

C O N T R A C T

DATE June 17, 1980

This Contract is between the State of Oregon, Department of Human Resources, Office of Elderly Affairs, hereinafter referred to as "OEA" and City of Portland hereinafter referred to as the "AUTHORIZED AGENCY or CONTRACTOR"; begins July 1, 1980, and ends June 30, 1981, and consists of the following documents, exhibits, and attachments which become an integral part of the contract document:

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This Contract, in the amount of \$ 510,898.00, shall not become effective until approved by the Executive Department, State of Oregon.

A G R E E D:

AUTHORIZED AGENCY'S/CONTRACTOR'S
NAME AND ADDRESS

City of Portland
1220 S.W. 5th Avenue
Portland, Oregon 97203

BY: _____
TITLE: _____
DATE: _____

A G R E E D:

OFFICE OF ELDERLY AFFAIRS (OEA)
DEPARTMENT OF HUMAN RESOURCES
STATE OF OREGON

BY: Robert S. Fujin
TITLE: Administrator
DATE: July 3, 1980
DEPARTMENT OF HUMAN RESOURCES
BY: _____
TITLE: Deputy Director
DATE: _____

A P P R O V E D:

EXECUTIVE DEPARTMENT
BY: _____
TITLE: _____
DATE: _____

Page 76, Line 22 of 1979-81
Legislatively Approved Budget.

OEA Internal Review:

Date 7/1/80, Initials JCS
Date 7/3/80, Initials [Signature]
Date _____, Initials _____

GENERAL PROVISIONS

1. Extent of Agreement

This contract contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this contract, shall be deemed to exist or to bind any of the parties hereto.

2. Approval by Executive Department

Executive Department approval of this contract, and any amendments to this contract, is required in accordance with OAR 14-035-01 before any work may begin under the contract or amendment.

3. Payment as Sole Monetary Obligation of the Office of Elderly Affairs

Payment as provided herein shall be the sole monetary obligation of the Office of Elderly Affairs (OEA). Unless otherwise specified, the responsibility for payment of all operating costs, federal, state, county or city taxes/assessments and any other charges imposed by law upon employers shall be the sole responsibility of the Authorized Agency.

4. Licensing and Program Standards

The Authorized Agency agrees to comply with all applicable state, county, or municipal standards for licensing, certification, and operation of required facilities and any other standards or criteria described in this contract and its attachments.

5. Civil Rights Act of 1964 and Rehabilitation Act of 1973

The Authorized Agency agrees to comply with the requirements of the Civil Rights Act of 1964, and Rehabilitation Act of 1973.

6. Bonding

The Authorized Agency will obtain and maintain at all times during the term of this contract a fidelity bond covering the activities of all persons having custody of funds. The bond amount will be not less than the total of all payments per month to the Authorized Agency. Written verification from the insurer that the bond exists, will be furnished to OEA immediately upon execution of this contract.

7. Indemnification

The Authorized Agency agrees that it will, at all times during the term of this contract, indemnify and hold harmless OEA against any and all legal liability, loss, damages, costs and expenses which the OEA may sustain, incur, or be required to pay (1) by reason of any person's suffering bodily injury, death, or property loss or damage either while participating in or receiving from the Authorized Agency the services to be furnished by the Authorized Agency

GENERAL PROVISIONS

or Service Provider under this contract or while on premises owned, leased, or operated by the Authorized Agency or Service Provider; or while being transported to or from said premises in any vehicle owned, operated, leased, chartered or otherwise contracted for by the Authorized Agency or any officer, agent, or employe thereof, or (2) by reason of any person causing injury to or damage to the property of another person during any time when the Authorized Agency, Service Provider, or any officer, agent or employe thereof has undertaken or is furnishing the services called for under this contract provided, however, the provisions of this paragraph shall not apply to liabilities, losses, charges, costs or expenses caused by or resulting from the acts or omissions of the OEA or any of its officers, agents, employes, or representatives.

8. Insurance

The Authorized Agency agrees that it will, at all times during the term of this contract, have and keep in force a legal liability insurance policy (policies) issued by a company authorized to transact business in the State of Oregon, with limits of liability provided therein of at least \$50,000 for property damage sustained by any person, \$100,000 for injury and/or damages to any one person, and \$300,000 for total injuries and/or damages arising from any one occurrence or an equivalent self-insurance program. The Authorized Agency shall furnish the OEA with written verification of the existence of such liability insurance policy (policies) or self-insurance program immediately upon execution of this contract. Such insurance policy (policies) shall not be cancelled or restricted by the Authorized Agency without 60 days prior notice to the OEA. In the event of any unilateral cancellation or restriction by the insurance company of any insurance policy (policies) referred to in this paragraph, the Authorized Agency will, as soon as practicable, notify the OEA verbally and in writing as to the company's action. In the event of any action, suit or proceeding brought against the OEA upon any matter herein indemnified against, the OEA shall as soon as practicable cause notice in writing thereof to be given to the Authorized Agency by certified mail addressed to its post office address.

9. Subcontracting

Contracts between the Authorized Agency and Service Providers will include the terms and provisions of this contract. The Authorized Agency will be responsible for the performance of the Service Provider. These contracts and amendments will be submitted to the OEA upon request.

10. Renegotiation or Modification

Any alterations, variations, modifications, or waivers of provisions of this contract shall only be valid when they have been reduced to writing, duly signed, approved as required by the Authorized Agency and the OEA, and attached to the original of this contract.

11. Remedies

If the Authorized Agency fails to provide the services in accordance with the contract, the OEA, after giving written notice of such failure, may withhold part or all of the payment for the services until such failure is corrected. If the

GENERAL PROVISIONS

Authorized Agency does not correct such failure within a reasonable time allowed by the OEA, the OEA may terminate the contract in accordance with the provision titled "Termination". However, this provision, and any actions taken or not taken under this provision, shall not affect the OEA's rights under the "Termination" provision.

12. Termination

a. This contract may be terminated by mutual consent of both parties; or by either party at any time, upon 30 days notice in writing and delivered by certified mail or in person. The OEA may also terminate this contract effective upon delivery of written notice to the Authorized Agency, or at such later date as may be established by the OEA, under any of the following conditions:

- (1) If funds, specifically authorized by legislative acts, do not become available in amounts sufficient to allow for purchase of the stated quantity of services. When possible, and when agreed upon, the contract may be modified to accomodate a reduction in funds.
- (2) If federal or state laws, regulations or guidelines are modified, changed or interpreted in such a way that the services are no longer allowable or appropriate for purchase under this contract or are no longer eligible for the funding proposed for payments authorized by this contract.
- (3) If any license or certificate required by law or regulation to be held by the Authorized Agency or Service Provider to provide the services required by this contract is for any reason denied, revoked, or changed in such a way that the Authorized Agency or Service Provider no longer meets requirements to provide the services; or is not renewed.

