/or disposing of barrier pads, managing clothing, wiping, cleaning, and

washing/drying hands.

In assessing Menstrual Care, it may be necessary to assess additional time in other service categories such as Laundry, Dressing, Domestic Services, or Bathing, Oral Hygiene, and Grooming. If a recipient wears diapers, time for Menstrual Care may not be necessary and would be assessed as part of Bowel and Bladder Care.

**Time You Can Get.** Functional rank is not applicable.  
0:17 to 0:48 per week.

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ambulation, MPP § 30-757.14(K)**

Includes assisting the recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices, such as a cane, walker, or wheelchair, etc.; and washing/drying hands before and after performing these tasks. Ambulation also includes assistance to/from the front door to the car (including getting in and out of the car) for medical accompaniment and/or alternative resource travel.

Assistive walking outside of the home is not covered under Ambulation but may be considered under Repositioning and Rubbing Skin as a Range of Motion exercise that is required to maintain function, improve gait, maintain strength, or endurance.

**Time You Can Get Based on Rank**

Rank 2: 0:35 to 1:45 Rank 3: 1:00 to 2:06 Rank 4: 1:45 to 3:30 Rank 5: 1:45 to 3:30

Insert your ranking (2 through 5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_

\_\_\_\_\_

**Transfers, MPP § 30-757.14(h)**

Includes assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or other assistive device generally occurring within the same room.

This task does not include assistance on/off toilet, which is assessed as part of Bowel, Bladder, and Menstrual Care. Care of pressure sores (skin and wound care) is assessed as part of Paramedical Services. Changing the recipient's position to prevent skin breakdown and to promote circulation is assessed under Repositioning and Rubbing Skin.

**Time You Can Get Based on Rank**

Rank 2: 0:30 to 1:10 Rank 3: 0:35 to 1:24 Rank 4: 1:06 to 2:20 Rank 5: 1:10 to 3:30

Insert your ranking (2 through 5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bathing, Oral Hygiene and Grooming, MPP § 30-757.14 (e)**

Bathing includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of tub or shower; assistance with reaching all parts of the body for washing, rinsing, drying, and applying lotion, powder, deodorant; and washing/drying hands.

Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.

Grooming includes hair combing/brushing; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care (excluding toenail clipping) when these services are not assessed as paramedical services for the recipient; and washing/drying hands.

This IHSS task does not include getting to/from the bathroom, which is assessed as mobility under Ambulation services.

**Time You Can Get Based on Rank**

Rank 2: 0:30 to 1:55 Rank 3: 1:16 to 3:09 Rank 4: 2:21 to 4:05 Rank 5: 3:00 to 5:06

Insert your ranking (2 through 5) listed in your doctor's letter: \_\_\_\_\_

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No  If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Repositioning/Rubbing Skin, MPP § 30-757.14(g)**

Includes rubbing skin to promote circulation and/or prevent skin breakdown, turning in bed and other types of repositioning, and range of motion exercises which shall be limited to:

- 1) General supervision of exercises which have been taught to the recipient by a licensed health care therapist or health care professional to restore mobility restricted because of injury, disuse, or disease; and
- 2) Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with the recipient’s capacity and tolerance.

Such exercises include carrying out of maintenance programs (e.g., the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain a range of motion in paralyzed extremities; and assistive walking).

“Repositioning and rubbing skin” does not include:

Care of pressure sores (skin and wound care). This is assessed as part of “paramedical” per MPP 30-757.19.

Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to skin are assessed as part of “assistance with prosthetic devices” under MPP 30-757.14(i).

**Time You Can Get.** Functional rank is not applicable.

0:45 to 2:48 per week. Insert time needed per week based on your self-assessment:

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Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_

\_\_\_\_\_

**Prosthetic Devices and Assistance with Self-Administration of Medications, MPP § 30-757.14(i)**

Care and assistance with prosthetic devices include help with taking off/putting on and maintaining and cleaning prosthetic devices, vision/hearing aids, and washing/drying the provider's hands before and after performing these tasks.

Assistance with self-administration of medications consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken, setting up Medi-Sets, and washing/drying hands before and after performing these tasks.

**Time You Can Get.** Functional rank is not applicable.

0:28 to 1:07 per week.

Insert time needed per week based on your self-assessment: \_\_\_\_\_

Are you asking for more time than what the county has decided you need? Yes  No

If you answered yes, continue to the next question. If you answered no, go to the next IHSS service.

