Health Facilities Licensure and Certification:

In-Home Care Initial Licensure Procedure Instructions and Information

HFLC In-Home Care (IHC) Initial Licensure Procedure Instructions and Information

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Health Facility Licensing and Certification
800 NE Oregon Street, Suite 465
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

In-Home Care (IHC) Agency Frequently Asked Questions

1. What is an In-Home Care Agency?

An in-home care agency is an agency primarily engaged in providing in-home care services (including personal grooming, mobility assistance, nutrition/hydration assistance and others) for compensation to an individual in that individual's place of residence. In-home care agencies are not home health agencies; they do not provide home health services as defined in the Oregon Revised Statutes (ORS 443.005).

2. Who must be licensed?

You must become licensed as an in-home care agency if you are providing in-home care services and doing one or more of the following: 1) scheduling caregivers, assigning work, 2) assigning compensation rates, 3) defining working conditions, 4) negotiating for a caregiver or client for the provision of services, or 5) placing a caregiver with a client. To determine if your future business qualifies as an in-home care agency, please see our determination form online at www.healthoregon.org/hflc.

You do not need to be licensed, if your business is **only** providing housekeeping and supportive services such as laundry or shopping and errands.

3. What type of services do In-Home Care Agencies provide?

Types of services that in-home care agencies provide include but are not limited to: bathing, personal grooming and hygiene, dressing, toileting and elimination, mobility and movement, nutrition/hydration and feeding, housekeeping tasks, laundry tasks, shopping and errands, transportation, and arranging for medical appointments. Inhome care agencies may also provide medication and nursing services, but these services require additional conditions for approval. These conditions include additional policies and procedures and a nurse on staff.

4. Where can I find the Statutes and Rules for In-Home Care Agencies?

The Oregon Revised Statutes (ORS) (Chapter 443) can be found online www.healthoregon.org/hflc.
The Oregon Administrative Rules (OAR) (Chapter 333, Division 536) can be found online www.healthoregon.org/hflc.

5. What do I need to do to apply for an In-home Care Agency License?

___ Read and understand all the Oregon Administrative Rules found online at www.healthoregon.org/hflc.
___ Fill out an in-home care application, found online www.healthoregon.org/hflc.
___ Include a check or money order for the correct fee amount (see application) payable to the "Oregon Health Authority" Please note: the fee is non-refundable; make sure you are absolutely certain you are prepared to be a licensed IHC before sending in the application and fee.

___ Include an administrator application and resume for your administrator. 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
- Must include:
  -the employer's name and location
  -the dates of employment including month and year
  -the title of the position held
  -the detailed description of duties performed
- Must show evidence of high school diploma or equivalent

*These terms are defined in rule: OAR 333-536-0005(13) & (21)

___ HCRQI Background Check Request Form. Any owners or administrator that have direct contact with clients must submit this form. The form is online at www.healthoregon.org/hflc.

___ Develop ***ALL*** policies and procedures (including associated forms such as the service plan form, disclosure form etc.), but ***only*** include the following sampling of policies and procedures, and applicable forms with your application:

- Organization, Administration, and Personnel (333-536-0050)
- Disclosure, Screening, and Acceptance of Clients (333-536-0055)
- Service Plan (333-536-0065)

___ Send application, fee, resume, background check request forms and the three sample policies, procedures and associated forms to:

HFLC
IHC Survey Team
PO Box 14260
Portland OR 97293

Incomplete applications will not be processed until complete.

6. When does the survey happen and what will it entail?

When the agency has successfully completed all steps in the initial licensure process, an initial onsite survey will be scheduled. The survey will be scheduled for a date and time which is agreed upon by yourself and the surveyor who will conduct the survey.

During the initial survey you will need to have all your policies and procedures identified in Oregon Administrative Rules, Division 536, ready for review by the surveyor. All policies and procedures should be well-organized and easily identifiable for the surveyor to review. Please ensure that you have created all required policies and procedures by IHC rules found online www.healthoregon.org/hflc.

A **policy** is a principle or a predetermined course of action to guide decision making.

A **procedure** describes a method to carry out a policy and often includes a series of steps.

A **form** may be part of a procedure that will be used to carry out a procedure.

During the survey the following should be ready for review:

A. The agency's policies and procedures for operating and providing services as an n-Home Care Agency in Oregon, which includes the policies and procedures identified by the Oregon Administrative Rules Division 536, Chapter 333, Section 0045-0093. Please use the IHC OARs to ensure that you have developed policies and procedures for all of the rules.
For example, the agency may have a policy that requires all caregivers be trained to do medication administration. Procedures are then developed which reflect how that training requirement will be carried out with details of content,

frequency, competency testing, etc. Forms are created to provide documented evidence that the training requirements as specified in the procedures have been met for each caregiver.

B. A Quality Improvement Program Plan which demonstrates an assurance of compliance with the Oregon Administrative Rules for In-Home Care Agencies and the agency's own policies and procedures.

C. A sample client record which contains all documents and forms to be used by the agency which demonstrates an assurance of compliance with the Oregon Administrative Rules for In-Home Care Agencies and the agency's own policies and procedures.

D. Personnel records for staff who are hired and ready to provide IHC services which contain evidence of all applicable pre-screening, health, qualifications, training, and orientation required by the Oregon Administrative Rules for In-Home Care Agencies and the agency's own policies and procedures.

7. What happens if I pass the survey?

A license will be issued for your agency or subunit within ten business days. The license is not transferable. The license must be posted in a conspicuous location at your agency. You are not allowed to accept clients until you have received your license.

8. What happens if I don’t pass the survey?

If your agency has some deficiencies that need correction before licensure is granted:

- You will receive a list of required corrections to your application
- You must complete the corrections
- Notify this office of the completed corrections
- Your application will be reconsidered and further review will be conducted, in the order that it was received with all other initial applications

If your agency is substantially out of compliance with Division 536 of the OARs your application may be denied.

- The surveyor may arrange for the second initial survey to be conducted with the applicant at the Health Care Regulation and Quality Improvement offices.
- If the request for a new survey is not received within 15 days, or if compliance

is not achieved during the second initial survey, the agency will be required to submit a new application and fee and repeat all steps of the initial licensure process.

9. When do I need to report changes to the Division?

If the ownership, address or administrator of your agency or subunit changes at any time, you must notify this office, in writing, within 30 days of the change. Some changes require a fee.

10. Any additional information?

The policies and procedures sent to this office cannot be sent back to the agency after review. The length of the In-Home Care Agency initial licensure request process varies depending on multiple factors such as whether or not the request is complete, whether or not additional information needs to be submitted, current work load and availability of resources necessary to complete the request review, etc. Therefore, it is not possible to establish specific time frames. Due to the large volume of applications received, this office would prefer to conduct correspondence through email. Please email general inquiries to mailbox.hclc@state.or.us. We do not accept walk-ins.