Such termination shall be without prejudice to any obligations or liabilities of either party already accrued prior to such terminations.

b. The OEA by written notice of default (including breach of contract) to the Authorized Agency may terminate the whole or any part of this contract:

- (1) If the Authorized Agency fails to provide services called for by this contract within the time specified herein or any extension thereof; or
- (2) If the Authorized Agency fails to perform any of the other provisions of this contract, or so fails to prosecute the work as to endanger performance of this contract in accordance with its terms, and after receipt of written notice from the OEA specifying such failure, fails to correct such failure within 10 days or such longer period as the OEA may authorize.

c. If the contract is so terminated, the OEA's obligations shall be limited to payment for services provided in accordance with the contract less any damages which the OEA may suffer. The rights and remedies of the OEA provided in the above clause related to defaults (including breach of contract) by the Authorized Agency shall not be exclusive and are in addition to any other rights and remedies provided by law or under this contract.

13. Waiver of Default

Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of the contract shall not be deemed to be a

GENERAL PROVISIONS

waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the contract unless stated to be such in writing, signed by an authorized representative of the OEA, and attached to the original contract.

14. Assignment of Contract

The Authorized Agency shall not assign this contract without prior written approval of the OEA (which shall be attached to the original contract) and subject to such conditions and provisions as the OEA may deem necessary. No such approval by the OEA of any assignment shall be deemed in any event or in any manner to provide for the incurrence of any obligation of the OEA in addition to the total contract price.

15. Funds Authorized and Available

OEA certifies at the time of signing sufficient funds are authorized and available or are anticipated to be available for expenditure to finance costs of this contract within the OEA's current appropriation or limitation as shown on the Signature Page.

16. Recovery of Overpayments

If billings under this contract, or any other contract between the Authorized Agency and the OEA, result in payments to the Authorized Agency for which the Authorized Agency is not entitled under the terms of such contract, the OEA, after written notification to the Authorized Agency, may withhold from payments due to the Authorized Agency such amounts, over such periods of time, as are necessary to recover the amount of overpayment.

17. Administrative Rules

The Authorized Agency and Service Provider agrees to abide by the applicable requirements of OAR 410-24-000 to 410-24-050, 410-40-000 to 410-40-050, and 333-27-005 to 333-27-105 and other rules adopted by the Department of Human Resources for the administration of Oregon Project Independence.

18. Consideration

As consideration for the delivery of the services included in the attached OEA approved proposal, OEA agrees to provide funds in the amount of the contract. On approval of this contract or amendments, procedures will be initiated to disburse 16% of the face amount of the contract or amendments. Additional disbursements will be made on a monthly basis in a manner and on forms provided by OEA. Any funds not obligated as of the last day of the contract and not expended 60 days thereafter, shall be returned to the OEA within 90 days after the ending date.

150175

Objective #19: Oregon Project Independence/AAA Administration

Three-Year Objective: To ensure the effective and efficient administration of the Area Agency on Aging by maintaining appropriate staff to provide sound fiscal management; on-going monitoring of the Oregon Project Independence Projects; system assessment and evaluation to refine/redefine objectives; and to develop a comprehensive plan to ensure a coordinated service system for the elderly of the City of Portland/Multnomah County by June 30, 1983.

One-Year Objective: To maintain the fiscal and program accountability for the period from July 1, 1980 through June 30, 1981 for the Oregon Project Independence Projects by the accomplishment of the following activities:

1. Preparation and submission of four fiscal/program reports;
2. Preparation and submission of four administrative cost reports;
3. Conduction of four on-site monitoring visits per appropriate contractor;
4. Conduction of desk audits as required;
5. Completion of monitoring/assessment reports as required;
6. Preparation of the annual plan section funded by Oregon Project Independence;
7. Preparation and submission of Oregon Project Independence reports.

Objective #20: In-Home Services/Counseling (Case Management II)

Three-Year Objective: To maintain dignified and independent living among frail elderly individuals by June 30, 1983.
by providing counseling services/Case Management II for 1,692

One-Year Objective: To maintain dignified and independent living among frail elderly individuals during the period from July 1, 1980 through June 30, 1981.
by providing counseling services/Case Management II for 564

150175

Objective #21: In-Home Services/Counseling (Case Management III/Protective Services)

Three-Year Objective: To maintain dignified and independent living among frail elderly by providing 13,379 hours of counseling (Case Management III) by June 30, 1983.

One-Year Objective: To maintain dignified and independent living among frail elderly by providing 4,493 hours of counseling (Case Management III) for 108 individuals during the period from July 1, 1980 through June 30, 1981.

150175

Objective #23: In-Home Services/Housekeeper

Three-Year Objective: To maintain dignified and independent living among frail elderly by providing 40,983 hours of housekeeper services by June 30, 1983.

One-Year Objective: To maintain independent and dignified living among frail elderly individuals during the period from July 1, 1980 through June 30, 1981.

OEA Fund Source (check): IIIB;

AREA AGENCY TARGET

IIIC-1; IIIC-2; IVA

FISCAL YEAR 1987

XX OPI

150175

OBJECTIVE NUMBER			CASH				RESOURCES			IN-KIND RESOURCES			GRAND TOTALS	
			OEA FUNDS	PROGRAM INCOME	MATCH		U.S.D.A.	OTHER RESOURCES	MATCH	COMMODITIES	OTHER RESOURCES			
19	Area Plan Administration	A	38,652*	-0*	-0*		N/A	-0*	-0*	-0*			38,652*	38,652*
		P	-0*	-0*	-0*		N/A	-0*	-0*	-0*			-0*	
20	In-Home Svcs./Counseling (Case Management II)	A	-0-	-0-	-0-		N/A	-0-	-0-	-0-			-0-	
		P	76,607	-0-	-0-		N/A	-0-	-0-	-0-			76,607	76,607
21	In-Home Svcs./Counseling (Case Management III/Protective)	A	8,630	-0-	-0-		N/A	-0-	-0-	-0-			8,630	119,682
		P	105,068	-0-	-0-		N/A	5,904	-0-	-0-			111,052	
22	In-Home Svcs./Homemaker	A	14,177	-0-	-0-		N/A	-0-	-0-	-0-			14,177	196,682
		P	172,613	-0-	-0-		N/A	9,831	-0-	-0-			182,444	
23	In-Home Svcs./Housekeeper	A	8,013	-0-	-0-		N/A	-0-	-0-	-0-			8,013	111,133
		P	97,564	-0-	-0-		N/A	5,556	-0-	-0-			103,120	
IN-HOME SERVICES - SUBTOTAL		A	30,820*	-0*	-0*		N/A	-0*	-0*	-0*			30,820*	504,613*
		P	451,852*	-0*	-0*		N/A	21,371*	-0*	-0*			473,223*	
GRAND TOTAL		A	69,472**	-0**	-0**		N/A	-0**	-0**	-0**			69,472**	542,695**
		P	451,852**	-0**	-0**		N/A	21,371**	-0**	-0**			473,223**	
RESOURCE TOTAL		N/A	521,324	-0-	-0-		N/A	21,371	-0-	-0-			542,695	

