In-Home Care Agency Frequently Asked Questions

1. What is an In-home Care Agency?

An in-home care agency is an agency primarily engaged in providing in-home care services (including personal grooming, mobility assistance, nutrition/hydration assistance and others) for compensation to an individual in that individual’s place of residence. In-home care agencies are not home health agencies; they do not provide home health services as defined in ORS 443.005.

2. Who must be licensed?

You must become licensed as an in-home care agency if you are providing in-home care services and doing one or more of the following: 1) scheduling caregivers, assigning work, 2) assigning compensation rates, 3) defining working conditions, 4) negotiating for a caregiver or client for the provision of services, or 5) placing a caregiver with a client. To determine if your future business qualifies as an in-home care agency, please see our determination form online at www.healthoregon.org/hcrqi.

You do not need to be licensed, if your business is only providing housekeeping and supportive services such as laundry or shopping and errands.

3. What type of services do In-Home Care Agencies provide?

Types of services that in-home care agencies provide include but are not limited to: bathing, personal grooming and hygiene, dressing, toileting and elimination, mobility and movement, nutrition/hydration and feeding, housekeeping tasks, laundry tasks, shopping and errands, transportation, and arranging for medical appointments. In-home care agencies may also provide medication and nursing services, but these services require additional conditions for approval. These conditions include additional policies and procedures and a nurse on staff.
4. Where can I find the Statutes and Rules for In-Home Care Agencies?

The Oregon Revised Statutes (ORS) (chapter 443) can be found online www.healthoregon.org/hcrqi.

The Oregon Administrative Rules (OAR) (chapter 333, division 536) can be found online www.healthoregon.org/hcrqi.

5. What do I need to do to apply for an In-home Care Agency License?

___ Read and understand all the Oregon Administrative Rules found online at www.healthoregon.org/hcrqi.

___ Fill out an in-home care application, found online www.healthoregon.org/hcrqi.

___ Include a check or money order for $1500.00 payable to the “Oregon Health Authority” Please note the fee is non-refundable; make sure you are absolutely certain you are prepared to be a licensed IHC before sending in the application and fee.

___ Include an administrator application and resume for your administrator. The resume:

- Must be current
- Must show evidence of at least two years of professional* or management* experience in a health related field or program
- Must include:
  - the employer’s name and location,
  - the dates of employment including month and year,
  - the title of the position held, and
  - the detailed description of duties performed
- Must show evidence of high school diploma or equivalent

*These terms are defined in rule: OAR 333-536-0005(13) & (21)

___ HCRQI Background Check Request Form. Any owners or administrator that have direct contact with clients must submit this form. The form is online at www.healthoregon.org/hcrqi.

___ Develop ALL policies and procedures (including associated forms such as the service plan form, disclosure form etc.), but only include the following sampling of policies and procedures, and applicable forms with your application:
• Organization, Administration, and Personnel (333-536-0050)
• Disclosure, Screening, and Acceptance of Clients (333-536-0055)
• Service Plan (333-536-0065)

___ Send application, fee, resume, background check request forms and the three sample policies, procedures and associated forms to:

HCRQI
IHC Survey Team
PO Box 14260
Portland OR 97293

Incomplete applications will not be processed until complete.

6. When does the survey happen and what will it entail?

When the agency has successfully completed all steps in the initial licensure process, an initial onsite survey will be scheduled. The survey will be scheduled for a date and time which is agreed upon by yourself and the surveyor who will conduct the survey.

During the initial survey you will need to have all your policies and procedures identified in Oregon Administrative Rules, Division 536, ready for review by the surveyor. All policies and procedures should be well-organized and easily identifiable for the surveyor to review. Please ensure that you have created all required policies and procedures by IHC rules found online www.healthoregon.org/hcrqi.

During the survey the following should be ready for review:

A. The agency’s policies and procedures for operating and providing services as an In-Home Care Agency in Oregon, which includes the policies and procedures identified by the Oregon Administrative Rules Division 536, Chapter 333, Section 0045-0093. Please use the IHC OARs to ensure that you have developed policies and procedures for all of the rules.

A policy is a principle or a predetermined course of action to guide decision making.