11. Where can I get more information?

State of Oregon Health Facilities Licensing and Certification (HFLC)
800 NE Oregon St., Suite 465
Portland, OR 97232
Phone: 971-673-0540
Fax: 971-673-0556
Email: mailbox.hclc@state.or.us

Organizations that represent community-based care providers: As an additional resource to assist you, here is a list of trade associations organizations that represent community-based care providers. OHA does not endorse any of the below organizations or the services that they may offer. The below information is provided solely as a resource.

Leading Age
7340 SW Hunziker, Suite 104
Tigard, OR 97223
Phone: 503-684-3788

Fax: 503-624-0870

Oregon Health Care Association (OHCA)
11740 SW 68th Parkway, Suite 250
Portland, Oregon 97223
Phone: 503-726-5260
Fax: 503-726-5259

Oregon Association for Home Care (OAHC)
1249 Commercial Street SE
Salem, Oregon 97302-4203
Toll Free: 1-800-352-7230
Fax: 503-399-1029

12. What are the guidelines for abuse and complaint reporting?

If you have reasonable cause to believe your client is being, or has been abused, you are required to report this information to the appropriate Department of Human Services (DHS) office immediately. See contact information listed below:

Elder Abuse Reporting
You must immediately make an oral report, by telephone or otherwise, to your county DHS office of Aging and Peoples with Physical Disabilities (APD) or local law enforcement agency. If you are unable to locate the APD number for your county you must call the Salem APD office at (503) 945-5811 or 1-800-232-3020, and they will direct you.

Child Abuse Reporting
You must immediately make an oral report, by telephone or otherwise, to your county DHS office of Children, Adults and Family Services (CAF) or local law enforcement agency. If you are unable to locate the CAF number for your county you must call the Salem CAF office at (503) 945-5600, and they will direct you.

Mentally or Developmentally Disabled Persons Abuse Reporting
You must immediately make an oral report, by telephone or otherwise, to your county DHS office of Addictions and Mental Health Division (AMH) or local law enforcement agency. If you are unable to locate the AMH number for your county you must call the Salem AMH office at (503) 945-9495 or 1-866-406-4287, and they will direct you.

Non-Long Term Care Health Care Facility Complaint Reporting

Oregon Health Authority
Public Health Division
Health Facilities Licensing and Certification (HFLC)
800 NE Oregon St. #465
Portland, OR 97232
Phone: (971) 673-0540
Fax: (971) 673-0556
Email: mailbox.hclc@state.or.us
Website: www.healthoregon.org/hflc

**An Elder is defined as any person 65 years of age or older.
**A Child is defined as an unmarried person who is under 18 years of age.

Please visit our website at www.healthoregon.org/hflc for Memos and information on IHC rules and requirements.

HFLC PROCEDURE

Procedure Title: In Home Care Agency Initial Licensure Requests

Procedure Number: IHC-1

Policy Reference: Initial Licensure OAR 333-536-0015

Version: 3.0

Contact: IHC Team

Approved by: HFLC Program Manager

Implementation date: 1/1/2012, rvsd 2/21/2012, 2/15/2018

Authority: OAR 333-536-0015

Overview:

Step	Responsible Party	Action
1. The application package is received by reception	AS1	AS1 will put in pending folder, label, and add tracking sheet. Then AS1 will forward to IHC Surveyor Team.
2. Application package is reviewed for completeness	IHC Surveyor Team	IHC Surveyor Team will review package and determine completeness.
3. 1st Letter-Send notice to applicant within 5 business days of receiving package	IHC Surveyor Team	IHC Surveyor Team will send a letter to the applicant highlighting the next steps; either requesting additional information (go back to step 2) or approving the package for further review (move on to step 4).
4. Application package is reviewed for acceptability	IHC Surveyor Team	IHC Surveyor Team will review application package, including sample policies and procedures for acceptability.
5. 2nd Letter-Send P&P review document and attestation or schedule notice to provider	IHC Surveyor Team	The P&P review document is drafted by IHC Surveyor Team. IHC Surveyor Team sends review document with second letter (attestation) or schedule notice to provider.

Step	Responsible Party	Action
6. Attestation statement is received by this office	AS1/IHC Surveyor Team	AS1 will note that the attestation has been received in the computer log system. AS1 will put attestation in initial pending folder and put in the IHC Surveyor Team box.
7. Schedule survey	IHC Surveyor Team	IHC Surveyor Team will schedule survey with facility.
8. Survey is completed	IHC Surveyor Team /AS1	IHC Surveyor Team will complete survey and send notification of approval or request deficiency corrections, per current survey procedures.
9. Facility is approved, and a license is generated and sent	IHC Surveyor Team /AS1	CCS will generate approval letter, and forward to AS1 to generate facility license to send with letter.
10. Facility is denied	IHC Surveyor Team /AS1	CCS will generate a denial letter & Statement of Deficiencies, with information on how to reschedule a survey; CCS will forward to AS1 to mail. Facility has 15 days to reschedule or will need to reapply. Facility will be placed on the bottom of the list, to restart process.

Role	Description
AS1	Process letters, survey documents, and license
IHC Surveyor Team	Review submission documents, survey facility; and draft final licensure decision.

Procedure History	Date/Description
Created	12/1/2011 to fix current backlog

Initial IHC TRACKING FORM

Facility Name: _____

Administrator Name: _____

Date Received: _____

1. Enter into Pending Tab of Initial Log

☐ Entered by (initials) _____ date_____ Number on list ____ out of ____

2. Application Package – Review for Completeness

☐ Completed in-home care application
☐ Fee enclosed - check or money order for correct amount
☐ Administrator application and/or resume
☐ Background check request form(s) for administrator and owners with direct client contact
☐ Policies and procedures (including associated forms such as the admission assessment form, disclosure form etc.):
- OAR 333-536-0050 Organization, Administration, and Personnel
- OAR 333-536-0055 Disclosure, Screening, and Acceptance of Clients
- OAR 333-536-0065 Service Plan

3. Send Acknowledgement 1st Letter sent date_____ AS1 _____

☐ Application package complete, will review for sufficiency
☐ Application package incomplete, need _____ due _____
☐ Update Log

4. Review Application Package

☐ Application/Fees are correct
☐ Administrator is qualified and passed the HCRQI Administrator/Owner CHC
☐ Policies and Procedures review information

5. Send Review 2nd Letter sent date _____ CCS _____

☐ Verified by _____ (Please use checklist on the back)
☐ Application is sufficient or minorly insufficient (4 or less check marks):
  ☐ Send 2nd letter as complete, with attestation
  ☐ Send 2nd letter as incomplete, with review/examples and attestation
☐ Application is substantially insufficient (5 or more check marks), send review with request for revision, due _____ rcvd _____
  ☐ Revision sufficient send 2nd letter as complete with attestation
  ☐ Revision insufficient, discuss with supervisor, outcome_____
☐ Update Log

6. Schedule Initial Survey

☐ Forward to OS2 for checklist forward date _____ OS2 _____
☐ Checklist completed; forwarded to CCS date _____
☐ Survey scheduled with admin, survey date _____ PSOB Room _____
☐ Survey confirmation letter sent to Admin via email, confirmation snt date _____
☐ Update Log

NOTES

Based on the courtesy review of the sampled policies and procedures submitted it was determined that they were unacceptable for the following reason(s):

[ ] Consist primarily of a reiteration of OAR or CoP language which does not constitute policies and procedures.