410-24-000 DEFINITIONS

For purposes of these rules:

- (1) "Adult and Family Services Division" means the Adult and Family Services Division of the Department of Human Resources.
- (2) "Advisory Council" means an advisory council of the authorized agencies.
- (3) "Authorized Agency" means any organization designated by the Office of Elderly Affairs as an Area Agency on Aging.
- (4) "Authorized Service" means any service designated by the Office of Elderly Affairs and these rules to be eligible for Oregon Project Independence funding.
- (5) "Chore Service" means an in-home service, defined under OAR 410-40-000.
- (6) "Department of Human Resources" means the Oregon Department of Human Resources.
- (7) "Department of Revenue" means the Oregon Department of Revenue.
- (8) "Eligibility Determination" means the process of determining the client eligible for Oregon Project Independence Authorized Services.
- (9) "Escort Service" means a support service, defined under OAR 410-40-000.
- (10) "Exception" means that an agency or individual contractor or subcontractor is not required to meet specific and stated sections of these rules.
- (11) "Executive Department" means the Executive Department of the State of Oregon.
- (12) "Fiscal Records and Data" means all information pertaining to the financial operation of an agency or program.
- (13) "Health Division" means the Health Division of the Department of Human Resources.
- (14) "Home Health Agency" means a public or private agency providing coordinated home health services, as defined under OAR 333-27-005.
- (15) "Home Health Service" means items and services furnished to an individual by a Home Health Agency, or by others under arrangement with such agency, on a visiting basis in a place of temporary or permanent residence used as the individuals home for the purpose of maintaining that individual at home (OAR 333-27-005 (1)).

- (16) "Homemaker Service" means an in-home service, as defined under OAR 410-40-000.
- (17) "Housekeeper Service" means an in-home service, as defined under OAR 410-40-000.
- (18) "Institutions" means any State, Community or Private Hospital; and any Skilled Nursing Facility or Intermediate Care Facility.
- (19) "Office of Elderly Affairs" means the Office of Elderly Affairs of the Department of Human Resources.
- (20) "Personal Care Service" means an in-home service as defined under OAR 410-40-000.
- (21) "Program Records and Data" means any information of a non-fiscal nature.
- (22) "Proposal for Service" means a proposed plan for offering Authorized Services under Oregon Project Independence.
- (23) "Service Provider" means any agency or program that provides one or more Authorized Services under Oregon Project Independence.
- (24) "Service Determination" means the process of determining the proper Authorized Service for each client.
- (25) "Variances" means that an Agency or Individual Contractor or Subcontractor is not required to meet specific sections of those rules, as stated in these rules, but has been allowed to meet those sections in varied form. Variances are usually granted when specific sections cannot be met as stated, but can be met with variations. Variances are also granted in cases where a new or innovative method of service delivery has a reasonable chance of improving services to clients.

410-24-010 ADMINISTRATION(1) Advisory Council

Each Authorized Agency shall show evidence that the Advisory Council of the Authorized Agency, and the community were involved in the identification of need, selection of services to be offered, and the development of the Proposal for Service.

(2) Proposal for Service

- (a) Each Authorized Agency shall submit an annual Proposal for Service by a date specified and on forms provided by the Office of Elderly Affairs.
- (b) The Proposal for Service shall, at a minimum, contain:
 - (A) The types and amounts of Authorized Services to be offered;
 - (B) The costs of these services;
 - (C) How eligibility will be determined;
 - (D) How fees for services will be developed and utilized; and
 - (E) How Service Providers will be evaluated.

(3) Contracts

- (a) Contracts between the Office of Elderly Affairs and Authorized Agencies for Oregon Project Independence shall be effective each year on July 1, unless otherwise agreed to by the Office of Elderly Affairs. These contracts shall be based on the Proposal for Service and shall at a minimum contain:
 - (A) The budget of the amount of Oregon Project Independence funds;
 - (B) The types and amounts of Authorized Services to be offered;
 - (C) The number of persons to be served;
 - (D) The stipulation that Authorized Services will be contracted for in accordance with the standards and requirements provided in these rules, and in OAR 410-40-000 to 410-40-050, and OAR 333-27-005 to 333-27-105;
 - (E) The stipulation that required data will be gathered and reported in accordance with these rules and the Office of Elderly Affairs;
 - (F) A section pertaining to General Provisions as required by the Executive Department; and
 - (G) Contain a provision that Authorized Agencies will submit Service Provider contracts and amendments on request to the Office of Elderly Affairs.

(b) Contracts between Authorized Agencies and Service Providers shall be signed and kept on file for three years for all services funded through Oregon Project Independence. The contracts shall, at a minimum, contain:

- (A) A budget of the amount of Oregon Project Independence funds; including all other resources devoted to Oregon Project Independence under the contract;
- (B) The types and amounts of Authorized Services to be offered;
- (C) The number of persons to be served;
- (D) The stipulation that Authorized Services will be offered in accordance with the standards and requirements provided in these rules, and in OAR 410-40-000 to 410-40-050 and OAR 333-27-005 to 333-27-105.
- (E) The stipulation that required data will be gathered and reported in accordance with these rules and the Office of Elderly Affairs; and
- (F) A section pertaining to General Provisions as required by the Executive Department.

(c) All contracts as described in OAR 410-24-010 can be amended with the consent of both parties.

(d) All contracts as described in this OAR 410-24-010 will contain provisions for cancellation of the contract for non-performance and violation of the terms of the contract.

(4) Personnel Practices and Procedures

(a) Each Authorized Agency and Service Provider shall maintain written Personnel Policies.

(b) The personnel policies shall contain all items required by State and Federal laws and regulations, including such items as:

(A) An affirmative action plan, and

(B) Evidence that the agency is an equal opportunity employer.

(c) Each Authorized Agency and Service Provider shall maintain a personnel record

on each employee.

(5) Non-Compliance

- (a) Non-Compliance to these rules, except in those cases where an exception or variance has been granted by the Office of Elderly Affairs may result in a reduction or termination of Oregon Project Independence funding.
- (b) The determination of the amount of reduced funding will be made by the Administrator of the Office of Elderly Affairs.
- (c) Any funds which are either reduced or terminated from a funding grant will be reserved by the Office of Elderly Affairs for redistribution at the discretion of the Office of Elderly Affairs. At the end of the biennium unexpended funds will be returned to the State General Fund.

