

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. If the temporary licensee is in substantial compliance with home care laws, a new license will be issued. If the temporary licensee does not notify the department during the 12-month period indicating licensed home care services are being provided, no survey will be conducted, and the license will expire.

Per Minnesota Statutes:

- Temporary licensees must notify MDH within **five (5) days** of providing home care services to their first client. [Minnesota Statutes, section 144A.473](https://www.revisor.mn.gov/statutes/cite/144A.473) Issuance of Temporary License and License Renewal (<https://www.revisor.mn.gov/statutes/cite/144A.473>).
- Failure to notify MDH within **five (5) days** will result in a \$1,000.00 fine. [Minnesota Statutes, section 144A.472](https://www.revisor.mn.gov/statutes/cite/144A.472) Home Care Provider License; Application and Renewal (<https://www.revisor.mn.gov/statutes/cite/144A.472>).
- You must provide services for a fee.

Exemptions from home care services licensure

[Minnesota Statutes, section 144A.471, subdivision 8](https://www.revisor.mn.gov/statutes/cite/144A.471)
(<https://www.revisor.mn.gov/statutes/cite/144A.471#stat.144A.471.8>)

Home and community-based waiver (HCBS) services, homemaker, personal care assistance services, personal support and adult companion services do **not** qualify as home care services.

You must submit this notice along with the service plan for your first home care client.

See [Minnesota Statutes, section 144A.4791, subdivision 9](https://www.revisor.mn.gov/statutes/cite/144A.4791) Service plan, implementation, and revisions to service plan (<https://www.revisor.mn.gov/statutes/cite/144A.4791#stat.144A.4791.9>).

Complete the following:

Provider doing business as name: _____

Legal Name: _____

Health Facility ID (HFID): _____

Date the home care services started: _____

Total number of clients receiving services: _____

Below check all of the licensed home care services you are **currently** providing your client under this license. The services checked off must match what is on the service plan. **For an explanation of these services see Minnesota Statutes, section 144A.43 Definitions** (<https://www.revisor.mn.gov/statutes/cite/144A.43>).

Temporary Comprehensive (TCOMP) 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 comprehensive tasks to unlicensed personnel
- ☐ Hands-on assistance with transfers and mobility
- ☐ Treatment and therapies- describe: _____
- ☐ Eating assistance for clients with complicating eating problems
- ☐ Complex or Specialty Healthcare Services – describe: _____

Temporary Basic (TBASIC) 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

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

- ☐ Private Pay
- ☐ Private Insurance
- ☐ Medical Assistance/Medicaid (**must include the billing code- do not leave blank**)

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- ☐ Veterans Administration
 - ☐ Long Term Care Insurance
 - ☐ Other (specify) _____

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

Name: _____

Title: _____

Date: _____

Please return all pages of this notice and the service plan to: health.hrd-adminspecialist@state.mn.us

If there is any missing information the documents will be rejected and returned with an explanation why.

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>

03/27/2025

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