[ ] Policy statements are not clear or not evident.

[ ] Procedures, which describe the steps necessary to carry out policies, are not clear or not evident.

[ ] All requirements contained in the applicable OARs or CoPs are not addressed.

[ ] Language contained in some documents submitted contradicts applicable OAR or CoP requirements.

[ ] Language contained in some documents submitted contradicts language in other documents submitted.

[ ] Applicable or referenced forms were not submitted for review.

[ ] Provisions for all required documentation was not clear or evident in policies or procedures or forms.

[ ] Other:

Health Facility Licensing and Certification
800 NE Oregon Street, Suite 465
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

Mr. Joe Example
Example In-Home Care
800 NE Oregon St.
Portland, OR 97232

RE: Request for initial in-home care agency licensure

Dear Mr. Example,

This office has received your initial in-home care agency licensure request. Your application packet is determined to be complete or incomplete.

Complete: No further action from you is needed at this time. Your application packet will be reviewed for accuracy, and you will be notified of the results. Once your packet is determined to be complete and acceptable we will schedule a survey of your agency. Your survey will be scheduled for the next available date and time; surveys are scheduled in the order in which application packets are determined to be sufficient. You will be notified, in writing, of the next steps in the process.

Incomplete: Please send us the following information:

Please send us the following information:

[ ] Application Missing: Complete and submit an in-home care agency application, found online in the application section of www.healthoregon.org/hcrqi.

[ ] Fee Missing: Include a check or money order payable to the “Oregon Health Authority." Please see the fee schedule for appropriate payments.

[ ] Policies and Procedures Missing: Develop 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

Please send the requested documentation within 30 days or contact this office to make other arrangements. If we do not hear from you we may consider your application packet withdrawn. If your application packet is withdrawn you may reapply at any time. Your packet will not be considered until we receive the requested additional information.

Send requested information to:
Attention: IHC Survey Team
Health Facility Licensing and Certification
800 NE Oregon St. #465
Portland, OR 97232

As an additional resource to assist you, here is a list of trade associations organizations that represent community-based care providers. OHA does not endorse any of the below organizations or the services that they may offer. The below information is provided solely as a resource:

Leading Age
7340 SW Hunziker, Suite 104
Tigard, OR 97223
Phone: 503-684-3788
Fax: 503-624-0870

Oregon Health Care Association (OHCA)
11740 SW 68th Parkway, Suite 250
Portland, OR 97223
Phone: 503-726-5260
Fax: 503-726-5259

Oregon Association for Home Care (OAHC)
1249 Commercial Street SE
Salem, OR 97302
Toll Free: 1-800-352-7230
Fax: 503-399-1029

I have also included a memo on policies and procedures.

The policies and procedures sent to this office can not be returned after licensure. The length of the In-Home care agency initial licensure process varies depending on multiple factors such as whether or not the application is complete, whether or not additional information needs to be submitted, current work load and availability of resources necessary to complete the request review, etc. Therefore, it is not possible to establish specific time frames. Due to the large volume of applications received, please email all inquiries to mailbox.hclc@state.or.us (attention IHC Survey team).

Sincerely,

IHC 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 711

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Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

Mr. Joe Example
Example In-Home Care
800 NE Oregon St
Portland, OR 97232

RE: Request for initial in-home care agency licensure

Dear Mr. Example:

After further review of the in-home care agency initial licensure application packet, it has been determined that it is sufficient or insufficient.

Sufficient: Policies and procedures have been reviewed and determined to be acceptable.

Insufficient: The packet was determined to be insufficient for the following reason(s):

[ ] Resume insufficient: An administrator's resume must:

[ ] Administrator application or resume missing: Include a resume for your administrator, with the following requirements:

- Must be a current resume
- Must show evidence of at least two years of professional* or management* experience in a health related field or program
- Resume needs to include:
  -the employer's name and location,
  -the dates of employment including month and year,
  -the title of the position held, and
  -the detailed description of duties performed
- Must show evidence of high school diploma or equivalent
- These terms are defined in OAR 333-536-0005(13) & (21)

The resume submitted to this office does not contain [missing piece]. If the administrator has the required experience and qualifications please send a new resume that reflects the requirements. If the administrator does not have the required experience and qualifications you will need to find a new administrator in order to be licensed.

[ ] Policies and procedures insufficient: Based on the courtesy review of the sampled policies and procedures submitted it was determined that they did not demonstrate compliance with the applicable Oregon Administrative Rules (OARs).
Some/Many/All are not acceptable for the following reason(s):

[ ] Consist primarily of a reiteration of OAR language which does not constitute policies and procedures.

[ ] Policy statements are not clear or not evident.

[ ] Procedures, which describe the steps necessary to carry out policies, are not clear or not evident.

[ ] All requirements contained in the applicable OARs are not addressed.

[ ] Language contained in some documents submitted contradicts applicable OAR requirements.

[ ] Language contained in some documents submitted contradicts language in other documents submitted.

[ ] Applicable or referenced forms were not submitted for review.

[ ] Provisions for all required documentation was not clear or evident in policies or procedures or forms.

[ ] Other:

**********Note for Basic classification applicants only**********

The licensure classification of "Basic" requires compliance with OAR 333-536-0075(1) & (10). These requirements include the receiving the medication training on the required topics and a return demonstration competency evaluation for each topic. The training and competency evaluation

must be documented as required under OAR 333-536-0075, and must be completed by a "qualified individual." "Qualified individuals" are defined in rule under OAR 333-536-0005(23).

Do not send revised policies or procedures or forms unless specifically instructed to do so by someone in this office.

Please remember that the policies and procedures submitted by the agency and reviewed by this office represent only a sampling of the policies and procedures necessary to direct all administrative, personnel, and client care operations of the agency as required by OAR 333-536-0050. **It is expected that all policies and procedures will be complete and reflect an assurance of compliance at the time of the initial survey.**

Attestation form

The applicant's next step is to revise the policies and procedures as needed. Please use this letter as a guideline for changes. Once the policies and procedures are in compliance, complete, sign, and date the attached attestation form and return it to this office. The applicant should only return the attestation form when there is an ssurance of compliance with all requirements and the agency is ready for an initial licensure survey. If the applicant is unable to attest compliance within 60 calendar days of receipt of this letter please inform this office in writing that more time is required.

If we do not hear from the applicant within 60 calendar days we will consider the application incomplete and will close the file. The applicant will be notified of this in writing and that it may reapply for licensure. The applicant's license fee will not be refunded and another fee will be required if the applicant re-applies.

Initial survey

When the completed and signed attestation form has been received, the applicant will be contacted and a survey will be scheduled.

Licensing decision

If at the time of the initial survey the applicant is found to be in compliance with the rules governing in-home care agencies, licensure will be approved effective on that date.