410-24-020 AUTHORIZED SERVICES AND ALLOWABLE COSTS

(1) Authorized Services

- (a) Oregon Project Independence funds shall only be expended for administration and direct service for the following Authorized Services:
 - (A) Homemaker;
 - (B) Housekeeper;
 - (C) Chore;
 - (D) Escort;
 - (E) Home Health;
 - (F) Personal Care Service; and
 - (G) Other services authorized by the administrator of the Office of Elderly Affairs as an exception or variance to these rules.
- (b) Homemaker, Housekeeper, Chore, Escort, and Personal Care Services shall meet the standards and requirements of OAR 410-40-000 through 410-40-050.
- (c) Home Health Services shall meet the standards and requirements of OAR 333-27-005 through 333-27-105, and can only be offered through a Home Health Agency licensed by the Health Division.

(d) Authorized Agencies shall not provide Authorized Services to clients, unless they are providing such services on the effective date of these rules, or unless direct provision is required to assure an adequate supply of service. Those Authorized Agencies already providing direct services shall not be required to seek a variance or exception as defined by 410-24-050 of these rules. The provision of Authorized Services shall be contracted to Service Providers by Authorized Agencies.

(2) Administration and Direct Service Costs

(a) Administrative costs for Oregon Project Independence shall not exceed 15% of the total allocation to each Authorized Agency. The Authorized Agency may retain up to three percent of Administrative costs for reporting and data processing.

(3) Allowable and Non-Allowable Costs

(a) Non-Allowable Costs include, but are not limited to:

- (A) Charity and gratuities;
- (B) Bad debt expense;
- (C) Concession and vending machine costs;
- (D) Interest, debts, and other obligations not associated with an Authorized Service;
- (E) Funeral and cemetery expense;
- (F) Goodwill;
- (G) Religious salaries, supplies and space (not including individuals employed by Authorized Agencies) and for performance of duties allowed under these Service Providers' rules;
- (H) Non-client personal purchases;
- (I) Unauthorized services;
- (J) Penalties and fines;
- (K) Compensation of officers, director, stockholders, and others not

- associated with an Authorized Service;
- (L) Donations and contributions to charitable organizations;
 - (M) Administrative costs for Authorized Services in excess of 15% of the Oregon Project Independence Grant.
- (b) Allowable costs are those associated with the direct provision of services to clients.

410-24-030 DATA COLLECTION, RECORDS, AND REPORTING

(1) Data Collection

- (a) The collection of all program and fiscal data associated with Oregon Project Independence shall be on uniform forms provided by the Office of Elderly Affairs.
- (b) Each Authorized Agency and Service Provider shall collect data as required by the Office of Elderly Affairs on eligible clients receiving Authorized Service at the following times:
 - (A) Upon determining eligibility;
 - (B) Upon admission to an Authorized Service;
 - (C) Upon any change from one Authorized Service to another Authorized Service;
 - (D) Upon termination of an Authorized Service;
 - (E) At regular intervals as specified by the Office of Elderly Affairs;
 - . and
 - (F) On special occasions as defined and specified by the Office of Elderly Affairs.
- (c) All Authorized Service data collected on individual clients, supported by Oregon Project Independence, shall contain the social security number and date of birth.

(2) Records

- (a) Each Authorized Agency and Service Provider shall maintain all books, records,

documents and accounting procedures which reflect all Administrative Cost and Direct Service Costs expended on Oregon Project Independence. These records shall be retained for at least three years.

- (b) Each Authorized Agency and Service Provider shall maintain all program books, records, and documents pertaining to Oregon Project Independence for at least three years.
- (c) These records shall be made available upon request to representatives from the Office of Elderly Affairs, or to those duly authorized by them.
- (d) Each Authorized Agency and Service Provider shall submit to the Office of Elderly Affairs, a fiscal audit of its financial records annually. Such audits shall be conducted by an individual licensed by the Oregon State Board of Accountancy.

(3) Fiscal and Program Reporting

- (a) Fiscal and Program reports shall be completed on forms provided by the Office of Elderly Affairs.
- (b) Fiscal and Program reports shall be submitted to the Office of Elderly Affairs by the specified due dates.
- (c) Fiscal reports shall, at a minimum include:
 - (A) Current period expenditures;
 - (B) Costs per client for each Authorized Service;
 - (C) Costs per Authorized Service;
 - (D) Administrative costs;
 - (E) Direct service costs; and
 - (F) The amount of Fee for Service and other funds received.
- (d) Program reports shall, at a minimum, include:
 - (A) Number of unduplicated clients served for each Authorized Service;
 - (B) Number of units of service for each Authorized Service; and
 - (C) Demographic, social, medical, physical, functional, and fiscal data

on individual clients as required by the Office of Elderly Affairs.

(4) Confidentiality

- (a) The use or disclosure by any party of any information concerning a recipient or client of Authorized Services described in these rules, for any purpose not directly connected with the administration of the responsibilities of the Office of Elderly Affairs, Authorized Agency or Service Provider is prohibited except with written consent of the recipient, or their legal representative.

10-24-040 ELIGIBILITY & DETERMINATION OF SERVICES

(1) Eligibility

- (a) In order to qualify for services from an Authorized Agency or Service Provider, each client or recipient must:
- (A) Be 60 years old or older;
 - (B) Not be receiving support or services from the Adult and Family Services Division, except Food Stamps; and
 - (C) Be assessed to be at the risk of entering an institution.
- (b) Eligibility determination shall be required before any client may receive services from an Authorized Agency or Service Provider.
- (c) Responsibility for eligibility determination shall rest with the Authorized Agency. In those instances when eligibility determination is performed by an agency other than the Authorized Agency, the Authorized Agency shall have in place a system for evaluating the eligibility determination process, including an independent review by the Authorized Agency of a representative sample of cases.
- (d) Any person residing in a skilled nursing home or intermediate care facility shall not be eligible for Authorized Services. This shall not restrict the ability to move a client from such institutions to their home to receive

care, when judged more appropriate, based on medical, financial, physical, functional, and social considerations.

- (e) The Office of Elderly Affairs shall determine the factors which constitute a client being at risk of institutionalization. These factors shall be utilized by each Authorized Agency and Service Provider.

(2) Determination of Services

- (a) Responsibility for Determination of Services shall rest with the Authorized Agency. In those instances when Determination of Services is performed by an Agency other than the Authorized Agency, the Authorized Agency shall have in place a system for evaluating the Determination of Service process, including an independent review by the Authorized Agency of a representative sample of cases.
- (b) The Determination of Services shall be based on each client's financial, physical, functional, medical, and social need for such services.
- (c) Determination of Services for Oregon Project Independence shall be limited to the Authorized Services allowed by these rules.
- (d) The Determination of Services shall be made:
- (A) After eligibility determination; and
 - (B) At regular intervals as specified by the Office of Elderly Affairs.