A procedure describes a method to carry out a policy and often includes a series of steps.

A form may be part of a procedure that will be used to carry out a procedure.

For example, the agency may have a policy that requires all caregivers be trained to
do medication administration. Procedures are then developed which reflect how that training requirement will be carried out with details of content, frequency, competency testing, etc. Forms are created to provide documented evidence that the training requirements as specified in the procedures have been met for each caregiver.

B. A Quality Improvement Program Plan which demonstrates an assurance of compliance with the Oregon Administrative Rules for In-Home Care Agencies and the agency's own policies and procedures.

C. A sample client record which contains all documents and forms to be used by the agency which demonstrates an assurance of compliance with the Oregon Administrative Rules for In-Home Care Agencies and the agency's own policies and procedures.

D. Personnel records for staff who are hired and ready to provide IHC services which contain evidence of all applicable pre-screening, health, qualifications, training, and orientation required by the Oregon Administrative Rules for In-Home Care Agencies and the agency's own policies and procedures.

7. What happens if I pass the survey?

A license will be issued for your agency or subunit within ten business days. The license is not transferable. The license must be posted in a conspicuous location at your agency. You are not allowed to accept clients until you have received your license.

8. What happens if I don’t pass the survey?

If your agency has some deficiencies that need correction before licensure is granted:

- You will receive a list of required corrections to your application
- You must complete the corrections
- Notify this office of the completed corrections
- Your application will be reconsidered and further review will be conducted, in the order that it was received with all other initial applications

If your agency is substantially out of compliance with Division 536 of the OAR's your application may be denied.

- The surveyor may arrange for the second initial survey to be conducted with the applicant at the Health Care Regulation and Quality Improvement offices.
- If the request for a new survey is not received within 15 days or if compliance is not achieved during the second initial survey the agency will be required to submit a
new application and fee and repeat all steps of the initial licensure process.

9. When do I need to report changes to the Division?

If the ownership, address or administrator of your agency or subunit changes at any time, you must notify this office, in writing, within 30 days of the change. Some changes require a fee.

10. Any additional information?

The policies and procedures sent to this office cannot be sent back to the agency after review. The length of the In Home Care Agency initial licensure request process varies depending on multiple factors such as whether or not the request is complete, whether or not additional information needs to be submitted, current work load and availability of resources necessary to complete the request review, etc. Therefore, it is not possible to establish specific time frames. Due to the large volume of application received, this office would prefer to conduct correspondence through email. Please email general inquiries to mailbox.hclc@state.or.us. We do not accept walk-ins.

11. Where can I get more information?

State of Oregon- Health Care Regulation & Quality Improvement (HCRQI)
800 NE Oregon St., Suite 305
Portland, OR 97232
Phone: 971-673-0540
Fax: 971-673-0556
Email: mailbox.hclc@state.or.us

In-home Care organizations that represent community-based care providers:

Leading Age
7340 SW Hunziker, Suite 104
Tigard, OR 97223
Phone: 503-684-3788
Fax: 503-624-0870

Oregon Health Care Association (OHCA)
11740 SW 68th Parkway, Suite 250
Portland, Oregon 97223
Phone: 503-726-5260
Fax: 503-726-5259
12. What are the guidelines for abuse and complaint reporting?

If you have reasonable cause to believe your client is being, or has been abused, you are required to report this information to the appropriate Department of Human Services (DHS) office immediately. See contact information listed below:

Elder Abuse Reporting
You must immediately make an oral report, by telephone or otherwise, to your county DHS office of Aging and Peoples with Physical Disabilities (APD) or local law enforcement agency. If you are unable to locate the SPD number for your county you must call the Salem APD office at (503) 945-5811 or 1-800-232-3020, and they will direct you.

Child Abuse Reporting
You must immediately make an oral report, by telephone or otherwise, to your county DHS office of Children, Adults and Family Services (CAF) or local law enforcement agency. If you are unable to locate the CAF number for your county you must call the Salem CAF office at (503) 945-5600, and they will direct you.

Mentally or Developmentally Disabled Persons Abuse Reporting
You must immediately make an oral report, by telephone or otherwise, to your county DHS office of Addictions and Mental Health Division (AMH) or local law enforcement agency. If you are unable to locate the AMH number for your county you must call the Salem AMH office at (503) 945-9495 or 1-866-406-4287, and they will direct you.

