



**In-Home Care Program**  
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mailbox.inhomecare@odhsoha.oregon.gov

To: Oregon In-Home Care agencies

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

RE: **In-Home Care Change of Classification Request Instructions**

The purpose of this memo is to address the change of licensure classification request for IHC agencies.

The Oregon Administrative Rule (OAR) 333-536-0010(5)(a)(B) & (b)

In order to change an agency classification, the following documents are required:

1. Application: Complete and submit an in-home care agency application, found online in the application section of [www.healthoregon.org/hcrqi](http://www.healthoregon.org/hcrqi).
2. Policies and Procedures: Develop policies and procedures (including associated forms). Submit the agency's policies and procedures, with associated forms, which reflect compliance with the Oregon Administrative Rules (OARs) related to the requested services. These rules include, but is not limited to:
  - Medication Assistance 333-536-0070 & 0075 (needed for basic, intermediate, and comprehensive);
  - Medication Administration 333-536-0070 & 0075 (needed for intermediate and comprehensive);
  - Nursing Services 333-536-0080 (needed for comprehensive); and
  - Additional policies, procedures and forms effected by a change in licensure classification, including but not limited to, 333-536-0050, 0051, 0055, 0065 & 0090.

3. HCRQI Background Check Request Form: All owners and administrators that have direct contact with clients must submit this form. The form is online at [www.healthoregon.org/hcrqi](http://www.healthoregon.org/hcrqi), in the application and licensure section under in home care.
4. IHC Licensure Fee Change: Oregon Administrative Rule (OAR) revisions require new licensure fees, based on classification, for IHCs. Change of classification surveys will now require the difference between the current classification and the classification requested. Example: A licensed Limited classification agency requesting to change to a Comprehensive classification would submit a fee of \$500.00 (1500.00-1000.00) with their classification change request and documentation.

Send requested application and fee to:

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

Send requested policies and procedures to:

[mailbox.inhomecare@odhsoha.oregon.gov](mailto:mailbox.inhomecare@odhsoha.oregon.gov)

The policies and procedures sent to this office cannot be returned after licensure. The length of the change application 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 workload and availability of resources necessary to complete the request review, etc. Therefore, it is not possible to establish specific time frames.

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).