 OREGON
HEALTH
AUTHORITY

Memorandum

To: Oregon In-home Care Agencies (IHC)

From: In-Home Care (IHC) program

Date: Updated 08/01/2025

Subject: IHC Initial Application FAQs and Information

In-Home Care (IHC) Agency Initial Licensure Frequently Asked Questions

Notice Regarding Processing Times for In-Home Care Initial Applications

The IHC program is experiencing a substantial increase in the submission of initial applications for in-home care licensure. Due to this increase, application processing times are currently taking six to nine months.

Please note that all applications are reviewed and processed in the order in which they are received.

Transition to Online Licensing System

Effective May 12, 2025, all initial applications must be submitted through our new online licensing portal at www.hflclicensing.oregon.gov. Paper submissions will no longer be accepted after this date.

For questions or additional information, please contact our office via email at mailbox.inhomecare@oha.or.gov.

1. What is an In-Home Care Agency?

An in-home care agency (IHC) is an agency primarily engaged in providing in-home care services (including personal grooming, mobility assistance, nutrition/hydration assistance and others) for compensation to a client in the

client's place of residence. IHCs are not home health agencies because they do not provide home health services as defined in the Oregon Revised Statutes ([ORS 443.014](#)).

2. Who must be licensed?

You must become licensed as an IHC if you are providing in-home care services (as defined in OAR 333-536-0045) and doing one or more of the following: 1) scheduling caregivers and 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](#).

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 IHCs provide?

Types of services that IHCs 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. IHCs 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 statutes and rules that govern IHCs?

Oregon Revised Statutes (ORSs) can be found online at [healthoregon.org/hflc](#).

Oregon Administrative Rules (OARs) can be found at [healthoregon.org/hflc](#).

5. What do I need to do to apply for an IHC License?

Read and understand all OARs found online at [healthoregon.org/hflc](#). Please note that the OARs for IHC licensure were revised and effective on October 23, 2023. All initial applicants will need to have policies, procedures, and forms that comply with the revised OARs.

Apply for licensure at the online portal – [www.hflclicensing.oregon.gov](#). You will first have to sign up by choosing the "Let's Get Started!" button, and then choosing "sign up now".

Include the following information/documentation/copies:

- A current resume for your administrator which:

  o Includes evidence of at least two years of professional[1] or management experience in a health-related field or program (degree, certification, and/or licensure copies/proof/documentation must be attached); and

  o Includes:

    - Employer's name and location

    - Dates of employment, including month and year

    - Title of the position(s) held

    - Detailed description of duties performed

  o Attach evidence of high school diploma or equivalent

Attach a HCRQI Background Check Request Form for any owner(s) or administrator that will have direct contact with clients. Develop **ALL** policies and procedures (including associated forms, such as the service plan form, disclosure form, etc.). Attach your agency policies and procedures with applicable forms covering all rule components within the specific OARs. Complete and attach the IHC Initial Checklist (located on pages 8-12 of these FAQs). You must also pay the fee online or via a check made payable to Oregon Health Authority.

In-Home Care Fees		
Initial Parent Licensure	Limited	$2,000
	Basic	$2,250
	Intermediate	$2,500
	Comprehensive	$3,000
Initial Subunit Licensure	All classification types	$1,250
Yearly Parent Renewal	Limited	$1,000
	Basic	$1,000
	Intermediate	$1,250
	Comprehensive	$1,500
Yearly Subunit Renewal		$1,000

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[1] These terms are defined in rule: OAR 333-536-0005

Ownership Change		$350
Subunit Ownership Change	All classification types	$350

Incomplete applications cannot be submitted and will not be processed until complete.

6. When does the survey happen and what does a survey involve?

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 agreed upon by the agency and the surveyor who will conduct the survey.

During the initial survey you will need to have all your policies and procedures identified in OARs ready for review by the surveyor.

All policies and procedures should be well-organized and easily identifiable for the IHC surveyor to review. Please ensure that you have created all IHC-required policies and procedures. Additional information regarding this can be found at healthoregon.org/hflc.