Non-Long Term Care Health Care Facility Complaint Reporting
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement (HCRQI)
800 NE Oregon St. #305
Portland, OR 97232
Phone: (971) 673-0540
Fax: (971) 673-0556
Email: mailbox.hclc@state.or.us
Website: www.healthoregon.org/hcrqi
**An Elder is defined as any person 65 years of age or older.**

**A Child is defined as an unmarried person who is under 18 years of age.**
April 2013

To: Oregon in-home care agencies

From: Health Care Regulation and Quality Improvement
        In-home care agency program

RE: In-home care agency orientation, training, and competency evaluation

The purpose of this memo is to provide clarification related to the difference between orientation and training and competency evaluation. Based on survey findings and questions from agencies it is evident there is some misunderstanding about those terms and processes as they are often used interchangeably.

Briefly, as used in the Oregon Administrative Rules (OARs) for In-home care agencies the following terms mean:
1. Orientation - an agency-specific process during which a new employee is introduced to the way a particular agency conducts business;
2. Training - a process of teaching an individual about certain subjects or to perform certain tasks for which there are accepted standards, procedures and practices;
3. Competency evaluation - a process of evaluating an individual’s knowledge about certain subjects and their ability to perform certain tasks appropriately and safely.

Orientation

OAR 333-536-0070(3), Caregiver Qualifications and Requirements, requires that “Caregivers shall complete an agency-specific orientation, conducted by the agency administrator or designee, before independently providing services to clients.

The “orientation” referred to must include, as applicable, the topics listed at OAR 333-536-0070(3)(a)(A) through (K). The completion of orientation must be documented as required in (3)(b) of that rule.

“Orientation” as used in these rules, is a usual and common practice for new employees in any business or company. It refers to the process of informing,
introducing, and teaching new employees about the business or company. It is
designed to acquaint new employees to how that specific business or company
operates and conducts its business. It is the process during which the employer
communicates to new employees its policies and procedures and systems.

The OARs require that orientation include certain subject areas, but orientation must
be agency-specific and will vary from agency to agency as each agency has its own
ways of doing business. Orientation cannot be substituted for required training.

**Caregiver training and competency evaluation**

OAR 333-536-0070(4), Caregiver Qualifications and Requirements, requires that
“Caregivers shall complete appropriate training and must have their competency
evaluated and documented by the administrator or designee before independently
providing services to clients”.

The “training” referred to must include, as applicable, the topics listed at OAR
333-536-0070(4)(a)(A) through (L). The completion of training must be documented
as required in (4)(b) of that rule.

The other language in that rule requires that the agency evaluate whether the
caregiver is competent to provide services independently. This process is referred to
as competency evaluation and must be completed for each caregiver. Competency
can be evaluated using written testing, documented verbal testing, and
observation/return demonstration, and is commonly achieved using a combination of
those. Each agency must determine how it will conduct and document competency
evaluation for each caregiver and that must be specified in written policies and
procedures.

**Non-injectable medication training and competency evaluation**

OAR 333-536-0075(10), Medication Services, requires that “Agency caregivers
assigned to provide medication services must be given basic non-injectable
medication training before providing the services. The medication training must
include successful return demonstrations of non-injectable medications tasks by the
caregivers.” In addition, (10)(b) of that rule requires “Prior to providing medication
services, caregivers shall demonstrate appropriate and safe techniques in the
provision of medication tasks described in this rule.”

The medication “training” referred to must include, as applicable, the topics listed at
OAR 333-536-0075(10)(a)(A) through (H). The completion of training must be
documented as required in (10)(c) of that rule.
The other language in that rule requires that the agency evaluate whether the caregiver is competent to provide medication services before providing the services. In the case of medication services the rule requires that observation/return demonstration must be used to evaluate competency in the tasks described in the rule. An agency may also use written and documented verbal testing, but not for replacing observation/return demonstration of the required tasks. Documentation of competency evaluation must be, at a minimum, in accordance with the applicable parts of OAR 333-536-0075(10)(c). Each agency must ensure it complies with these requirements by developing and implementing specific written policies and procedures.

