

Statement of Home Care Services

STATE EVALUATION: BASIC HOME CARE PROVIDERS (144A)

This form was developed by MDH as a sample. Providers may choose to use the form as is, or develop their own.

Home Care Provider Name:

Below is a list of all services that *may* be provided with a comprehensive home care license. **Each service offered by this provider is indicated by a check in the box next to the service.**

- 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 (includes bringing clients previously set-up medication, medication in original containers, or liquid or food to accompany the medication)
- Verbal or visual reminders to the client to perform regularly scheduled treatments and exercises
- Preparing modified diets ordered by a licensed health professional
- Laundry
- Housekeeping/other household chores
- Meal preparation
- Shopping

The services listed below are comprehensive home care services and **can not** be provided with a basic home care 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
- Treatment and therapies
- Providing eating assistance for clients with complicating eating problems
- Complex or specialty healthcare services

By signing below, I acknowledge that I have received a copy of this *Statement of Home Care Services*:

Client Signature: _____

Date: _____

STATEMENT OF HOME CARE SERVICES BASIC: MDH SAMPLE FORM (STATE EVALUATION 144A)

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Health Regulation Division
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To obtain this information in a different format, call: 651-201-4200.