If the applicant is found to be substantially out of compliance with the rules a written report will be generated which reflects the areas of non-compliance and the applicant may be denied a license. The report and written notification of a licensure determination will be sent to the applicant in accordance with OAR 333-536-0023.

Send all requested information to:

Attention: IHC Survey Team
Health Facilities Licensing and Certification
800 NE Oregon St. #465
Portland, OR 97232

Please use the following email to ask additional questions or inquire about the status of an in-home care agency application: mailbox.hclc@state.or.us (attention: IHC Survey Team).

Sincerely,

IHC Surveyor Team
Client Care Surveyor
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.

Health Facility Licensing and Certification
800 NE Oregon Street, Suite 465
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

Attestation for In Home Care Agency Initial Licensure

Agency Name: _____ Date: _____

Agency administrator: _____

Address: _____

Phone: _____ E-mail:_____

Classification Level Requested: _____

An in-home care agency is defined in Oregon Revised Statute (ORS) 443.305(1) 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 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 443.355 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 my agency. The policies and procedures are complete, clear, and in compliance with the In-Home Care Agency OARs.

3. A sample client record has been prepared which contains required forms and reflects evidence that client care and documentation systems have been developed and are in compliance with the In-Home Care Agency OARs.

4. The agency has documented evidence that it has employee(s) who meet all screening, qualification, orientation, and training requirements, including

medication training, for those agencies that are applying for medication services, consistent with services requested to be provided by the agency.

5. Personnel records which are in compliance with the In-Home Care Agency OARs have been prepared for each employee who will be available to provide services once licensure has been granted.

6. I understand the agency must have at least one caregiver completely read to provide the requested services in order for licensure to be granted.

I attest, under penalties of perjury, that I have answered all of the above questions to the best of my knowledge; and that this information is true, correct and complete. I am prepared for an initial licensure survey. I understand that if my agency fails to comply with all applicable OARs, licensure may be denied.

My completed self-assessment questionnaire is attached.

Signature_____ Date: _____

Print Name _____

Agency Self Questionaire

Instructions: please circle an answer and include with attestation

1. Have you read and do you understand all the In-Home Care Agency requirements set forth in ORS 443.305 to 443.355 and Oregon Administrative Rules (OARs) Chapter 333, Division 536?

Yes No

2. Have you developed written policies and procedures for all the In Home Care Agency Oregon Administrative Rules that you are applying for? Examples: Personal Care, Medication Services and Nursing Services.

Yes No

3. Do your policies and procedures include applicable forms and curriculums?

Yes No

4. Are the policies and procedures complete, clear and in compliance with the In Home Care Agency OARs?

Yes No

5. Have you prepared a sample client record (see question 6 for list of items)?

Yes No

6. What does the sample client record contain (please circle answer)?

Yes No Disclosure statement
Yes No Clients rights information
Yes No Initial client assessment
Yes No Client service plan
Yes No Initial supervisory visit
Yes No Monitoring visit documentation
Yes No Documentation of services provided
Yes No Self direct form
Yes No Family medication consent form (basic, intermediate and comprehensive)

Yes No Medication documentation form (known as a MAR) (intermediate and comprehensive)
Yes No Nurse delegation form (comprehensive)

7. Do you have at least one employee file with the required pre-hire documentation, including job screening, reference checks, signed job description and completed criminal history check (and weigh test if applicable)?

Yes No

8. Do you have at least one employee file with the required orientation documentation, containing all the requirements of the rule?

Yes No

9. Do you have at least one employee file with the required caregiver training documentation?

Yes No

10. If you are applying for medication services has the caregiver received the required medication training?

Yes No

11. Do you have at least one employee file with the required competency documentation (including required return demonstration competency evaluation if applicable)?

Yes No

12. Do you understand that the agency must have at least one caregiver completely ready to provide the requested level of services in order for a survey to be scheduled?

Yes No

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971-673-0540
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Mr. Joe Example
Example In-Home Care
800 NE Oregon St
Portland, OR 97232

RE: Request for initial in-home care agency licensure

Dear Mr. Example:

This office has reviewed your initial in-home care agency licensure request. Your application packet is determined to be substantially insufficient.

Insufficient: Please revise and resend the following information:

[ ] Resume insufficient: An administrator's resume must:

[ ] Administrator application or resume missing: Include a resume for your administrator, with the following requirements:

- Must be a current resume
- Must show evidence of at least two years of professional* or management* experience in a health related field or program
- Resume needs to include:
  -the employer's name and location,
  -the dates of employment including month and year,
  -the title of the position held, and
  -the detailed description of duties performed
- Must show evidence of high school diploma or equivalent

* These terms are defined in OAR 333-536-0005(13) & (21)

The resume submitted to this office does not contain the requirements listed above. If the administrator has the required experience and qualifications please send a new resume that reflects the requirements. If the administrator does not have the required

experience and qualifications you will need to find a new administrator in order to be licensed.

[ ] Policies and procedures insufficient: Based on the courtesy review of the policies and procedures submitted it was determined that they did not demonstrate compliance with the applicable Oregon Administrative Rules (OARs). Some/Many/All are not acceptable for the following reason(s):

[ ] Consist primarily of a reiteration of OAR language which does not constitute policies and procedures.

[ ] Policy statements are not clear or not evident.

[ ] Procedures, which describe the steps necessary to carry out policies, are not clear or not evident.

[ ] All requirements contained in the applicable OARs are not addressed.

[ ] Language contained in some documents submitted contradicts applicable OAR requirements.

[ ] Language contained in some documents submitted contradicts language in other documents submitted.

[ ] Applicable or referenced forms were not submitted for review.

[ ] Provisions for all required documentation was not clear or evident in policies or procedures or forms.

[ ] Other:

********Note for Basic classification applicants only********

The licensure classification of "Basic" requires compliance with OAR 333-536-0075(1) & (10). These requirements include the receiving the medication training on the required topics and a return demonstration competency evaluation for each topic. The training and competency evaluation must be documented as required under OAR 333-536-0075, and must be completed by a "qualified individual." "Qualified individuals" are defined in rule under OAR 333-536-0005(23).

The examples above are not an exhaustive list of all the revisions that need to be made before the policies and procedures are in compliance. They are meant to

highlight specific non-compliant information contained in the documentation submitted. Please ensure that you make all the revisions necessary, including those stated in the examples above.

Please send this requested documentation within 60 days or contact this office to make other arrangements. If we do not hear from you we may consider your application packet withdrawn. If your application packet is withdrawn you may reapply at any time. Your packet will not be considered until we receive the requested additional information.

Send requested information to:
Attention: IHC Survey Team
Health Facility Licensing and Certification
800 NE Oregon St. #465
Portland, OR 97232

The policies and procedures sent to this office cannot be returned after licensure. The length of the in-home care agency initial licensure process varies depending on multiple factors such as whether or not the application is complete, whether or not additional information needs to be submitted, current work load and availability of resources necessary to complete the request review, etc. Therefore, it is not possible to establish specific time frames. Due to the large volume of applications received, please email all inquiries to mailbox.hclc@state.or.us (attention IHC Survey team).