**Additional comments**

Written testing completed in conjunction with training, such as for on-line training, may be considered part of competency evaluation but does not fully satisfy the competency evaluation requirements. Written or documented verbal testing may not be substituted for return demonstration when return demonstration is required.

Other references to orientation, training, and competency evaluation may be found at:

OAR 333-536-0050(8)(e), (8)(g), and (9)(e), Organization, Administration, and Personnel

OAR 333-536-0070(4)(e) and (4)(f), Caregiver Qualifications and Requirements
February 2014

To:    Oregon In-home care agencies
From:  Health Care Regulation and Quality Improvement (HCRQI) 
       In-home care agency (IHCA) program
RE:    In-home care agency Criminal Background Check Inquiries

The purpose of this memo is to provide clarification related to the criminal records check rules (OAR 333-536-0090). We have received several inquiries related to the requirements for criminal records checks. The IHCA surveyor team, including the Interim Survey Manager, met with our Assistant Attorney General to verify the requirements. We appreciate your understanding as we implement a new process in accordance with the rule, and our Assistant Attorney General’s recommendation.

1. LEIE check and other required documentation:

This section is in response to recent inquiries from the industry about the documentation required as evidence of the List of Excluded Individuals and Entities (LEIE) check.

The IHCA OARs at 333-536-0093(9) require that an agency perform and document a query of a subject individual (SI) with the LEIE. An agency may conduct those checks on the Office of Inspector General’s (OIG) website: http://exclusions.oig.hhs.gov/. Please refer to that website for information and FAQs related to those checks: http://oig.hhs.gov/faqs/exclusions-faq.asp.

Some vendors that perform criminal records checks (CRCs) may perform the LEIE check as part of the CRC package(s). However, those vendors may not always provide the agency with documentation of the check and the result for each individual.
In the past, during surveys some agencies have produced a copy of a letter from the CRC vendor that indicated the vendor did the checks as part of the CRC package purchased by the agency. However, after recent consultation with our Assistant Attorney General, HCRQI has determined that whether the LEIE check is done by the agency or done by a CRC vendor, the LEIE check and result must be documented specifically for each individual and maintained in that employee’s personnel file. We will no longer accept a letter from the company as documentation.

The same is true of the list of required checks in OAR 333-536-0093(8)(a-g) (including the National Sex Offender Registry: http://www.nsopw.gov). The results of each category must be documented on the record check report. Please contact your vendor to include the required information on the record check report.

2. Criminal Record Checks conducted by the Background Check Unit (BCU)

If the agency is using the BCU for criminal record checks, OAR 333-536-0093(7) require that an agency to complete a separate nationwide check through a qualified vendor. The BCU does not include a nationwide check as part of their process (unless the SI has submitted fingerprints due to living outside of Oregon in the last 5 years). The BCU also do not conduct an LEIE check.

3. Criminal Record Checks conducted before hiring an SI (for employment or as a volunteer)

The IHCA OARs at 333-536-0093(2) require that an agency to conduct a criminal records check before hiring an SI. “Before hiring” means that the check must be conducted before orientation or training is provided to the SI.

4. Criminal Record Checks for Agency Administrators and Owners with direct client contact

Regarding criminal record checks for administrators and owners - we receive a significant number of IHCA renewal and change applications for which the owner/administrator background check form is not submitted. The owner/administrator background check form is on the HCRQI website (www.healthoregon.org/hcrqi) in the section titled “Forms, Applications, and
License Information” (scroll down the In Home Care section). **The Background Check Request form found on the HCRQI website is the ONLY form that will be accepted.** Requests are required for administrators and owners; no other staff needs to turn in a form.

In addition, all sections of the form are not always completed. Please ensure that you fill out all sections, include all required information, sign and date the form. We do not accept copies of other background checks run by other vendors (including Department of Human Services (DHS) checks).

During your agency’s licensure renewal time make sure you send in a background check request form for every owner and administrator that has direct contact with clients. These requests need to accompany all applications, even if you have turned in a request in the past. Unless specifically requested by this office, an agency only needs to turn in the Background Check Request for the administrator and owner with the relicensure application or change in administrator/owner.

