



In-Home Care Program
800 NE Oregon Street, Suite 465
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)
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 – Adding a Branch Location**

The purpose of this memo is to address the instructions for adding a branch to parent locations.

The Oregon Administrative Rule (OAR) 333-536-0050(3)

In order to request a branch location, an IHC application and the attached attestation form must be completed and sent to (there are no fees for branch location requests):

HFLC- IHC Team
800 NE Oregon #465
Portland, OR 97232

OR

mailbox.inhomecare@odhsoha.oregon.gov

Oregon Administration Rule (OAR) 333-536-0050(3) states:

3) If an agency operates a branch office:

(a) The site of the branch office must not exceed 60 miles from the location of the parent agency or subunit. The branch office is part of the agency or subunit and must be located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch to independently meet the requirements of an agency.

(b) The branch office shall be operated under the management and supervision of the parent agency or subunit in its geographic service area. Administrative and

personnel functions, including but not limited to scheduling, training and record maintenance, must be retained at the parent agency or subunit. The branch office must not function as an independent agency.

(c) Services must not be provided from the branch office until the branch office has been added to the license of the parent agency or subunit in accordance with Authority procedures.

Once you have completed the forms please return Them to In-Home Care Program, 800 NE Oregon St. #465, Portland, OR. 97232, fax to 971-673-0556 or email to mailbox.inhomecare@odhsoha.oregon.gov.

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.



Attestation for In-Home Care (IHC) addition of Branch Office

IHC Name _____ Date _____

IHC Administrator _____

New Branch Office Address _____

Phone _____ E-mail _____

of Branch Offices operated by the parent IHC, including this one _____

- 1. I have read and understand the IHC requirements set forth in ORS 443.305 to 443.350 and OARs Chapter 333, Division 536.
2. Written policies and procedures, including applicable forms and curriculums, to direct all administrative, personnel, and client care operations of the IHC, including for branch office operations, have been developed and implemented.
3. The branch office operated by the IHC will be managed, staffed, and supervised by the parent IHC. Systems to ensure that the parent IHC maintains control and oversight of this branch office have been developed and implemented.
4. I understand that the addition of this branch office does not allow the IHC to extend the provision of services beyond the geographic service area (60 miles) of the parent IHC.
5. The branch office location is not more than 60 miles from the parent office location.

I attest, under penalties of perjury, that this information is true, correct and complete. I assume full responsibility for the ongoing operations of the agency, including its branch office(s), and its compliance with all applicable OARs.

Signature _____ Date _____

Print Name _____ Title _____