Sincerely,

IHC Surveyor Team
Oregon Health Authority
Public Health Division
Health Facility Licensing and Certification

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY 711

Health Facilities Licensing and Certification
800 NE Oregon Street, Suite 465
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

In-Home Care Agency Initial Survey Exit Checklist

Health Facilities Licensure and Certification Program surveyor(s) are conducting an initial licensure survey of your in-home care agency as required by the Oregon Administrative Rules (OARs), Chapter 333, Division 536. The purpose of this survey is to evaluate the agency's compliance with the applicable OARs. The survey checklist below indicates your agency's level of compliance. Items checked in the "Not Met" column need revisions and the revisions need to be reviewed by the surveyor.

Agency: Date:

Agency Representatives:

Classification Requested: Surveyor(s):

Start time: End time: ☐ First Survey ☐ Second Survey

NOTES:

_____

_____

_____

_____

Policies and Procedures/Admin Designee

Met	Not Met	Requirement(s)	Notes
☐	☐	Traveling with a client: P&P includes required elements: 333-536-0050(2)(D)	
☐	☐	Agency policies and procedures ensure all the required elements: 333-536-0050(8)(b)	
☐	☐	Qualified designee: meets all requirements in 333-536-0050(7) & 333-536-0050(6) [in writing/qualified]	

1. PERSONNEL Record Review

Employee's title:			
Circle: CNA CMA RN LPN - Is OSBN lic/cert. current? 333-536-0050(9)			
Met	Not Met	Requirement(s)	Notes
☐	☐	Caregiver orientation: Date completed and includes the required topics: 333-536-0070(3)(a)	
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Caregiver training: Date completed and includes at least: 333-536-0070(4)(a) (A) Caregivers' duties and responsibilities; (B) Recognizing and responding to medical emergencies; (C) Dealing with adverse behaviors; (D) Nutrition and hydration, including special diets, meal preparation and service; (E) Appropriate and safe techniques in personal care tasks; (F) Methods and techniques to prevent skin breakdown, contractures, and falls; (G) Hand washing and infection control; (H) Body mechanics; (I) Maintenance of a clean and safe environment; and (J) Fire safety and non-medical emergency procedures.	
☐	☐	Caregiver training documentation: Content, length, dates and names and signatures of instructors (maintained in employee record) 333-536-0070(4)(b)	
☐	☐	Competency evaluation: Methods and date completed 333-536-0070(4)	
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Medication training: Date completed and includes at least: 333-536-0075(10)(a) (A) Medication abbreviations; (B) Reading medication orders and directions; (C) Reading medication labels and packages; (D) Setting up medication labels and packages; (E) Administering non-injectable medications: (i) Pill forms, including identification of pills that cannot be crushed; (ii) Non-injectable liquid forms, including those administered by syringe or dropper and eye and ear drops; (iii) Suppository forms; and (iv) Topical forms. (F) Identifying and reporting adverse medication reactions, interactions, contraindications and side effects; (G) Infection control related to medication administration; and (H) Techniques and methods to ensure safe and accurate medication administration.	

Met	Not Met	Requirement(s)	Notes
☐	☐	Medication training documentation: Content, dates, length, qualified entity or individual, and instructor's statement 333-536-0075(10)(c)	
☐	☐	Medication competency evaluation: Methods, including return demonstration, qualified entity and date completed 333-536-0075(10)	
☐	☐	Continuing Education: Minimum 6 hrs annually 333-536-0070(5)	
☐	☐	If CG provides medication administration: One additional hour of CE related to medications 333-536-0070(5)	
☐	☐	Criminal records check vendor's name & state where business located:	
☐ ☐	☐ ☐	If Oregon DHS Background Check Unit is not used, the CRC vendor meets qualifying criteria: 333-536-0093(6) (6)(b)(A) Accredited by the National Association of Professional Background Screeners (NAPBS) OR (6)(b)(B) (i) Has been in business for at least 2 yrs; (ii) Has a current business license & private investigator license if required in the company's home state; and (iii) Maintains an errors and omissions insurance policy in an amount not less then $1 million.	
☐	☐	Was the criminal records check completed prior to hire date? 333-536-0093(2)	
☐	☐	CRC includes required elements: 333-536-0093(8) Name & address history trace conducted	
☐	☐	Records correctly identified via date of birth and social security number trace	
☐	☐	Local check conducted, including city and county records for last seven years	
☐	☐	Nationwide multi-jurisdictional search, including state and federal records	
☐	☐	Nationwide sex offender registry search completed	
☐	☐	Name & contact information of vendor	
☐	☐	Arrest, warrant & conviction data including charges, jurisdiction, & date	
Met	Not Met	Requirement(s)	Notes

☐	☐	LEIE (List of Excluded Individuals and Entities) query conducted and documented? 333-536-0093(9)	
☐	☐	Were there ORS 443.004(3) crimes identified? 333-536-0093(3)	
☐	☐	Weighing test documentation: 333-536-0093(4)	

2. CLIENT Record Review

Name of Client:			
Start of Service Date:			
Client's Date of Birth:			M☐ F ☐
Met	Not Met	Requirement(s)	Notes
☐	☐	Disclosure Statement & Clients Rights: Accurate/complete, signed/dated by client or rep, and includes: 333-536-0055(2) (a) A description of the license classification, services offered by the agency, extent of registered nurse involvement in the agency's operations and whether nursing services as described in OAR 333-536-0080 are provided;	
☐	☐	(b) If the agency provides medication reminding or medication services, the qualifications of the individual(s) providing oversight of the agency's medication administration systems and the medication training and demonstration;	
☐	☐	(c) A clear statement indicating that it is not within the scope of the agency's license to manage the medical and health conditions of clients who are no longer stable or predictable;	
☐	☐	(d) The qualifications /training requirements determined by the agency for individuals providing direct client care;	
☐	☐	(e) The charges for the services provided by the agency;	
☐	☐	(f) A description of how the service plans are developed and reviewed and the relationship between the service plans and the cost of services;	
☐	☐	(g) A description of billing methods, payment systems, and due dates;	
☐	☐	(h) The policy for client notification of increases in the costs of services;	
☐	☐	(i) The agency's refund policy;	
☐	☐	(j) Criteria, circumstances, conditions which may result in termination of services by the agency and client notification of such;	
☐	☐	(k) Procedures for contacting agency administrator or designee during all of the hours during which services are provided; and	
☐	☐	(l) A copy of the client's rights as written in OAR 333-536-0060.	