If you have any questions please email us at: mailbox.hclc@state.or.us

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**Health Care Regulation & Quality Improvement**

800 NE Oregon Street, Suite 305
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

March 2014

To: Oregon In-home care agencies

From: Health Care Regulation and Quality Improvement (HCRQI)

In-home care agency (IHCA) program

RE: In-home care agency Administrator Requirements

The purpose of this memo is to address the specific qualifications required to be an administrator for an In-Home Care agency.

The Oregon Administrative Rule (OAR) 333-536-0050(6)(a)&(b) requires administrators to meet the following qualifications:

(a) Must show evidence of at least two years of professional* or management* experience in a health related field or program
(b) Must show evidence of high school diploma or equivalent

* These terms are defined in OAR 333-536-0005 (13) & (21):

(13) “Management experience” means the administration, supervision or management of individuals in a health related field including hiring, assigning, evaluating and taking disciplinary actions.

(21) “Professional experience” means having a nursing, medical, therapeutic license, certificate or degree used to work in a health-related field or program or completion of a Division approved training program.

Resume needs to be current and include:
- the employer’s name and location,
- the dates of employment including month and year,
- the title of the position held, and
- the detailed description of duties performed

If you have any questions please email the IHC survey team at mailbox.hclc@state.or.us.

March 2014

To: Oregon In-home care agencies

From: Health Care Regulation and Quality Improvement (HCRQI)
In-home care agency (IHCA) program

RE: In-home care agency policies and procedures

The purpose of this memo is to address the required policies and procedures for in home care agencies.

Requirements for policies and procedures can be found throughout the Oregon Administrative Rules. The general requirements can be found at 333-536-0050(8)(b). Other requirements can be found at 333-536-0050(2)(D), 333-536-0050(f), 333-536-0055(2)(h)&(i), 333-536-0070(3)(D)&(H), 333-536-0075(4), 333-536-0075(8), 333-536-0080(4), and 333-536-0093(4).
**Definition of Policy and Procedure:**

It is important to understand that although policies and procedures are terms that are used interchangeably; they actually have some important differences.

**Policy** – A policy lays out what needs to be done.

*Ex:* The burger must be flipped at least twice. [For another example see appendix a]

**Procedure** – A procedure describes who, when, where and how it should be done.

*Ex:* The cook will put the raw patty on the grill, and flip the burger the first time at 5 minutes with the green spatula. The cook will then flip the burger at 10 minutes with the red spatula. The lead cook will inspect every third burger for compliance. [For another example see appendix b and c]

*Included with this memo are examples of a policy (appendix a) and a procedure (appendix b & c). These examples are for informational use only, do not use these examples as a replacement for the agency specific policy and procedure you are required to develop.*

**Important Points:**

- Policies and procedures should be clear, concise and free of conflicting information.
- They should be grammatically correct, free of typos, neat and organized in an easily accessible fashion.
- If policies or procedures reference a form, the form should be kept with the policy or procedure (as an attachment).
- Your policies and procedures should match the actual practice of the agency. For example, if your policies and procedures state the agency only hires Certified Nursing Aides (CNAs) as caregivers, but your employee records contain caregivers who are not CNAs, your practice is out of compliance with the agency’s documented policies and procedures. This may be included in the agency’s survey statement of deficiencies report.
- Policies and procedures must be updated when Oregon Administrative Rules are revised or the agency’s practice has changed.
- In order to keep changes to a minimum, use “titles” of positions not names.
More Information:

More information can be found at the websites listed below, or by typing “policy and procedure” into the internet search engine of your choice. Please note these links are provided for informational purposes. The inclusion of any website here does not constitute or imply its endorsement by the Oregon Health Authority. OHA does not guarantee the accuracy of the information contained on these linked websites, and the views expressed do not necessarily represent the official views of OHA.

http://kcggroup.com/PoliciesProcessesProceduedifferences

http://en.wikipedia.org/wiki/Procedure_(term)

http://policy.boisestate.edu/policy-writing-guide/
Policy Title: Initial Client Evaluation
Policy Number: 0065(1) Version: 1.0
Approved by: Joe Administrator
Effective Date: 3/01/2014

Overview: Initial client evaluation requirement from OAR 333-536-0065.