(3) Priority of Services

- (a) Eligible clients shall receive Authorized Services on a priority basis, with highest priorities receiving services first.
- (b) Priority for Authorized Services shall be:
- (A) Maintaining clients already receiving Authorized Service as long as their condition indicates the service is needed.
 - (B) Clients who will immediately be placed in an institution if needed Authorized Services are not provided.

(4) Referral to the Adult and Family Services Division

- (a) Clients who appear eligible for Adult and Family Service Division services because of disability or age and income shall be encouraged to apply to that division for service.

(5) Appeals

- (a) The Office of Elderly Affairs shall develop policies and procedures concerning appeals made by persons for whom services are disallowed.

(6) Fee for Services

- (a) The Office of Elderly Affairs shall establish a Fee for Service schedule.
- (b) A minimum income level and Fee for Service schedule will be established and reviewed annually by the Office of Elderly Affairs after consulting with the Governor's Commission on Aging.
- (c) Fees for Service will be charged to all clients whose annual income exceeds the minimum, as established by the Office of Elderly Affairs.
- (d) For purposes of these rules, income shall include:
- (A) Salaries;
 - (B) Interest and dividends;
 - (C) Pensions, annuities, social security, and railroad retirement benefits; and
 - (D) Any other net income.
- (e) All medical costs including prescription drugs, the responsibility of the client, may be deducted from the gross income.
- (f) Fees for Service shall be used to expand services under Oregon Project Independence.
- (g) A record of all Fees for Service will be kept by each Authorized Agency and made available upon request to the Office of Elderly Affairs.

- (h) Nothing in these rules will prevent any client of Oregon Project Independence from making a donation. Such donations will also be used to expand services under Oregon Project Independence.

410-24-050 EXCEPTIONS AND VARIANCES(1) Exceptions

- (a) The Administrator of the Office of Elderly Affairs may grant exceptions to these rules for a period of time, not to exceed three years.
- (b) Exceptions shall not be granted which are judged detrimental to the health, safety, or welfare of clients, or are in violation of any existing state or federal law.
- (c) Applications for exceptions shall be submitted in writing to the Office of Elderly Affairs. Applications shall document the reasons why selected sections and subsections of these rules cannot be met; and shall document the amount of time reasonably estimated before the selected sections and subsections can be met.

(2) Variances

- (a) The Administrator of the Office of Elderly Affairs may grant variances to these rules for a period of time, not to exceed three years.
- (b) Variances shall not be granted which are judged detrimental to the health, safety, or welfare of clients, or are in violation of any existing state or federal law.
- (c) Applications for variances shall be submitted in writing to the Office of Elderly Affairs. Applications shall document the reason why selected sections and subsections of these rules need to be allowed a variance, and the requested amount of time of the variance.
- (d) Variances shall be granted in cases where selected sections or subsections can only be met by a change in these rules, or in cases where such variances can be reasonably expected to improve services to the elderly.

RULES
IN-HOME SERVICES

410-40-000

DEFINITIONS

For purposes of these rules:

- (1) "Adult and Family Services Division" means the Adult and Family Services Division of the Department of Human Resources.
- (2) "Agency Contractor" means any agency or group of two or more persons who contract to provide services for a contracting division.
- (3) "Agency Subcontractor" means any agency or group of two or more who contract to provide services for an agency contractor or another agency subcontractor.
- (4) "Children's Services Division" means the Children's Services Division of the Department of Human Resources.
- (5) "Chore Service" means an in-home service which is for the health and safety of the client; it provides heavy household cleaning and sanitation, minor home repair, and yard and walk maintenance. This service is usually provided when an eligible client is physically unable to perform these chores without which a significant health or safety hazard would develop or remain, such as:
 - (a) Removal of substantial household or yard refuse or accumulated filth;
 - (b) Repair of minor structural damage to the home and necessary fixtures; and
 - (c) Repair and maintenance of yard and walkway damage, including removal of noxious weeds, etc., such as required by local ordinances.
- (6) "Chore Service Supervisor" means a person who has training and/or experience leading to demonstrable knowledge and skills in those duties described under Chore Service.
- (7) "Chore Service Worker" means a person who demonstrates the ability to perform the tasks described under Chore Service.
- (8) "Client Record" means all records, documents, and reports related to each individual client of each service.
- (9) "Client Review" means monitoring, reviewing, and evaluating individual clients in relation to progress toward mutually established goals and objectives. Client reviews may be performed on a simple basis and may consist of observations and deductions made in client interviews, plus client assessment by the team members involved in the provision of care.
- (10) "Common Service Standards" means standards or criteria which apply universally to all In-Home Services described in these rules.
- (11) "Contracting Division" means any Division of the Department of Human Resources which contracts for any service defined in these rules; and for purposes of these rules includes the Office of Elderly Affairs.

- (12) "Contracts" means a legal agreement for the provision of services defined in these rules.
- (13) "Escort Service" means a Service designed to assist individuals who, due to a variety of factors, are unable to use conventional transportation to reach needed services, or require such assistance for reasons of personal security or protection. Escort Services include:
- (a) Providing or arranging for transportation to needed services; and
 - (b) Accompanying clients, as needed, during the period they are being transported.
- (14) "Escort Service Supervisor" means a person who has training and/or experience leading to demonstrable knowledge and skills in those duties described under Escort Service. The functions of the Escort Service Supervisor may be performed by those responsible for authorizing the functions as part of their other supervisory functions.
- (15) "Escort Service Worker" means a person who demonstrates the ability to perform the task described under Escort Service.
- (16) "Evaluation Performance" means the evaluation by the supervisor of the individual who provides the service.
- (17) "Exception" means that an agency or individual contractor or subcontractor is not required to meet specific and stated sections of these rules.
- (18) "Fiscal Records" means all information pertaining to the financial operation of an agency or program.
- (19) "Homemaker Services" means an in-home service designed to maintain or restore individuals and families in their own homes through direct provision/management of basic home and/or person care functions; or the training of individuals or family members on how to provide/manage basic home and/or person care functions. It is a team effort provided in coordination with social and/or health services responsible for establishing need, care plan, or ongoing evaluation. It must be supervised by an individual trained in the field of social work, health service, home economics, or an allied field. The basic service is provided by a trained, supervised homemaker and includes teaching, demonstrating, and/or providing such services as:
- (a) Individual/family budgeting and money management;
 - (b) Time management;
 - (c) Food preparation, including special diet preparation, nutrition, shopping, and teaching of special diets;
 - (d) Assistance with or supervision of personal hygiene and grooming;
 - (e) Assistance with adaptive equipment such as braces and prosthetics;
 - (f) Assistance with physical activities of daily living;