Met	Not Met	Requirement(s)	Notes
		Client's Rights include as written: 333-536-0060(1)	
☐	☐	(a) The right to be treated with dignity and respect;	
☐	☐	(b) The right to be free from theft, damage, or misuse of one's personal property;	
☐	☐	(c) The right to be given the informed choice and opportunity to select or refuse service and to accept responsibility for the consequences;	
☐	☐	(d) The right to be free from neglect of care, verbal, mental, emotional, physical, and sexual abuse;	
☐	☐	(e) The right to be free from financial exploitation;	
☐	☐	(f) The right to be free from physical and chemical restraints;	
☐	☐	(g) The right to voice grievances or complaints regarding services or any other issue without discrimination or reprisal for exercising such rights;	
☐	☐	(h) The right to be free from discrimination in regard to race, color, national origin, gender, sexual orientation, or religion.	
☐	☐	(i) The right to participate in planning of the services and care to be furnished, any changes in the services and care, the frequency of visits, and cessation of services;	
☐	☐	(j) The right to have access to his or her client record;	
☐	☐	(k)The right to have client information and records confidentially maintained by the agency;	
☐	☐	(l) The right to be advised in writing, before care is initiated, of the charges for the services to be furnished, and the amount of payment that will be required from the client;	
☐	☐	(m) 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.	

Met	Not Met	Requirement(s)	Notes
☐	☐	Client's rights additional requirements: 333-536-0060(2) An agency shall provide each client with a written notice of the client's rights as a part of the disclosure statement, prior to furnishing care to a client. The client's rights notice shall also include:	
☐	☐	(a) Procedures for filing a grievance or complaint with the agency;	
☐	☐	(b) Procedures for filing a grievance or complaint with the Division, along with the telephone number and contact information of the Division; and	
☐	☐	(c) Notice that the Division has the authority to examine clients' records as part of the Division's regulation and evaluation of the agency.	
☐	☐	Current Service Plan: initial assessment conducted, signed and documented 333-536-0065(1)	
☐	☐	Current Service Plan: Within 7 days, signed and dated by administrator 333-536-0065(2)	
☐	☐	Current Service Plan: Specifies schedule of services and client-specific tasks to be conducted 333-536-0065(3)(a)&(b)	
☐	☐	Current Service Plan: Includes pertinent information about client's function and needs 333-536-0065(3)(c)	
☐	☐	Current Service Plan Changes: Changes to service plan documented and communicated 333-536-0065(4-5)	
☐	☐	Medication Reminders: What are "medication reminders" and how are they conducted? 333-536-0005(16) & 333-536-0045(2)	
☐	☐	Self-Direct Medication Reminder form: Is the client evaluated at start of service and every 90 days, how is it documented? 333-536-0045(2-4) (a) Documents the client's knowledge of the following information using a standardized form required by the Division:	
☐	☐	(A) The reason why each medication is taken;	
☐	☐	(B) The amount or dose of each medication that needs to be taken;	
☐	☐	(C) The route the medication needs to be taken; and	
☐	☐	(D) The time of day each medication needs to be taken.	
☐	☐	(b) Retains a copy of the standardized form, signed by the client, where an agency has determined the client can self administer medications.	
☐	☐	(3) An agency must evaluate whether a client can continue to self-direct at a minimum of every 90 days. If it is determined that a client can no longer self-direct, arrangements shall be made to transfer the client to an agency with a higher license classification within 30 days if the agency providing current services is not classified as such.	
☐	☐	(4) All documentation required in sections (2) and (3) of this rule shall be kept in the client's record.	

Met	Not Met	Requirement(s)	Notes
☐	☐	Initial Site Visit: Conducted between the 7th and 30th day after start of service 333-536-0065(6)	
☐	☐	Monitoring Visits: Conducted quarterly and documented as required 333-536-0065(7) & (8)	
☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	Monitoring Visits: Documentation reflects whether 333-536-0065(9) (a) Appropriate and safe techniques have been used in the provision of care; (b) The service plan has been followed as written; (c) The service plan is meeting the client's needs or needs to be updated; (d) The caregiver has received sufficient training for the client; (e) The client is satisfied with his or her relationship with the caregiver(s); and (f) Appropriate follow-up is necessary for any identified issues or problems.	
☐	☐	Documentation of all services provided: Paper and electronic records reflect provisions of all services 333-536-0085(2)(h)	
☐	☐	What is the difference between Medication Assistance & Administration? 333-536-0005(14) & (15)	☐Assistance ☐Administration
☐	☐	Medication Services reflected in Service Plan: Service plan specifies the medication services and tasks to be provided and who is responsible for the tasks 333-536-0075(5)	
☐	☐	Medication Set-up by client or family: Signed agreement from client, rep or family, includes list of medications and physical description of each with special instructions 333-536-0075(2)	
☐	☐	Medication Services Physician Orders: Written and telephone orders accurate/complete and appropriately signed and dated 333-536-0075(3)	
☐	☐	All Medication Services documented: Paper and electronic records reflect provision of all medication tasks and services including filling of secondary containers (set-up) and medication assistance 333-536-0075(8)	

Met	Not Met	Requirement(s)	Notes
		Medication Services: Packaging and Labeling 333-536-0075(7)	
☐	☐	(a) Prescription medications shall be in the original pharmacy containers and clearly labeled with the pharmacists' labels.	
☐	☐	(b) Samples of medications received from the physician or practitioner shall be in the original containers and have the original manufacturers' labels.	
☐	☐	(c) Over-the-counter medications shall be in the original containers and have the original manufacturers' labels.	
☐	☐	(d) Secondary containers and all removable compartments must be labeled with the client's name, the specific time the medications in each compartment are to be administered, the date and time the secondary container was filled, and the name of the individual who filled the container.	
☐	☐	(e) Liquid and non-pill medications that cannot be put in secondary containers shall be appropriately labeled.	
		Medication Administration documented on MARs to include for EACH medication at least: 333-536-0075(6)	
☐	☐	*Name with strength;	
☐	☐	*Dosage;	
☐	☐	*Route;	
☐	☐	*Frequency;	
☐	☐	*Client specific instructions for PRNs; and	
☐	☐	*Other special instructions necessary for safe and appropriate administration.	
☐	☐	The MAR shall also identify and list the client’s medication allergies and sensitivities.	
		Medication Services: Administrator/owner provisions 333-536-0075(4)	
☐	☐	(a) Provisions to ensure that each client receives the right medication, in the right amount, by the right route, and at the right time;	
☐	☐	(b) Provisions to ensure that the caregivers are informed about the potential adverse reactions, side effects, drug-to-drug interactions and food-to-drug interactions, and contraindications associated with each client's medication regimen;	
☐	☐	(c) Provisions to ensure that the caregivers promptly report problems or discrepancies related to each client's medication regimen to the caregivers' supervisor, agency administrator or designee;	
☐	☐	(d) Provisions to ensure storage of medications at appropriate temperatures based on the manufacturer’s recommendations; and	
☐	☐	(e) Provisions to ensure the security and integrity of narcotics and controlled substances.	
☐	☐	RN Evaluation of client’s med regimen: Conducted & documented every 90 days 333-536-0075(9)	