For reference, definitions of a policy and a procedure is below.
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 (the agency will receive more detailed instruction for mock client files when the survey is scheduled):

- The agency's policies and procedures for operating and providing services as an In-Home Care Agency in Oregon. This includes the policies and procedures identified by the OAR Division 536, Chapter 333. Please use the IHC OARs to ensure that you have developed policies, procedures, and forms for all of the IHC OARs.

    For example, the agency may have a policy that requires all caregivers be trained to provide medication administration. Procedures are then be

developed which reflect how that training requirement will be carried out with details of content, frequency, competency testing, etc.

- Forms created to provide documented evidence that the training requirements, as specified in the procedures, have been met for each caregiver.
- Quality Improvement Program Plan which demonstrates an assurance of compliance with the OARs for IHCss and the agency's own policies and procedures.

- A mock client record, which contains all documents and forms to be used by the agency. The record must demonstrate compliance with the OARs for IHCs and the agency's own policies and procedures.

- At least one caregiver record for staff who has been hired, trained and determined to be competent and ready to provide IHC services. These records must contain evidence of all applicable pre-screening, health, qualifications, training, and orientation required by the OARs for IHCs 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 deficiencies that need correction before a license is granted:

- You will receive a list of required corrections to your application
- These corrections must be completed prior to licensure
- When corrections have been completed, notify the In-Home Care program and submit the corrected information
- Once corrections are received, the IHC program will re-evaluate your application.

If your agency is substantially out of compliance with Chapter 333, Division 536 of the OARs, your application may be denied.

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, including 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 length of the IHC 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 workload, and availability of resources necessary to complete the request review, etc.

Due to the large volume of applications received, it is not possible to establish specific time frames. If you have questions regarding the status of your application, please send your inquiry to mailbox.inhomecare@odhaoha.oregon.gov.

11. Where can I get more information?

In addition to the IHC program, you may consider contacting one of the associations below. These associations 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. All abuse reporting can be made to the main hotline at 1-855-503-SAFE (7233). Programs can also be directly contacted, see contact information listed below:

Elder[2] Abuse Reporting
If you suspect abuse, neglect, or financial exploitation of an elderly person or an adult with physical disabilities, report abuse or neglect to the Oregon Department of Human Services (ODHS) office in your area. A link to ODHS offices in your area can be found here.

Child[3] Abuse Reporting
To report suspected child abuse, call the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233). Additional information can be found on ODHS's Abuse website.

Developmentally Disabled Persons Abuse Reporting
If you suspect abuse, neglect, or financial exploitation of an adult with developmental disabilities, report abuse or neglect to your county developmental disability program.

Adult with Mental Illness Abuse Reporting
If you suspect abuse, neglect, or financial exploitation of an adult with mental illness, report the abuse to your county mental health program.

IHC Complaint Reporting
Oregon Health Authority - Public Health Division
In-Home Care Program
800 NE Oregon St. #465
Portland, OR 97232
Phone: (971) 673-0540
Fax: (971) 673-0556

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[2] An Elder is defined as any person 65 years of age or older.

[3] A Child is defined as an unmarried person who is under 18 years of age.

Email: mailbox.inhomecare@odhsoha.oregon.gov
[HCRQI Complaint Form](#)

Health Facilities Licensing and Certification
800 NE Oregon Street, Suite 465
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)
mailbox.inhomecare@odhsoha.oregon.gov

IHC Initial Checklist

Prospective licensees must develop agency specific policies and procedures (including associated forms or documentation, such as the initial assessment form, disclosure form, etc.) to address and ensure compliance with the In-Home Care (IHC) Oregon Administrative Rules (OARs), Chapter 333, Division 536. Please include the policies, procedures, and forms that demonstrate compliance with the requirements listed below. Fill out the page numbers of this form and include the completed form with the policies and procedures.

