

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.

Per statute:

- Temporary licensees **must** notify the department within five days of providing licensed home care services to their first client. [144A.473 Issuance of Temporary License and License Renewal \(https://www.revisor.mn.gov/statutes/cite/144A.473\)](https://www.revisor.mn.gov/statutes/cite/144A.473)
- **Failure to notify MDH within five days will result in a \$1,000 fine.** [144A.472 Home Care Provider License; Application and Renewal \(https://www.revisor.mn.gov/statutes/cite/144A.472\)](https://www.revisor.mn.gov/statutes/cite/144A.472)

Provider Doing Business as Name: _____

Legal 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
- Treatment and therapies
- 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

MDH Use Only

Date Received: _____

Integrated License: Home and Community-based Services Designation

If you have the integrated license: HCBS 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
- Adult companion services
- Homemaker services
- Night supervision
- Respite care services
- Personal support
- Individual community living support (temporary comprehensive home care providers only)
- Individualized home supports services

This temporary 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.hrd-adminspecialist@state.mn.us

Licensing, Certification, and Registration
Health Regulation Division
P.O. Box 3879
St. Paul, MN 55164-3879
<https://www.health.state.mn.us/facilities/regulation/homecare/index.html>

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To obtain this information in a different format call 651-201-4200.