

## Notice from Temporary Licensee of Providing Licensed Home Care Services

A temporary license is valid for up to 12 months from the effective date. During the temporary license year, the department will conduct an initial full survey of the temporary licensee and if the temporary licensee is in substantial compliance with home care laws, issue a license. If the temporary licensee does not provide licensed home care services during the 12-month period, no survey is conducted and the temporary license will expire.

Temporary licensees **must** notify the department as soon as you provide licensed home care services to your first client.

Home Care Provider / Agency Name: \_\_\_\_\_

Health Facility ID (HFID): \_\_\_\_\_ Date home care services started: \_\_\_\_\_

Number of clients receiving home care services: \_\_\_\_\_

Check all the licensed home care services you are **currently** providing under this license.

### Temporary Comprehensive License

- Advanced Practice, Registered or Licensed Practical Nurse Services
- Physical/Occupational Therapy, Speech Language Pathologist or Respiratory Therapy Services
- Social Worker, Dietician or Nutritionist Services
- Medication Management Services
- Delegated tasks to unlicensed personnel
- Hands-on assistance with transfers and mobility
- Providing eating assistance for clients with complicating eating problems
- Complex or Specialty Healthcare Services – Describe: \_\_\_\_\_

### Temporary Basic and Temporary Comprehensive Licenses

- Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing
- Standby assistance within arm's reach for safety while performing daily activities
- Verbal or visual reminders to take regularly scheduled medication
- Verbal or visual reminders to the client to perform regularly scheduled treatments and exercises
- Preparing modified diets ordered by a licensed health professional

### Integrated License: Home and Community-based Services Designation

If you have the integrated license designation check the services you are currently providing. (If you are providing these services but do not have the designation or a 245D license contact us for more information.)

- 24-hour emergency assistance
- Companion services
- Homemaker services

NOTICE FROM TEMPORARY LICENSE OF PROVIDING HOME CARE SERVICES

- Night supervision
- Respite care services
- Personal support
- Individual community living support (temporary comprehensive home care providers only)

**This licensee's current clients are paying for home care services by:**

- Private Pay
- Private Insurance
- Medical Assistance/Medicaid (including waiver payments)  
Billing codes: \_\_\_\_\_
- Veterans Administration
- Long Term Care Insurance
- Other (specify) \_\_\_\_\_

**I declare that the information provided in this document, to the best of my knowledge, is true, correct and complete.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Submit with this form a copy of

- Your service plan for at least one client (if completed)

Retain a copy of this document for your records.

## Return to

Email: [health.homecare@state.mn.us](mailto:health.homecare@state.mn.us)

Home Care and Assisted Living Program  
Health Regulation Division  
P.O. Box 3879  
St. Paul, MN 55101-3879  
[www.health.state.mn.us/divs/fpc/homecare/](http://www.health.state.mn.us/divs/fpc/homecare/)

*To obtain this information in a different format call 651-201-5273.*