

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	Provid	lar N	lama

Below is a list of all services that <i>may</i> be provided with a basic home care license. Each service offered by this provider is indicated by a check in the box next to the service.
\square Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing
\square 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 setup medication, medication in original containers, or liquid or food to accompany the medication)
$\ \square$ 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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To obtain this information in a different format, call: 651-201-4200.