



**Health Facility Licensing and Certification**

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To: Oregon In-home care agencies

From: Health Facility Licensing and Certification (HFLC)  
In-home care agency (IHC) program

RE: **In-home care agency client and client record requirements**

The purpose of this memo is to address what is required by agencies for clients and client records.

The Oregon Administrative Rules (OAR) 333-536-0005(10) & (11), 333-536-0050, and 333-536-0085 require all clients receiving personal care, medication and/or nursing and nurse delegated services from an IHC, whether contracted through a third party or not, to include all required documentation.

1. Required documentation for **all** clients receiving personal care, medication and/or nursing and nurse delegated services from an IHC includes, but is not limited to:

OAR 333-536-0045:

- Medication Self-Direct Evaluation Form (for Medication Reminders and Medication Assistance)

OAR 333-536-0055:

- Disclosure Statement

OAR 333-536-0060

- Client's Rights

OAR 333-536-0065

- Initial Assessment
- Service Plans
- Initial Visits
- Monitoring Visits

OAR 333-536-0075 (if the client is receiving medication services)

- Medication Services Documentation

- Medication Administration Documentation [signed physician orders, medication administration records, and medication regimen evaluation by a Registered Nurse (RN) every 90 days]

OAR 333-536-0080 (if the client is receiving nursing or nurse delegated services)

- Nursing Services Documentation [signed treatment orders and delegation documentation]

OAR 333-536-0085

- Documentation of all services provided

2. Required documentation for all caregivers and RNs providing services from an IHC includes but is not limited to licensure and training requirements in accordance with OAR 333-536-0070, 333-536-0075, and 333-536-0080.
3. All clients receiving personal care, medication and/or nursing and nurse delegated services from an IHC, including those contracted through a third party or government agency, must be included in the list of clients requested from the IHC surveyor for relicensure and/or complaint surveys. The client list must contain all clients who received any services during the past twelve months, including all clients served from branch office(s) and all clients, contracted or non-contracted, obtained through third parties or government agencies.

Examples of third party contractors/government agencies include but are not limited to: Veteran's Affairs, Department of Human Services, Long Term Care Nursing Program, Aging and People's with Disabilities, Adult Protection Services, Intellectual and Developmental Disabilities, Support Service Brokerages, Adult Foster Homes, Assisted Living Facilities or any other type of business, agency or facility that utilizes services from a licensed IHC (including agency nurses and/or caregivers).

4. Regardless of when a contractor ends payment to an IHC for a client, the IHC is required to follow the termination of services requirements outlined in the client's rights (OAR 333-536-0060). This includes:
  - The right to a written 30-day notice of termination of services by the agency that specifies the reason(s) for the termination with the following exceptions:
    - (A) The right to immediate oral or written notice of termination of services by the agency at the time the agency determines that the safety of its staff or the client cannot be ensured. If oral notice is

given, the agency must also subsequently provide the client a written confirmation of the oral notice of termination of services.

- (B) The right to a written 48-hour notice of termination of services by the agency in the event of non-payment in accordance with the agency's disclosed payment requirements.
- Anytime the agency terminates client services, they must provide the appropriate, required notification and written confirmation to the client, as well as the documentation of the reasons and circumstances that led to the termination of client services.
- **Discontinued payment from the contractor alone does not meet the requirements for an exception to the written 30-day notification of termination of services.**

If you have any questions please email the IHC survey team at [mailbox.hclc@state.or.us](mailto:mailbox.hclc@state.or.us).