- (g) Identification of and assistance in correcting home safety problems;
 - (h) Observance, monitoring, and teaching of self-conducted health tasks and routines when medical supervision is not indicated;
 - (i) Travel management and escort;
 - (j) Light housekeeping and laundry; and
 - (k) Social and emotional support.
- (20) "Homemaker Service Supervisor" means a person who has training and/or experience leading to demonstrable knowledge and skills in those duties described under Homemaker Services.
- (21) "Homemakers" means persons who have met the training requirements required by the Contracting Division, and who demonstrate the ability to perform the tasks described under Homemaker Service.
- (22) "Housekeeper Service" means an in-home service which will provide basic house-keeping functions for eligible clients who might not otherwise be able to remain at home due to instabilities in physical or emotional health. These services may be provided with direction or supervision of the client, for example:
- (a) Meal preparation under clients direction when not related to special dietary or nutritional problems;
 - (b) Food shopping from list prepared by client;
 - (c) Laundering;
 - (d) Light housekeeping of client's home, including sweeping, vacuuming, and mopping of floors and dusting;
 - (e) Care of kitchen, bathroom, and bedroom for sanitation and safety;
 - (f) Travel arrangements and escort;
 - (g) Assistance with the physical activities of daily living;
 - (h) Assistance with or supervision of personal hygiene and grooming;
 - (i) Social and emotional support; and
 - (j) Routine child care incidental to housekeeping.
- (23) "Housekeeper Service Supervision" means a person who has training and/or experience leading to demonstrable knowledge and skills in those duties described under Housekeeper Service.
- (24) "Housekeepers" means persons who demonstrate the ability to perform the tasks described under Housekeeper Service.
- (25) "Individual Contractor" means an individual who contracts to provide services for a contracting division.

- (26) "Individual Subcontractor" means an individual who contracts to provide services for an agency contractor or agency subcontractor.
- (27) "Initial Training" means training taken before service is provided, and during an initial time period of providing service as defined by the contracting division.
- (28) "In-Service Training" means training provided on a periodic basis to upgrade the skills and knowledge of those providing services.
- (29) "Office of Elderly Affairs" means the Office of Elderly Affairs of the Department of Human Resources, and is considered a Contracting Division for purposes of these rules.
- (30) "Personal Care Services" means a supportive in-home service program designed to maintain, strengthen, or restore individuals functioning in their own homes. It is a team effort provided in coordination with social and/or other health services responsible for establishing need, care plan, and on-going evaluation. A primary concern in provision of Personal Care Services is the retention of independent functioning of the individual, which includes client participation in the need determination process and in the subsequent service delivery. Personal Care Services include such services as:
 - (a) Basic personal care procedures, such as grooming and personal hygiene;
 - (b) Bowel and bladder care, not requiring skilled nursing service;
 - (c) Food, nutrition, and diet planning, shopping and preparation (including special diets);
 - (d) Methods of making patients comfortable; transfer and assisting patient mobility (including assistance with adaptive equipment);
 - (e) Care of the confused and/or mentally ill patient;
 - (f) First aid and handling of emergencies;
 - (g) Health-oriented record keeping, including time/employment records;
 - (h) Observance, monitoring and teaching of self-conducted health tasks and routines;
 - (i) Assistance with the physical activities of daily living;
 - (j) Light housekeeping and laundry;
 - (k) Travel arrangement and escort; and
 - (l) Social and emotional support.
- (31) "Personal Care Supervisor" means a person who has training and/or experience leading to demonstrable knowledge and skills in those duties described under Personal Care Services, and who is a Registered Nurse, licensed in the State of Oregon.

- (32) "Personal Care Aide" means a person who has met the training requirements required by the Contracting Division; who has demonstrated the ability to perform the tasks described under Personal Care Services.
- (33) "Personnel Policies" means all policies related to the employes' working conditions.
- (34) "Plan of Care" means a written plan which specifies the manner in which the client's needs will be met, and is developed with the individual or family.
- (35) "Services" means In-Home Services defined in these rules.
- (36) "Service Records" means all non-fiscal records of an individual and agency, contractor and subcontractor which pertains to services provided an individual client.
- (37) "Service Policies" means all policies related to the services defined in these rules.
- (38) "Unit of Service" means a standard unit of In-Home Services provided to a client. For all services described in these rules, except Escort Service, a Unit of Service shall be one hour of service provided. For Escort Service, a Unit of Service shall be one trip completed.
- (39) "Variances" means that an Agency or Individual Contractor or Subcontractor is not required to meet specific sections of those rules, as stated in these rules, but has been allowed to meet those sections in varied form. Variances are usually granted when specific sections cannot be met as stated, but can be met with variations. Variances may also be granted in cases where a new or innovative method of service delivery has a reasonable chance of improving services to clients.

410-40-010 ADMINISTRATIVE RESPONSIBILITY

(1) Contracts

- (a) If services described in these rules are provided through an Agency or Individual Contractor or Subcontractor, then a contract for those services is required.
- (b) All contracts shall contain at a minimum:
 - (i) A description of responsibilities pertaining to fiscal and program requirements; and
 - (ii) A stipulation that services will be provided in compliance with all applicable State and Federal laws, rules, and regulations, including these rules.

(2) Personnel Policies

- (a) Each Agency Contractor and Agency Subcontractor that provides services defined in these rules shall maintain written Personnel Policies.

- (b) The Personnel Policy shall contain all items required by State and Federal laws, rules, and regulations, including such items as:
 - (i) An affirmative action plan; and
 - (ii) Evidence that the agency is an equal rights employer.
- (c) Each Agency Contractor and Agency Subcontractor shall maintain a written personnel record of each employe.

(3) Service Records

- (a) It shall be the responsibility of the Contracting Division to insure that written records are maintained for all services described in these rules.
- (b) The service record shall at a minimum contain:
 - (i) The number of clients served by age, sex, and location;
 - (ii) The types of services each client received;
 - (iii) The number of hours per month, per client served; and
 - (iv) The number of clients for whom goal(s) were achieved.
- (c) Service Records shall be retained for a period of at least three years.
- (d) Service Records shall be subject to Federal and State audit, and must be made available upon request to appropriate Federal and State personnel.

(4) Fiscal Records

- (a) It shall be the responsibility of the Contracting Division to insure that written records are maintained pertaining to the financial operations of each service defined in these rules.
- (b) Each Agency Contractor and Agency Subcontractor shall establish and document the cost of a unit of each type of service that the agency provides.
- (c) The Contracting Division shall insure that the costs of each of the following elements for each service described in these rules are documented:
 - (i) Capital outlay;
 - (ii) Rent and utilities;
 - (iii) Personnel costs;
 - (iv) Travel costs;
 - (v) Services and supplies;
 - (vi) Training; and
 - (vii) Office supplies.
- (d) Each Agency Contractor and Agency Subcontractor shall document all income, including fees for service, and donations.

- (e) Fiscal Records shall be retained for a period of at least three years.
- (f) Fiscal Records shall be subject to Federal and State audit, and must be made available upon request to appropriate Federal and State personnel.

