

In-Home Care (IHC) services provided under the Home Health Agency (HHA) license

Oregon Revised Statute (ORS) 443.090 allows a HHA to provide personal care services that are necessary to assist an individual in meeting their daily needs and that are not curative or rehabilitative, without a separate IHC agency license. The ORS requires that the HHA comply with all laws and rules concerning IHC services.

If your HHA provides, or will provide, IHC services under its HHA license please complete the attached form titled “Home Health Agency attestation for provision of In-Home Care Services.” Return the attestation form with the HHA license application form.

The HHA’s provision of IHC services may be evaluated in conjunction with evaluation of all other services the HHA is licensed for during unannounced, onsite HHA surveys or complaint investigations.

The IHC agency OARs and more information about the IHC agency program, including how to obtain a separate IHC agency license, may be found on the HCRQI website at: www.healthoregon.org/hcrqi

Questions may be emailed to the attention of the HHA/IHC agency program teams at: mailbox.hclc@state.or.us

Health Care Regulation & Quality Improvement
800 NE Oregon Street, Suite 305
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

**Home Health Agency (HHA) attestation for provision
of In-Home Care (IHC) services**

HHA name _____ **Date** _____

HHA administrator _____

Address _____

Phone _____ **Email** _____

1. I have read and understand the IHC requirements set forth in Oregon Revised Statute (ORS) 443.305 to 443.350 and Oregon Administrative Rules (OARs) Chapter 333, Division 536.
2. Written policies and procedures, including applicable forms and curriculums to direct all administrative, personnel, and client care IHC operations, have been developed and implemented. The policies and procedures are complete, clear, and assure compliance with the IHC OARs.
3. Personnel records contain evidence that employees who provide IHC services meet all screening, qualification, orientation, and applicable training required by the IHC OARs.

I attest, under penalties of perjury, that this information is true, correct and complete.

Print name _____ **Title** _____

Signature _____ **Date** _____