

Notice from Temporary Licensee of Providing Home Care Services

A temporary license is valid for up to 12 months from the effective date. During the temporary license year, the department must 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 home care services during the 12-month period, the temporary license expires.

**Temporary licensees must notify the department within
5 days after beginning to provide home care services.**

Home Care Provider / Agency Name: _____

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

Number of clients receiving home care services: _____

Check all the services that you are providing now:

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

Note: PCA and 245D services are not home care services

Return to:

Email: health.homecare@state.mn.us

Fax: 651-215-9697

Home Care and Assisted Living Program

Health Regulation Division

P.O. Box 3879

St. Paul, MN 55101

www.health.state.mn.us/divs/fpc/homecare/

For Department Use Only:

Confirmed on: _____

Expiration Date: _____

Notified Survey on: _____

Entered in:

Paradise Access Excel

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