(5) Administrator

- (a) Each Agency Contractor and Agency Subcontractor that provides services defined in these rules, shall employ a full-or part-time administrator; who may administrate more than one program within each agency; who may have other duties within each agency; and who shall insure that all functions, standards, and items required by these rules and the Contracting Divisions are followed and adhered to.
- (b) The Contracting Division for each Agency Contractor or Agency Subcontractor shall determine the minimum qualifications for the administrator.

(6) Contracting Division Responsibilities

- (a) Nothing in these rules will prevent a Contracting Division from requiring additional standards and criteria above the minimum required by these rules.

410-40-020

COMMON SERVICE STANDARDS

Each service described in these rules shall comply with the following Common Service Standards.

(1) Service Policies

- (a) Each Agency Contractor and Agency Subcontractor that provides services defined in these rules, shall have written policies regarding:
 - (i) The scope and procedures of the services offered;
 - (ii) Admission and discharge procedures;
 - (iii) Plans of care;
 - (iv) Emergency care;
 - (v) Client files; and
 - (vi) Client grievance procedures.

(2) Client Record

- (a) It shall be the responsibility of the Contracting Division to insure that a Client Record is maintained on all clients receiving services described in these rules.
- (b) The client record shall contain:

- (i) Name, social security number, date of birth, home address, and telephone number;
- (ii) Relevant medical and social history;
- (iii) Name, address, and telephone number of the client's physician;
- (iv) Name, address, and telephone number of persons to contact in case of emergency;
- (v) A copy of the client's Plan of Care, if appropriate; and
- (vi) Reasons for discharge and follow-up if needed.

(3) Client Review

- (a) The Contracting Division shall be responsible for assuring that periodic review of samples of clients receiving services defined in these rules are made for the purpose of assuring quality of care and adherence to these rules. The Client Reviews shall include direct contact with a portion of the review sample, and shall not be conducted by the Agency or Individual Contractor or Subcontractor providing the service.

(4) Confidentiality

The use or disclosure by any party of any information concerning a recipient or client of services described in these rules, for any purpose not directly connected with the administration of the programs connected with these rules or the programs of the Department of Human Resources, is prohibited except on written consent of the recipient or client, or their legal representative.

410-40-030 PERSONAL CARE, HOMEMAKER, HOUSEKEEPER SERVICES

All Personal Care, Homemaker, and Housekeeper Services shall meet the standards and requirements provided in these rules.

(1) Purpose and Procedure

- (a) It is the purpose of this rule to provide an array of In-Home Services to be delivered contingent upon the condition of the client.
- (b) All services described under this rule shall be able to provide, when appropriate, the following functions:
 - (i) Light housekeeping;
 - (ii) Shopping;
 - (iii) Laundry;
 - (iv) Meal preparation;
 - (v) Travel arrangements and escort;

- (vi) Assistance with the physical activities of daily living;
 - (vii) Assistance with, or supervision of, personal hygiene and grooming; and
 - (viii) Social and emotional support.
- (c) The provision of Personal Care, Homemaker, or Housekeeper Services shall depend upon the following client conditions:
- (i) Personal Care: Clients with medical care problems requiring RN supervision of the care provider, as documented by physician prescription and RN assessment.
 - (ii) Homemaker: Clients with social/emotional/basic home management problems requiring assistance or training to achieve the greatest degree of independent functioning and/or medical care problems of a degree not requiring RN supervision of the care provider per physician/RN documentation.
 - (iii) Housekeeper: Clients with conditions requiring assistance in household maintenance tasks, but who retain the ability to provide direction in the task performance or have family members present who are able to provide this direction.

(2) Training

- (a) Each Agency and Individual Contractor and Subcontractor that provides Personal Care, Homemaker and/or Housekeeper Services shall insure that each staff member providing direct services to clients, receives at least the minimum initial and in-service training as defined by the Contracting Division.

(3) Service Plans of Care

- (a) Each client provided with Personal Care, Homemaker, or Housekeeper Service shall have a Plan of Care.
- (b) Each Plan of Care shall contain at a minimum:
 - (i) A copy of the assessment used to determine the level of service needed;
 - (ii) The types of service to be provided and the service delivery staff responsible for providing the service; and
 - (iii) The specific goals to be achieved for the service, and the estimated and actual completion dates for each goal.
- (c) The Contracting Division shall determine when the initial Plan of Care shall be completed and how often it shall be evaluated for progress toward meeting the stated goals.

(4) Supervision

- (a) Each Agency Contractor or Agency Subcontractor that provides Personal Care, Homemaker, and/or Housekeeper Services shall employ a full- or part-time Supervisor for each service provided.

(b) The minimum qualifications for the Supervisor shall be determined by the Contracting Division, except that the supervisor for Personal Care shall be a registered nurse.

(c) The Supervisor shall:

- (i) Supervise and direct the service of the Personal Care Aide, Homemaker, and/or Housekeeper;
- (ii) Be accountable for the activities and evaluation performance of the Personal Care Aides, Homemakers, and/or Housekeeper for conformity to policies, procedures, professional standards, and these rules;
- (iii) Be accountable for orientation and training;
- (iv) Make a home visit on a periodic basis, as defined by the Contracting Division;
- (v) Be accountable for the provision of service as written in the Plan of Care; and
- (vi) Be accountable for all other functions, standards, and items related to Personal Care, Homemaker and/or Housekeeper Service, as defined in these rules and by the Contracting Division.

(5) Personal Care Aides, Homemakers, and Housekeepers

- (a) Each Agency Contractor or Subcontractor that provides Personal Care, Homemaker and/or Housekeeper Services shall employ full- or part-time Personal Care Aides, Homemakers, and/or Housekeepers.
- (b) The minimum qualifications for Personal Care Aides, Homemakers, and Housekeepers may be determined by the Contracting Divisions.
- (c) Nothing in these rules shall prevent an individual from being a qualified Personal Care Aide, Homemaker, and Housekeeper, or any combination, at the same time.

410-40-040

CHORE SERVICE

(1) Chore Service

- (a) All Chore Services shall meet the standards and requirements provided in these rules.

(2) Training

- (a) The Contracting Division may determine the amount and type of Chore Service Training to be required or recommended.

(3) Chore Service Supervisor

- (a) Each Agency Contractor or Agency Subcontractor that provides Chore Service Shall employ a full- or part-time Chore Service Supervisor.

- (b) The minimum qualifications of the Chore Service Supervisor shall be determined by the Contracting Division.
- (c) The Chore Service Supervisor shall:
 - (i) Supervise and direct the services of the Chore Service Workers;
 - (ii) Be accountable for orientation and training; and
 - (iii) Be accountable for all functions, standards, and items related to Chore Service, as defined in these rules, and by the Contracting Division.