Met	Not Met	Requirement(s)	Notes
☐	☐	If Nursing Services provided complete this section: Who provides nursing services?	Circle all that apply: RN provides LPN provides CG provides del. tasks
☐	☐	Nursing Services reflected in Service Plan: Service plan specifies the nursing services tasks to be provided and who responsible for tasks 333-536-0080(1)	
☐	☐	Nursing Services Physician Orders: Written and telephone orders accurate/complete and appropriately signed and dated 333-536-0080(5)	
☐	☐	Nursing Services documented: Paper and electronic records reflect provision of all nursing tasks and services including those provided by RNs, LPNs, and delegated tasks by CGs 333-536-0080(4)	
☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	RN Delegation doc. per OSBN OARs in Chapter 851, Division 047, including: 333-536-0080(2) *Assessment of client condition; *Rationale for deciding that the task of nursing care can be safely delegated; *Skills, ability and willingness of the unlicensed person; *Teaching of the task to the unlicensed person; *The written instructions left for the unlicensed person; *Evidence that the unlicensed person was instructed that the task is client specific and not transferable to any other client; *How frequently the client should be re-assessed by the RN for continued delegation; *How frequently the unlicensed person should be supervised and re-evaluated by the RN; *A statement that the RN takes responsibility for delegation of the task to the unlicensed person and for continued supervision. (OSBN OARs in Chapter 851, Division 047)	
☐ ☐	☐ ☐	RN Reassessment of client and Supervision and Re-evaluation of CG: 333-536-0080(2) *Within 60 days of initial delegation; *Thereafter at intervals at intervals not longer than 180 days. (OSBN OARs in Chapter 851, Division 047)	
☐	☐	Changes to Delegation of Tasks: Delegations rescinded or transferred 333-536-0080(2) (OSBN OARs in Chapter 851, Division 047)	
☐	☐	Delegated CGs on Service Plan: 333-536-0080(3)	

3. Quality Assessment and Performance Improvement Program

Met	Not Met	Requirement(s)	Notes
		QAPI Program: establish and maintain an effective, agency wide quality assessment and performance improvement program that evaluates and monitors the quality, safety and appropriateness of services provided by the agency, and shall include at a minimum: 333-536-0090(1-4)	
☐	☐	A method to identify, analyze and correct adverse events;	
☐	☐	A method to select and track quality indicators by high risk, high volume, problem prone areas and by the effect on client safety and quality of care;	
☐	☐	The quality improvement activities shall be conducted by a committee comprised of, at a minimum, agency administrative staff, an agency caregiver, and if the agency is classified as an intermediate or comprehensive agency, an agency registered nurse; and	
☐	☐	Quality improvement activities shall be conducted and documented at least quarterly.	

4. Complaint and Grievance Process

Met	Not Met	Requirement(s)	Notes
		Complaint Process: Ensuring the timely internal investigation of complaints, grievances, accidents, incidents, medication or treatment errors, and allegations of abuse or neglect involving individuals providing services for the agency 333-536-0050(8)(i)	
☐	☐	An agency shall maintain in its records documentation of the complaint or event,	
☐	☐	the investigation,	
☐	☐	the results, and	
☐	☐	actions taken	
		Complaint Process: Ensuring the timely reporting of allegations of abuse or neglect to the appropriate authority 333-536-0050(8)(j)	
☐	☐	the Department of Human Services,	
☐	☐	Oregon Health Authority,	
☐	☐	Public Health Division,	
☐	☐	local law enforcement agency, or	
☐	☐	other	

5. Next Steps

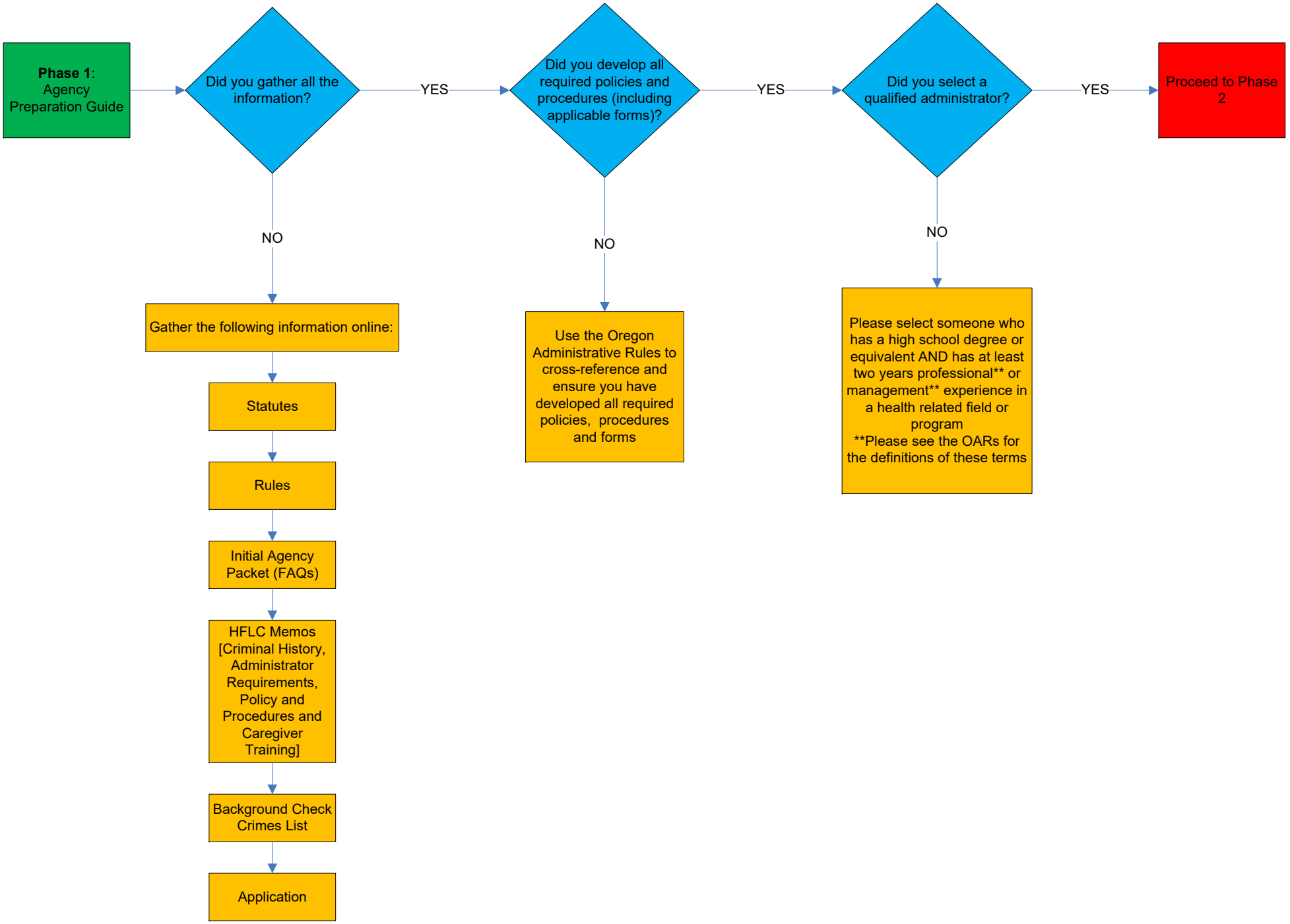
☐ Survey Completed No Deficiencies Classification Approved:_____	Your agency can provide services equal to the licensure classification approved. A paper license will be sent within 14 days. This form can provide proof of licensure until the paper license is received by the agency.
☐ Survey Completed with Minimal Deficiencies (5 or fewer deficiencies cited)	Your agency needs to revise the policies, procedures and forms in the topics with a checkmark above. These documents need to be submitted to the surveyor within 14 days from today's date. Once those documents have been reviewed, you will be contacted by the surveyor.
☐ Survey Completed with Substantial Deficiencies (approximately 6-10 deficiencies cited)	First Survey: Your agency has substantial deficiencies (approximately 6-10). Use this form to revise the policies, procedures and forms necessary to be in compliance with IHC OARs Division 536. Once you have made the required revisions, fill out, sign and send the 2nd attestation form given to you at the end of this survey. The 2nd attestation form must be submitted within 60 days from today's date. Second Survey: The HFLC IHC Survey Team will meet and determine final outcome. The applicant will be notified of the determination in writing.