Reasons you need more time: \_\_\_\_\_

\_\_\_\_\_

## Mental Functioning Worksheet

(Check only the box that matches your ranking in your doctor's letter for each mental functional limitation)

**Memory:** Recalling learned behaviors and information from distant and recent past.

- Rank 1** - No problem. Memory is clear. The recipient is able to give you accurate information about his/her medical history; is able to talk appropriately about comments made earlier in the conversation; has good recall of past events. The recipient can give you detailed information in response to your questions.
- Rank 2** - Memory loss is moderate or intermittent. Recipient shows evidence of some memory impairment, but not to the extent where s/he is at risk. Recipient needs occasional reminding to do routine tasks or help recalling past events.
- Rank 5** - Severe memory deficit. Recipient forgets to start or finish activities of daily living that are important to his/her health and/or safety. Recipient cannot maintain much continuity of thought in conversation with you.

**Orientation:** Awareness of time, place, self, and other individuals in one's environment.

- Rank 1** – No problem: Orientation is clear. The recipient is aware of where s/he is and can give you reliable information when questioned about activities of daily living, family, etc. Is aware of passage of time during the day.
- Rank 2** – Occasional disorientation and confusion is apparent but recipient does not put self at risk. Recipient has general awareness of time of day. Is able to provide limited information about family, friends, age, daily routine, etc.
- Rank 5** – Severe disorientation which puts recipient at risk. Recipient wanders off. Lacks awareness

or concern for safety or well-being, is unable to identify significant others, or relate safely to environment or situation. Has no sense of time of day.

**Judgment:** Making decisions so as not to put self or property in danger. Recipient demonstrates safety around stove. Recipient has capacity to respond to changes in the environment (e.g., fire, cold house). Recipient understands alternatives and risks involved and accepts consequences of decisions.

- Rank 1** – Judgment is unimpaired. Is able to evaluate environmental cues and respond appropriately.
- Rank 2** – Judgment is mildly impaired. Shows a lack of ability to plan for self. Has difficulty deciding between alternatives but is amenable to advice. Social judgment is poor.
- Rank 5** – Judgment is severely impaired. Recipient fails to make decisions or makes decisions without regard to safety or well-being.

## IHSS Tasks Not Subject to Hourly Task Guidelines

### **Accompaniment to Medical Appointments and To/From Alternative Resources, MPP § 30-757.15**

Accompaniment to medical appointments and/or alternative resources (i.e., places where you get free IHSS services) can only be provided if you need your care attendant to help you to travel and attend your appointment. For example, you need your care provider to help you use seatbelts or get properly seated while you are in a car, take off and put on prosthetics or other medical appliances or clothing, open and close doors to get in/out of a building.

For more information about provider wait time see [IHSS Provider Wait and Travel Times](#)

### **Medical Accompaniment**

For each medical provider your IHSS caregiver provides “accompaniment” you must provide the following:

- Name of doctor and type of doctor (e.g. psychiatrist, neurologist, pain management)
- Address
- Frequency of visits
- Round Trip Time
- Wait Time, if applicable

Insert time you need for help with getting to/ from your medical appointments: \_\_\_\_\_

Reasons you need time: \_\_\_\_\_

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### **Alternative Resource Accompaniment**

For each place your caregiver provides “Accompaniment” so you can get free IHSS services you must provide the following:

Name of Alternative Resource and Address: \_\_\_\_\_

Frequency of visits: \_\_\_\_\_

Round Trip Time: \_\_\_\_\_

Insert Time you need for help with getting to and from the alternative resource where you get free IHSS services:

\_\_\_\_\_

Reason you need time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Time Limited IHSS Services**

**Heavy Cleaning, MPP § 30-757.12**

Insert time needed: \_\_\_\_\_

Reason you need time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Yard Hazard Abatement/ Snow Removal, MPP § 30-757.16**

Insert time needed: \_\_\_\_\_

Reason you need time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Teaching and Demonstration, MPP § 30-757.18**

Teaching and Demonstration is limited to three months to teach an IHSS recipient how to complete IHSS tasks (such as housework, Meal Preparation/Meal Clean-up, Laundry, Bathing, Feeding, Dressing and Yard Work) for themselves, eliminating the need for the IHSS service:

Insert time needed: \_\_\_\_\_

Reason you need time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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