

Statement of Home Care Services

STATE EVALUATION: COMPREHENSIVE HOME CARE PROVIDERS (144A)

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.**

- | | |
|--|---|
| <input type="checkbox"/> Advanced practice nurse services | <input type="checkbox"/> Complex or specialty healthcare services
Describe: Dementia, Alzheimer's |
| <input type="checkbox"/> Registered nurse services | <input type="checkbox"/> Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing |
| <input type="checkbox"/> Licensed practical nurse services | <input type="checkbox"/> Standby assistance within arm's reach for safety while performing daily activities |
| <input type="checkbox"/> Physical therapy services | <input type="checkbox"/> 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) |
| <input type="checkbox"/> Occupational therapy services | <input type="checkbox"/> Verbal or visual reminders to the client to perform regularly scheduled treatments and exercises |
| <input type="checkbox"/> Speech-language pathologist services | <input type="checkbox"/> Preparing modified diets ordered by a licensed health professional |
| <input type="checkbox"/> Respiratory therapy services | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Social worker services | <input type="checkbox"/> Housekeeping/other household chores |
| <input type="checkbox"/> Dietician or nutritionist services | <input type="checkbox"/> Meal preparation |
| <input type="checkbox"/> Medication management services | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Delegated tasks to unlicensed personnel | |
| <input type="checkbox"/> Hands-on assistance with transfers and mobility | |
| <input type="checkbox"/> Treatment and therapies | |
| <input type="checkbox"/> Eating assistance for clients with complicating eating problems (i.e. difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube, parenteral or intravenous instruments) | |

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 COMPREHENSIVE: MDH SAMPLE FORM (STATE EVALUATION 144A)

Minnesota Department of Health
Health Regulation Division
Home Care
PO Box 3879
St. Paul, MN 55101-3879
651-201-4200
health.homecare@state.mn.us
www.health.state.mn.us

12/30/2022

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