Site Visit Requirement: An onsite visit must be completed to ensure compliance client record compliance 333-536-0085(5-6): ☐ A client record shall be maintained in a manner that renders it easily retrievable. ☐ Reasonable precautions must be taken to protect a client's record and information from unauthorized access, fire, water, and theft.	Date of site visit or photo*: _____ *For remote locations, a bench review may be offered if the facility provides photographs of the client file storage with embedded geo tags.

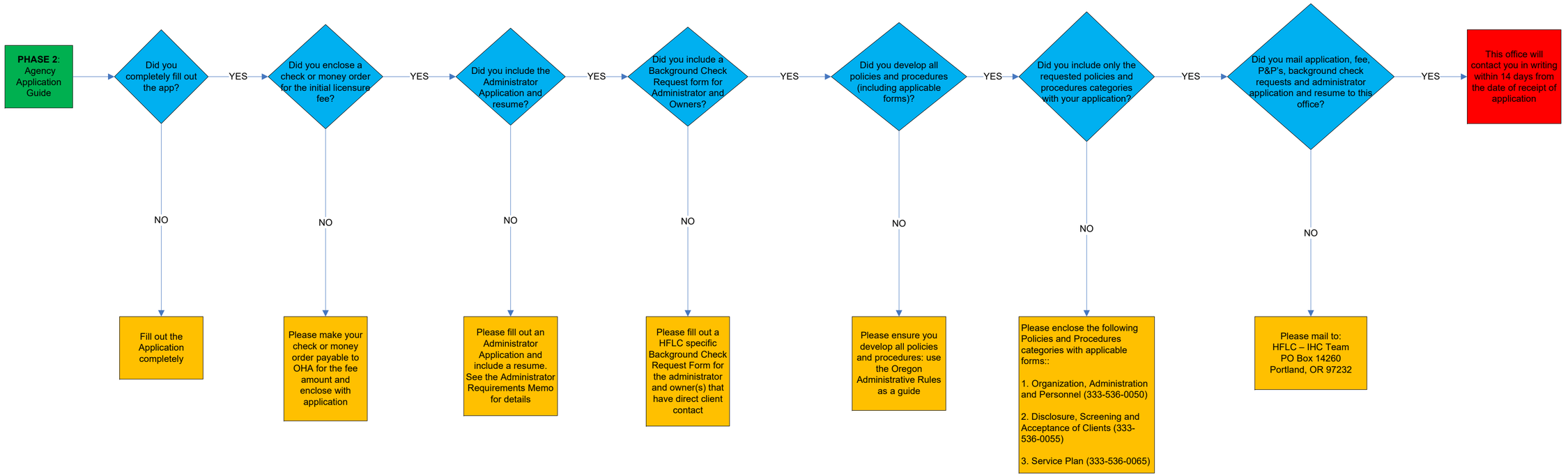
Would the agency like to add any email addresses to the HFLC IHC email service (listserv)? ☐ Yes [insert email address to the right] ☐ No	_____ _____ _____ _____ _____

Attach surveyor business card here

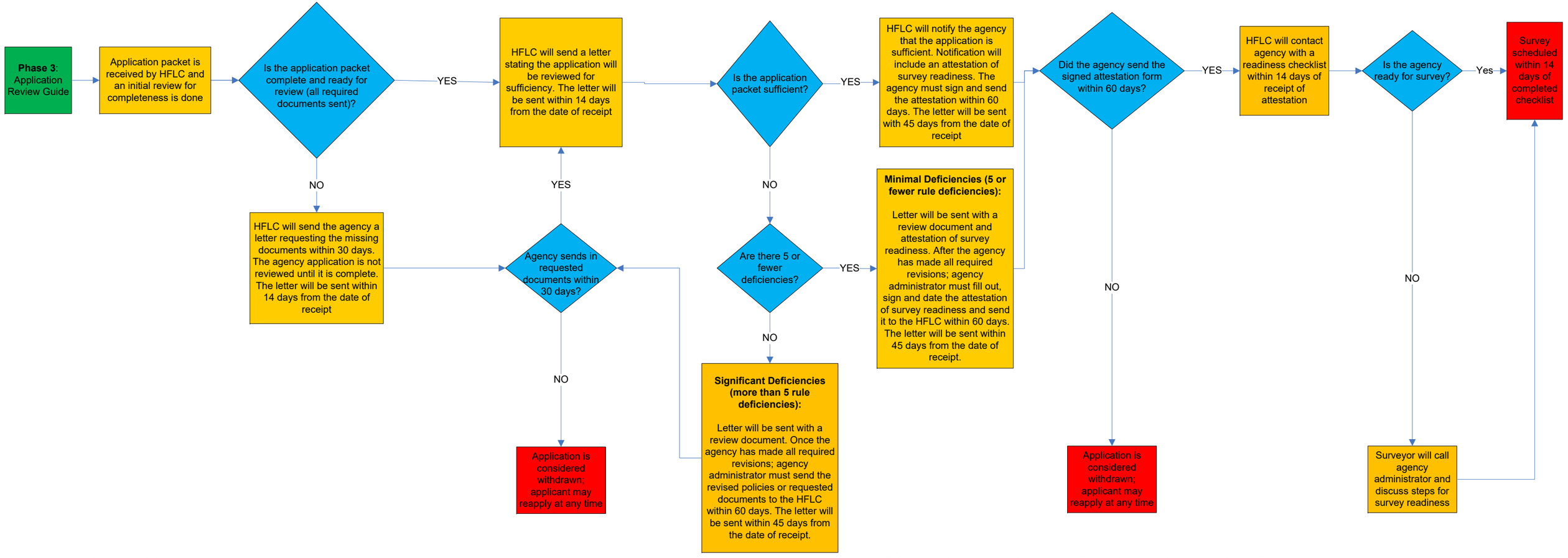
In Home Care Agency Initial Licensure Flowchart - Phase 1 Agency Preparation Guide



In Home Care Agency Initial Licensure Flowchart - Phase 2 Agency Application Guide



In Home Care Agency Initial Licensure Flowchart - Phase 3 Application Review Guide



In Home Care Agency Initial Licensure Flowchart - Phase 4 Initial Survey Guide