

# Notice of First Home Care Client Temporary Home Care Licensees

## Purpose:

This form is used by temporary home care licensees to notify the Minnesota Department of Health (MDH) that the agency has begun providing licensed home care services to its first client, for a fee.

Submission of this notice is required under Minnesota Statutes, section 144A.473, subdivision 2(c) (<https://www.revisor.mn.gov/statutes/cite/144A.473>). MDH uses this notice to determine eligibility for an initial home care survey.

Failure to notify MDH within five (5) days of providing home care services will result in a \$1,000 fine, per Minn. Stat. §144A.472 Subd.7(i) (<https://www.revisor.mn.gov/statutes/cite/144A.472>). If the temporary licensee does not provide home care services during the temporary license period, then the temporary license expires at the end of the period and the applicant must reapply for a temporary home care license.

## Before You Complete This Notice:

### Submit this notice only if all the following apply:

- You are providing at least one (1) qualifying home care service as defined in Minn. Stat. §144A.471 Subd.6 (Basic) and 7 (Comprehensive) (<https://www.revisor.mn.gov/statutes/cite/144A.471>).
- The home care service is being provided in the client's home, for a fee; and
- Services are currently being delivered to a client under this temporary home care license.

### Do not submit this notice if:

- You are providing 245D basic support services, without a qualifying home care service to your client.

Providing 245D HCBS basic support services cannot substitute for the statutory requirement to provide a home care service under 144A.484 Subd. 4 (<https://www.revisor.mn.gov/statutes/cite/144A.484>). HCBS basic support services **cannot** be the sole services provided to clients under an integrated home care license. Therefore, if you are providing HCBS basic support services *alone* you will not meet the requirements of licensure and **will not qualify the agency for survey eligibility.**

## What Happens After You Submit This Notice:

- MDH will review your submission for completeness and survey eligibility.
  - If eligible, MDH will conduct an unannounced on-site initial survey to evaluate compliance with

the home care statutes and determination whether full licensure can be granted.

- If not eligible, MDH will request the licensee to submit a new notice for a client who meets the conditions outlined above, within the temporary licensee's license period. If the temporary licensee does not provide a home care service during the temporary license period, then the temporary license expires at the end of the period and the applicant must reapply for a temporary home care license

## Required Attachments:

You must submit a service plan for your first home care client with this notice. The service plan must reflect actual services currently being provided and must be consistent with the services selected on this form.

At a minimum, the service plan must demonstrate:

- The home care services being provided, the frequency of each service, and the fees for services
- The staff or categories of staff providing the services
- How the client's needs are reviewed or reassessed
- How staff providing services are monitored; and
- A contingency plan

See Minnesota Statutes, section 144A.4791, subdivision 9

(<https://www.revisor.mn.gov/statute/cite/144A.4791>) for service plan requirements.

## Provider Information:

Provider doing business as (DBA) name: \_\_\_\_\_

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

Health Facility ID (HFID): \_\_\_\_\_

Date the home care services started: \_\_\_\_\_

Total number of clients receiving services: \_\_\_\_\_

## Client Information:

Client's name: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_

Home Address: \_\_\_\_\_

## Home Care Services Currently Being Provided:

**Important:** Only select services that are **currently being provided** to the client listed above. The services selected must match the submitted service plan.

### Temporary Basic (TBASIC) Licenses

Home care services that can be provided with a basic home care license are assistive tasks provided by licensed or unlicensed personnel that include:

- 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

### Temporary Comprehensive (TCOMP) License

Home care services that may be provided with a comprehensive home care license include any of the basic home care services listed, **and one (1) or more** of the following:

- Advanced Practice, Registered or Licensed Practical Nursing Services
- Physical/Occupational Therapy, Speech Language Pathologist or Respiratory Therapy Services
- Social Worker, Dietician or Nutritionist Services
- Medication Management Services
- Nurse 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: \_\_\_\_\_

## Payment Source for Home Care Services:

**Check all that apply:**

- Private Pay
- Private Insurance
- Veterans Administration
- Long Term Care Insurance

Medical Assistance/Medicaid (**must include all billing codes used for payment of services**)

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If billing Medical Assistance/Medicaid, the agency must be enrolled and authorized to bill for the services provided. For questions surrounding enrollment and/or billing, please contact the Department of Human Services (DHS) Provider Enrollment, Provider Resource Center, at 651-431-2700.

Other (specify): \_\_\_\_\_

### **Attestation:**

I certify that the information provided in this notice and the attached service plan is true, correct, and complete to the best of my knowledge. I understand that submission of incomplete, inconsistent, or inaccurate information may delay or prevent eligibility for an initial survey.

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

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

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

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

### **Submission Instructions:**

Submit this completed form **and the required service plan** to:

**Email:** [health.hrd.nops@state.mn.us](mailto:health.hrd.nops@state.mn.us)

Submissions that are incomplete, inconsistent, or do not demonstrate the provision of licensed home care services may be returned with an explanation.

### **Helpful References & Resources:**

- MDH Home Care Licensing webpage: <https://www.health.state.mn.us/facilities/regulation/homecare/index.html>
- Minnesota Statutes, section [144A.43](#) – Definitions
- Minnesota Statutes, section [144A.473](#) – Temporary license requirements
- Minnesota Statutes, section [144A.4791](#) – Service plan requirements
- Minnesota Statutes, section [144A.484](#) – Integrated licensure, HCBS designation
- Home Care (HC) Provider Manual: [Home Care Services](#)
- (HC) Community-Based Services Manual: [CBSM - Home Care Overview](#)
- Home Care Nursing (HCN) Provider Manual: [Home Care Services - Home Care Nursing \(HCN\) Services](#)
- (HCN) Community-Based Services Manual: [CBSM - Home care nursing \(HCN\)](#)

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>

12/22/2025

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