



Health Facility Licensing and Certification

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To: Oregon In-home care agencies

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

RE: **HFLC Approval vs. Notification**

The purpose of this memo is to provide clarification related to the difference between changes that require approval from HFLC prior to implementation and changes that only require notification to HFLC.

Approval

OAR 333-536-0010(4)(a)(A-D) requires agencies to obtain approval from HFLC for certain types of changes prior to implementation. These changes include:

- Administrator;
- Agency classification;
- Addition of a Branch and/or subunit; and
- Geographic service area exceeding 60 miles.

Each type of change requires different documentation that must be submitted to HFLC. We may also request additional documentation if necessary. The change request must accompany the minimum required documents:

Request for a new Administrator*

- In-home care agency application, found online in the application section of www.healthoregon.org/hflc;
- Administrator application;
- Background check request form;
- Resume for the Administrator candidate;
- Evidence of high school diploma or equivalent; and
- Evidence of Licensure (if applicable).

*Please remember to send resumes with all new Administrators requests. 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 (Please include the employer's name and location, the dates of employment including month and year, the title of the position held, and the duties performed); and
- Must show evidence of high school diploma or equivalent.

Request to change Agency Classification

- In-home care agency application, found online in the application section of www.healthoregon.org/hflc;
- The fee (current classification payment subtracted from requested classification fee requirement); and
- Agency's policies and procedures, with associated forms, which reflect compliance with the Oregon Administrative Rules (OARs) related to the requested new services.

Request to add a Branch

- In-home care agency application, found online in the application section of www.healthoregon.org/hflc; and
- In-home care branch attestation form, found online in the application section of www.healthoregon.org/hflc

Request to add a Subunit

- In-home care agency application, found online in the application section of www.healthoregon.org/hflc;
- Fee of \$1,000.00 payable to the "Oregon Health Authority";
- Resume, administrator application and background check request form for the administrator;
- Background check request form for the owner; and
- Policies and procedures (including associated forms such as disclosure form, service plan etc.). Submit the agency's policies and procedures, with associated forms, which reflect compliance with the following Oregon Administrative Rules (OARs):
 - OAR 333-536-0050 Organization, Administration, and Personnel
 - OAR 333-536-0055 Disclosure, Screening, and Acceptance of Clients
 - OAR 333-536-0065 Service Plan

Request for a Geographic service area exceeding 60 miles

- In-home care agency application, found online in the application section of www.healthoregon.org/hflc; and
- Waiver request form, found online in the application section of www.healthoregon.org/hflc.

Notification

OAR 333-536-0010 requires agencies to notify the division if there are changes to the information that your agency documents on the application form. The notification to HFLC must be made within 30 days of the change. Examples of these types of changes:

- Address;
- Phone Number;
- Fax Number;
- Legal Name;
- DBA Name;
- Mailing Address;
- Emergency contact information;
- Agency Office Hours;
- Administrator Designee
- Qualified Individual (basic, intermediate and comprehensive classifications only);
- Registered Nurse (intermediate and comprehensive classifications only); and
- Email Addresses.

These changes do not require HFLC approval; however, you are still required to notify this division within 30 days of the change. Notification requires the agency to submit an updated In-home care agency application, found online in the application section of www.healthoregon.org/hflc. Notification can be made by regular mail to 800 NE Oregon St., Suite 465 or email to mailbox.hclc@state.or.us.

Other Types of Notification

These types of notifications require additional documentation. HFLC may require additional documentation or information for these types of notifications.

Change in Ownership (CHOW)

- In-home care agency application, found online in the application section of www.healthoregon.org/hflc;
- CHOW attestation form, found online in the application section of www.healthoregon.org/hflc;
- A letter signed by the buyer and seller detailing the CHOW;
- Fee of \$350.00 payable to the “Oregon Health Authority”;
- Background check request form for the owner and administrator; and
- Resume and administrator application for the administrator (if applicable).

Once the change of ownership has been processed, the agency will receive a new license with a new license number (and all applicable changes).

Change in Owner and/or Administrator's Direct Contact with Clients Status

- In-home care agency application, found online in the application section of www.healthoregon.org/hflc;
- Cover letter with a brief explanation of the change; and
- HFLC Background Check Request Form, found online in the application section of www.healthoregon.org/hflc.

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