



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

March 2014

RE: Adding a branch office for an In Home Care Agency Instructions

We have received your request to add a branch office to your agency. You may obtain an In-Home Care Agency license application form at this website:  
[www.healthoregon.org/hcrqi](http://www.healthoregon.org/hcrqi)

Please complete the entire application and attestation form and send both to:

HCRQI - IHC Team  
800 NE Oregon #305  
Portland, OR 97232

Oregon Administration Rules 333-536-0050 states:

- (3) If the agency operates a branch office:
  - (a) The branch office shall be located within the parent agency's geographic service area at a distance from the parent agency that generally does not exceed one hour's travel time.
  - (b) The branch office shall be operated under the management and supervision of the parent agency. Administrative and personnel functions must be retained at the parent agency. The branch office must not function as an independent agency.
  - (c) Services must not be provided from the branch office until the branch office has been added to the license of the parent agency in accordance with Department procedures.

Once you have completed the form please return the form to Health Care Regulation & Quality Improvement, 800 NE Oregon St. #305, Portland, OR. 97232 or fax to 971-673-0540.

If you have further questions please contact this office at 971-673-0540.

Sincerely,

HCRQI - IHC Survey Team  
Oregon Health Authority  
Public Health Division  
Health Care Regulation and Quality Improvement

*If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY (971) 673-0372.*

**Attestation for In-Home Care Agency (IHCA) addition of Branch Office**

IHCA Name \_\_\_\_\_ Date \_\_\_\_\_

IHCA Administrator \_\_\_\_\_

New Branch Office Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

# of Branch Offices operated by the parent IHCA, including this one \_\_\_\_\_

1. I have read and understand the IHCA requirements set forth in 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 operations of the IHCA, including for branch office operations, have been developed and implemented. The policies and procedures are complete, clear, and are in compliance with the IHCA OARs.
3. The branch office operated by the IHCA will be managed, staffed, and supervised by the parent IHCA. Systems to ensure that the parent IHCA maintains control and oversight of this branch office have been developed and implemented.
4. I understand that the addition of this branch office does not allow the IHCA to extend the provision of services beyond the geographic service area of the parent IHCA.

*I attest, under penalties of perjury, that this information is true, correct and complete. I assume full responsibility for the ongoing operations of the agency, including its branch office(s), and its compliance with all applicable OARs.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_