

# Memorandum

**To:** Oregon In-home Care Agencies (IHC)

**From:** In-Home Care (IHC) program

**Date:** 5/5/2025

**Subject:** IHC Policy and Procedure Guidance

---

The purpose of this memo is to address the required policies and procedures for in-home care agencies.

Requirements for policies and procedures can be found throughout the Oregon Administrative Rules. The general requirements can be found at 333-536-0051. Other requirements can be found throughout the rules, including sections 0050, 0052, 0055, 0070, 0075, 0080, and 0093.

## **Definition of Policy and Procedure:**

It is important to understand that although policies and procedures are terms that are used interchangeably; they have some important differences.

**Policy** – A policy lays out what needs to be done.

*Ex:* The burger must be flipped at least twice (for another example see appendix a).

**Procedure** – A procedure describes who, when, where and how it should be done.

*Ex:* The cook will put the raw patty on the grill, and flip the burger the first time at 5 minutes with the green spatula. The cook will then flip the burger at 10 minutes with the red spatula. The lead cook will inspect every third burger for compliance (for another example see appendix b and c).

Included with this memo are examples of a policy (appendix a) and a procedure (appendix b & c). These examples are for informational use only, do not use these examples as a replacement for the agency specific policy and procedure you are required to develop.

## **Important Points:**

- Policies and procedures should be clear, concise and free of conflicting information.
- They should be grammatically correct, free of typos, neat and organized in an easily accessible fashion.
- If policies or procedures reference a form, the form should be kept with the policy or procedure (as an attachment).
- Your policies and procedures should match the actual practice of the agency. For example, if your policies and procedures state the agency only hires Certified Nursing Aides (CNAs) as caregivers, but your employee records contain caregivers who are not CNAs, your practice is out of compliance with the agency's documented policies and procedures. This may be included in the agency's survey statement of deficiencies report.
- Policies and procedures must be updated when Oregon Administrative Rules are revised or the agency's practice has changed.
- In order to keep changes to a minimum, use "titles" of positions not names.

## **More Information:**

More information can be found online by typing "policy and procedure" into the internet search engine of your choice.

## **Example In-Home Care Policy (appendix a)**

Policy Title: Initial Client Evaluation

Policy Number: 0065(1-2)

Version: 1.0

Approved by: Joe Administrator

Effective Date: 07/01/2021

Overview: Initial client evaluation requirement from OAR 333-536-0065.

Policy: The agency administrator or designee will conduct an initial evaluation of the client. The initial evaluation will consist of questions developed by the agency to assess a client's physical, mental and emotional needs. The initial evaluation will be conducted prior to accepting the client, to determine if the agency has the capabilities and resources to provide the services the client requires. The evaluation will be used to develop the client's service plan. The evaluation will be documented, dated, and signed by the individual who performed the client's assessment and will be placed in the client's agency record.

Procedure(s) that Apply: Initial Client Evaluation Procedure (0065(1-2))

Attachments or Form(s) that Apply: Client Assessment Form (Form 0065(1))

Contact: Joe Administrator (101) 555-1212

## **Example In-Home Care Procedure (appendix b)**

**Procedure Title:** Initial Client Evaluation

**Procedure Number:** 0065(1)PRO

**Policy Reference:** 0065(1-2)

**Version:** 1.0

**Draft status:** Approved

**Contact:** Joe Administrator (101) 555-1212

**Approved by:** Joe Administrator (101) 555-1212

**Implementation date:** 07/01/2021

**Posted date:** 07/01/2021

**Authority:** OAR 333-536-0065(1-2)

**Overview:** Example In-Home Care Agency will conduct an initial evaluation of the client.

Step	Responsible Party	Action
1.	Receptionist	Receives phone call, letter, email or in person request for services. Receptionist takes down the potential client's name and phone number and forwards to the administrator via email.
2.	Administrator	Receives email from reception with potential client information. Administrator sets up initial evaluation with potential client.
3.	Administrator or designee	Travel to potential client's home and use the "Client Assessment Form" (Form 0065(1)) to evaluate the client's physical, mental and emotional needs. The evaluation will be documented on the "Client Assessment Form" by the person conducting the evaluation. The "Client Assessment Form" will be signed and dated by the person conducting the evaluation.
4.	Administrator or designee	Will determine if the client is stable and predictable. Will determine if the agency can

		provide services for potential client and notify potential client of the evaluation outcome via a phone call.
5.	Administrator of designee/Potential Client	If the agency can provide services and the potential client hires Example In-Home Care Agency, the administrator will forward the evaluation documentation to the Client Care Coordinator.
6.	Client Care Coordinator	Will set up an appointment to visit client in the home and develop a service plan. Once the evaluation documentation is no longer needed, it will be forwarded to the Records Coordinator.
7.	Records Coordinator	Will ensure that the documentation is filed in the client's record. The documentation, including the "Client Assessment Form" will be retained in the client's agency record.

Role	Description
Receptionist	Front line employee; will initiate client evaluation.
Administrator (or designee)	Oversees and assigns all actions for client evaluation.
Client Care Coordinator	Coordinates service plan development from evaluation documentation.
Records Coordinator	Ensures the record requirements.

Terms	Definitions
Stable and Predictable	Means a situation where the client's clinical and behavioral state is known, not characterized by rapid

	changes, and does not require continuous reassessment and evaluation.

<b>Attachments or Supporting Documents</b>	<b><i>Client Assessment Form (0065(1)) (appendix c)</i></b>
Client Assessment Form	Client Assessment Form, Form 0065(1), Client Evaluation for physical, mental and emotional needs. Located in the shared drive: Sdrive/Clientdocs/Form0065(1)

<b>Procedure History</b>	<b>Date/Description</b>
Approved	07/01/2023

### **Client Assessment Form (0065(1)) (appendix c)**

[This form needs to be developed by the agency to correspond with the policy and procedure for Initial Client Evaluation. The form would contain all the necessary elements required to evaluate the client's physical, mental and emotional needs. The form would also need to be signed and dated by the individual who conducts the initial evaluation and maintained in the client's record.]



## 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 for more information ([www.healthoregon.org/hflc](http://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](mailto:mailbox.inhomecare@odhsoha.oregon.gov).