OAR 333-536-0005 Definitions

☐Abuse Policy [Page #:_____]
☐Abuse Procedure [Page #:_____]
☐Abuse Reporting Form/Documentation [Page #:_____]
☐Qualified Trainer/Qualified Individual/Qualified Entity Policy [Page #:_____]
☐Qualification Determination Form/Documentation [Page #:_____]
☐Include all IHC Rule definitions in a "definitions page" available for reference [Page #:_____]

OAR 333-536-0045 Services Provided

☐Services provided, including Safe Provision Policy [Page #:_____]
☐Services provided, including Safe Provision Procedure [Page #:_____]
☐Medication Reminding, Assisting, and if pertinent, Administration Policy [Page #:_____]
☐Medication Reminding, Assisting, and if pertinent, Administration Procedure [Page #:_____]
☐Client Medication Self-Direct Evaluation and Determination Form [Page #:_____]

OAR 333-536-0050 Organization, Administration, and Personnel

☐Agency Owner Policy [Page #:_____]
☐Agency Owner Procedure [Page #:_____]
☐Agency Administration Policy [See OAR 333-536-0052] [Page #:_____]
☐Agency Administration Procedure [See OAR 333-536-0052] [Page #:_____]
☐Agency Geographic Service Area Policy [See OAR 333-536-0005] [Page #:_____]
☐Agency Geographic Service Area Procedure [See OAR 333-536-0005] [Page #:_____]
☐Branch/Subunit Policy [See OAR 333-536-0005] [Page #:_____]
☐Branch/Subunit Procedure [See OAR 333-536-0005] [Page #:_____]

☐Travel Outside the Geographic Service Area Policy, including reporting requirements in [See OAR 333-536-0050] [Page #:_____]
☐Travel Outside the Geographic Service Area Procedure, including reporting requirements in [See OAR 333-536-0050] [Page #:_____]
☐Travel Form/Documentation [Page #:_____]

OAR 333-536-0051 Policies and Procedures

☐Complaints, Incidents, and Accidents Policy [Page #:_____]
☐Complaints, Incidents, and Accidents Procedure [Page #:_____]
☐Form/Documentation of Incident Investigation, with results and actions taken) [Page #:_____]
☐Preemployment Policy [Page #:_____]
☐Preemployment Procedure [Page #:_____]
☐Notification Requirements Policy [Page #:_____]
☐Notification Requirement Procedure [Page #:_____]
☐Client Records Policy [Page #:_____]
☐Client Records Procedure [Page #:_____]
☐Infection Control Policy [Page #:_____]
☐Infection Control Procedure [Page #:_____]
☐Nursing Services (Comprehensive) Policy [Page #:_____]
☐Nursing Services (Comprehensive) Procedure [Page #:_____]
☐QAPI Policy [See OAR 333-536-0090] [Page #:_____]
☐QAPI Procedure [See OAR 333-536-0090] [Page #:_____]
☐QAPI Form/Documentation [Page #:_____]

OAR 333-536-0052 Administrator

☐Administrator Policy [Page #:_____]
☐Administrator Procedure [Page #:_____]
☐Change In Condition Policy [Page #:_____]
☐Change In Condition Procedure [Page #:_____]
☐Change In Condition Form/Documentation [Page #:_____]

OAR 333-536-0053 Personnel Records

☐Personnel Record Policy [Page #:_____]
☐Personnel Record Procedure [Page #:_____]
☐Position Description Form/Documentation [Page #:_____]
☐Fitness Determination Form/Documentation [Page #:_____]
☐Annual Performance Form/Documentation [Page #:_____]

OAR 333-536-0055 & 0060 Disclosure, Screening and Acceptance of Clients & Client's Rights

☐Disclosure Policy [Page #:_____]
☐Disclosure Procedure [Page #:_____]
☐Disclosure Statement Form/Documentation [Page #:_____]
☐Client's Rights Form/Documentation [Page #:_____]
☐Service Agreement Form/Documentation [Page #:_____]

OAR 333-536-0065 Service Plan

☐Service Plan Policy [Page #:_____]
☐Service Plan Procedure [Page #:_____]
☐Service Plan Form/Documentation [Page #:_____]
☐Initial Evaluation Policy [Page #:_____]
☐Initial Evaluation Procedure [Page #:_____]
☐Initial Evaluation Form/Documentation [Page #:_____]