Policy: The agency administrator or designee will conduct an initial evaluation of the client. The initial evaluation will consist of questions developed by the agency to assess a client’s physical, mental and emotional needs. The initial evaluation will be conducted prior to accepting the client, to determine if the agency has the capabilities and resources to provide the services the client requires. The evaluation will be used to develop the client’s service plan. The evaluation will be documented, dated, and signed by the individual who performed the client’s assessment and will be placed in the client’s agency record.

Procedure(s) that Apply: Initial Client Evaluation Procedure (0065(1)PRO)

Attachments or Form(s) that Apply: Client Assessment Form (Form 0065(1))

Contact: Joe Administrator (101) 555-1212
### Example In Home Care Procedure (appendix b)

**Procedure Title:** Initial Client Evaluation  
**Procedure Number:** 0065(1)PRO  
**Policy Reference:** 0065(1)  
**Version:** 2.0  
**Draft status:** Approved  
**Contact:** Joe Administrator (101) 555-1212  
**Approved by:** Joe Administrator (101) 555-1212  
**Implementation date:** 03/01/2014  
**Posted date:** 02/25/2014  
**Authority:** OAR 333-536-0065(1)

**Overview:** Example In Home Care Agency will conduct an initial evaluation of the client.

<table>
<thead>
<tr>
<th>Step</th>
<th>Responsible Party</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Receptionist</td>
<td>Receives phone call, letter, email or in person request for services. Receptionist takes down the potential client’s name and phone number and forwards to the administrator via email.</td>
</tr>
<tr>
<td>6.</td>
<td>Administrator</td>
<td>Receives email from reception with potential client information. Administrator sets up initial evaluation with potential client.</td>
</tr>
<tr>
<td>7.</td>
<td>Administrator or designee</td>
<td>Travel to potential client’s home and use the “Client Assessment Form” (Form 0065(1)) to assess the client’s physical, mental and emotional needs. The evaluation will be documented on the “Client Assessment Form” by the person conducting the evaluation. The “Client Assessment Form” will be signed and dated by the person conducting the evaluation.</td>
</tr>
<tr>
<td>8.</td>
<td>Administrator or designee</td>
<td>Will determine if the client is stable and predictable. Will determine if the agency can provide services for potential client and notify potential client of the evaluation outcome via a</td>
</tr>
<tr>
<td>Role</td>
<td>Description</td>
<td></td>
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<tr>
<td>------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Receptionist</td>
<td>Front line employee; will initiate client evaluation.</td>
<td></td>
</tr>
<tr>
<td>Administrator (or designee)</td>
<td>Oversees and assigns all actions for client evaluation.</td>
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<tr>
<td>Client Care Coordinator</td>
<td>Coordinates service plan development from evaluation documentation.</td>
<td></td>
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<tr>
<td>Records Coordinator</td>
<td>Ensures the record requirements.</td>
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<table>
<thead>
<tr>
<th>Terms</th>
<th>Definitions</th>
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<tbody>
<tr>
<td>Stable and Predictable</td>
<td>Means a situation where the client’s clinical and behavioral state is known, not characterized by rapid changes, and does not require continuous reassessment and evaluation</td>
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### Attachements or Supporting

**Title** – Description – URL
<table>
<thead>
<tr>
<th>Documents</th>
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<tbody>
<tr>
<td>Client Assessment Form</td>
<td>Client Assessment Form, Form 0065(1), Client Evaluation for physical, mental and emotional needs. Located in the shared drive: Sdrive/Clientdocs/Form0065(1)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure History</th>
<th>Date/Description</th>
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<tbody>
<tr>
<td>Revised</td>
<td>3/15/2015, procedure updated to include records coordinator</td>
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</tbody>
</table>
Client Assessment Form (0065(1) (appendix c)

[This form needs to be developed by the agency to correspond with the policy and procedure for Initial Client Evaluation. The form would contain all the necessary elements required to evaluate the client’s physical, mental and emotional needs. The form would also need to be signed and dated by the individual who conducts the initial evaluation and maintained in the client’s record]