



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: In Home Care Agency Change of Ownership Instructions

This letter is in response to you notifying us of a change of ownership for your In-Home Care Agency (IHCA). The Health Care Regulation and Quality Improvement Section of the Oregon Health Authority, has the responsibility for licensure of In-Home Agency providers in Oregon.

The following are the steps for an IHCA change of ownership. A license is specific to an owner and is not transferrable. Therefore, a new license must be generated when a change of ownership occurs. The steps to be completed are:

1. Seller must submit letter which notifies this office of the change of ownership with the effective date;
2. Buyer must also sign the above letter, or may submit a separate letter which confirms the change of ownership with effective date;
3. Buyer must submit an IHCA Change of Ownership Attestation Form;
4. Buyer must submit an IHCA License Application Form which indicates it is for a change of ownership*;
5. Owner/Administrator Background Check Request forms must be submitted in conjunction with the application as applicable*;
6. Change of ownership fee must be submitted which is \$350.00;
7. All documents are to be submitted in one package to the attention of the "IHCA Program Team."
8. The old license must be returned after the change of ownership effective date and once the new license is received.

The Oregon Administrative Rules OARs for IHCAs with which the new owner must comply, the IHCA application form, the applicable background check forms for the

administrator or owner(s), if applicable, are found at www.healthoregon.org/hcrqi

*Please note that the license application form submitted by the new owners needs to reflect any changes being made as result of the ownership change - such as name of agency, administrator, email addresses, etc. If a change in administrator will occur please submit a resume for the proposed administrator with the application form. It will be reviewed to ensure that individual meets the qualifications set forth in the OARs.

A license application for the new owner will not be processed until the required documents and fee have been received and the qualifications review and the background check(s), if applicable, have been completed.

Please let us know if you have any questions. Questions can be sent to mailbox.hclc@state.or.us.

Sincerely,

IHCA Surveyor 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.



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Attestation for In-Home Care Agency Change of Ownership

To be completed and signed by the buyer in conjunction with the IHCA License Application form

IHCA Name _____ Date _____

Address _____

Phone _____ E-mail _____

Agency classification _____ Change of ownership effective date _____

Name of new owner(s) _____

IHCA Administrator _____

An in-home care agency is defined in Oregon Revised Statute (ORS) 443.315 as: an agency primarily engaged in providing in-home care services for compensation to an individual in that individual’s place of residence.” In-home care agency” does not include a home health agency or portion of an agency providing home health services as defined in ORS 443.005.

1. I have read and I understand the in-home care agency 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, have been developed to direct all administrative, personnel, and client care operations of the agency. The policies and procedures are complete, clear, and ensure compliance with the in-home care agency OARs.
3. Patient care and documentation systems have been developed and implemented to ensure compliance with the in-home care agency OARs.
4. Personnel management and documentation systems have been developed and implemented to ensure employees meet all screening, qualification, orientation, and training requirements consistent with the in-home care agency OARs.

5. Branch offices operated by the IHCA are managed as required by the in-home care agency OARs. Systems to ensure that the parent IHCA maintains control and oversight of the branch office(s) have been developed and implemented.

I attest, under penalties of perjury, that I have answered all the above questions to the best of my knowledge and belief; and that this information is true, correct and complete. I assume full responsibility for the ongoing operations of the IHCA, including all branch offices, and its compliance with the applicable OARs.

Signature _____ Date _____

Print Name _____ Title _____