OAR 333-536-0066 Initial Visit and Monitoring

☐Initial Visit Policy [Page #:_____]
☐Initial Visit Procedure [Page #:_____]
☐Initial Visit Form/Documentation [Page #:_____]
☐Quarterly Visit Policy [Page #:_____]
☐Quarterly Visit Procedure [Page #:_____]
☐Quarterly Visit Form/Documentation [Page #:_____]

OAR 333-536-0070 Caregiver Training

☐Caregiver Qualifications and Requirements Policies [Page #:_____]
☐Caregiver Qualifications and Requirements Procedures [Page #:_____]
☐Caregiver Orientation Form/Documentation [Page #:_____]
☐Caregiver Training Form/Documentation [Page #:_____]
☐Caregiver Medication Training Form/Documentation (Basic, Intermediate, Comprehensive) [Page #:_____]
☐Caregiver Return Demonstration Competency Evaluation Form/Documentation (Basic, Intermediate, Comprehensive) [Page #:_____]
☐QT/QE/QI Verification and Qualifications [Page #:_____]
☐Competency Exam Form/Documentation [Page #:_____]
☐Annual CEU Form/Log [Page #:_____]

OAR 333-536-0075(1-2)(4-6) Medication Services (Basic, Intermediate and Comprehensive)

☐Medication Services Policy [Page #:_____]
☐Medication Services Procedure [Page #:_____]

OAR 333-536-0075(3) Medication Services – Medication Administration (Intermediate and Comprehensive)

☐Medication Administration Record (MAR) Form/Documentation [Page #:_____]
☐Narcotics Count Form/Documentation [Page #:_____]
☐90-day RN Review Policy [Page #:_____]
☐90-day RN Review Procedure [Page #:_____]
☐90-day RN Review Form/Documentation [Page #:_____]

OAR 333-536-0080 Nursing Services (Comprehensive)

☐Nursing Services Policy [Page #:_____]
☐Nursing Services Procedure [Page #:_____]
☐Stable and Predictable Form/Documentation [Page #:_____]
☐Nursing Delegation Form/Documentation [Page #:_____]

OAR 333-536-0082 Infection Control

☐Infection Control Policy [Page #:_____]
☐Infection Control Procedure [Page #:_____]
☐Active Surveillance/investigation Form/Documentation [Page #:_____]
☐PPE Availability and Access Information [Page #:_____]

OAR 333-536-0085 Client Records

☐Client Records Policy [Page #:_____]
☐Client Records Procedure [Page #:_____]
☐Documentation of Services Form/Documentation [Page #:_____]
☐End of Service Summary Form/Documentation [Page #:_____]

OAR 333-536-0090 Quality Assessment and Performance Improvement

☐QAPI Policy [Page #:_____]
☐QAPI Procedure [Page #:_____]
☐Meeting Minutes & Committee Form/Documentation [Page #:_____]

OAR 333-536-0093 Criminal Records Checks

☐Criminal Records Policy [Page #:_____]
☐Criminal Records Procedure [Page #:_____]
☐Fitness Determination Form/Documentation [Page #:_____]
☐Weighing Test Form/Documentation [Page #:_____]
☐IHC Background Check Crime List [Page #:_____]

In order for submitted policies and procedures to be acceptable, you must:

- Ensure policies and procedures do not only restate OAR language.
- Ensure policy statements are clear.
- Ensure you include clear procedures, which describe the steps necessary to carry out policies.
- Ensure all requirements contained in the applicable OARs are addressed.
- Ensure the language contained in the documents submitted do not contradict applicable OAR requirements.
- Ensure the language contained in the documents submitted do not contradict language in other documents submitted.
- Ensure applicable or referenced forms/documentation were submitted for review.

See "Policy and Procedure Memo," "Online Licensure Portal Memo," and other guidance and information online for more information (www.healthoregon.org/hflc)

If you have any questions or would like this memo in an alternative format, please email the IHC survey team at mailbox.inhomecare@odhsoha.oregon.gov.