(4) Chore Service Workers

- (a) Each Agency Contractor or Subcontractor that provides Chore Service shall employ full- or part-time Chore Service Workers to perform Chore Services, as defined in these rules.
- (b) The minimum qualifications of Chore Service Workers may be determined by the Contracting Division

410-40-050 ESCORT SERVICE

(1) Escort Service

- (a) All Escort Services shall meet the standards and requirements provided in these rules.

(2) Training

- (a) The Contracting Division may determine the amount and type of Escort Service training to be required or recommended.

(3) Escort Service Supervisor

- (a) Each Agency Contractor or Agency Subcontractor that provides Escort Service shall employ a full- or part-time Escort Service Supervisor.
- (b) The minimum qualifications for the Escort Service Supervisor shall be determined by the Contracting Division.
- (c) The Escort Service Supervisor shall:
 - (i) Supervise and direct the services of the Escort Service Workers;
 - (ii) Be accountable for orientation and training; and
 - (iii) Be accountable for all functions, standards, and items related to Escort Service, as defined in these rules, and by the Contracting Division.

(4) Escort Service Workers

- (a) Each Agency Contractor or Subcontractor that provides Escort Services shall employ full- or part-time Escort Service Workers to perform Escort Services, as defined in these rules.
- (b) The minimum qualifications of Escort Service Workers may be determined by the Contracting Division.

410-40-100 EXCEPTIONS AND VARIANCES(1) Exceptions

- (a) The Contracting Division may grant exceptions to specific and stated requirements of these rules for a period of time not to exceed three years.

(2) Variances

- (a) The Contracting Division may grant variances to specific and stated requirements of these rules when the requirements can be met in a modified form for a period of time not to exceed three years.

(3) Procedure

- (a) Applications for exceptions or variances shall be submitted in writing. Applications shall document the reasons why specific requirements of these rules cannot be met, or met only in modified form; and the requested amount of time needed for the exception or variance.

OREGON ADMINISTRATIVE RULES
HEALTH DIVISION

DIVISION 27

HOME HEALTH AGENCIES

Definitions

333-27-005 (1) "Home Health Agency" means a public or private agency providing coordinated home health services on an intermittent home visiting basis. Further, such agency is one that is primarily engaged in skilled nursing and at least one other service, as designated in sections 333-27-015 (2) through (4). Home health agency does not include any visiting nurse service or home health service conducted by and for those who rely upon spiritual means through prayer alone for healing in accordance with the tenets and practices of a recognized church or religious denomination.

(2) "Home Health Service" means items and services furnished to an individual by a home health agency, or by others under arrangement with such agency, on a visiting basis in a place of temporary or permanent residence used as the individual's home for the purpose of maintaining that individual at home.

(3) "Division" means the Health Division of the Department of Human Resources.

(4) "Administrator" of home health agency, a person who:

- (a) Is a licensed physician; or
- (b) Is a registered nurse; or
- (c) Has training and experience in health service administration and at least one year of supervisory or overall administrative experience in home health care or related health programs.

(5) "Ancillary Personnel" means those persons employed by a home health agency who make home visits and are under the supervision of the professional person.

(6) "Bylaws or equivalent". A set of rules adopted by a home health agency for governing the agency's operation.

(7) "Branch Office". A location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and shares administration, supervision, and services in a manner that renders it in compliance with these rules.

(8) "Clinical Note". A dated, written, signed notation by a member of the home health agency team of a contact with a patient containing a description of signs and symptoms, treatment and/or drug given, patient's reaction, and any changes in physical or emotional conditions.

(9) "Coordinated" when used in conjunction with the phrase "home health services" means the integration of the multidisciplinary services provided by patient care staff directed toward meeting the home health needs of the patient.

(10) "Intermittent" when used in conjunction with home health service means a predictable recurring need for service.

(11) "Home Health Aide". A person who has satisfactorily completed a home health aide course, the curriculum of which is approved by the Health Division and certification of completion is issued by the training program which has received curriculum approval or who, prior to January 1, 1978, was issued a home health aide certificate by the Oregon State Health Division.

(12) "Homemaker". A person who has satisfactorily completed a homemaker training course, the curriculum of which is approved by the Health Division and certification of completion is issued by the training program which has received the curriculum approval.

(13) "Homemaker Services". Homemaker service is a supportive in-home program designed to maintain, strengthen, or restore individuals and families in their own home. It is a team effort provided in conjunction with social and/or health services which are responsible for establishing need, a care plan, and on-going evaluation.

(14) "Homemaker Supervisor". A person who has a baccalaureate degree in social sciences, home economics, other allied fields or a professional license in the field of health services. This person shall have at least one year experience in his field.

(15) "Licensed Practical Nurse". A person licensed by the Oregon Board of Nursing to practice practical nursing.

(16) "Occupational Therapist". A person who is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association, and is

OREGON ADMINISTRATIVE RULES
HEALTH DIVISION

eligible for the National Registration Examination of the American Occupational Therapy Association.

(17) "Occupational Therapy Assistant". A person who meets the requirements for certification as an occupational therapy assistant established by the American Occupational Therapy Association.

(18) "Parent home health Agency" is a licensed home health agency which has branches and/or subunits.

(19) "Part-time" when used in conjunction with "home health services" means that service is usually provided for a few hours a day several times a week.

(20) "Physical Therapist". A person licensed to practice as a physical therapist by the Oregon Board of Physical Therapy Examiners.

(21) "Physical Therapist Assistant". A person licensed to practice as a physical therapist assistant by the Oregon Board of Physical Therapy Examiners.

(22) "Physician". A doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which such function or action is performed.

(23) "Primary home Health Agency". The agency responsible for the service rendered to patients and for implementation of the plan of treatment.

(24) "Primary Service" means the skilled nursing services shall be the largest unit of service provided, based on a comparison of the number of home visits provided by each professional service in a home health agency.

(25) "Progress Note". A dated, written, signed notation by a member of the health team, summarizing facts about care and the patient's response during a given period of time.

(26) "Public health Nurse". a registered nurse who has completed a baccalaureate degree program approved by the National League for Nursing for public health nursing preparation or post-registered nurse study, which includes content approved by the National League for Nursing for public health nursing preparation and is currently licensed in the State of Oregon.

(27) "Registered Nurse". A person licensed by the Oregon Board of Nursing to practice as a registered nurse.

(28) "Skilled Nursing" means those pa-

tient care services pertaining to the curative, restorative, and preventive aspects of nursing performed by or under the supervision of a registered nurse pursuant to the plan of treatment established by the physician in consultation with home health agency staff. Skilled nursing emphasizes a high level of nursing direction, observation, and skill.

(29) "Social Worker". A person who has a master's degree from a school of social work accredited by the Council on Social Work Education and has one year of social work experience in a health care setting.

(30) "Social Work Assistant". A person who has a baccalaureate degree in social work, psychology, or other field related to social work and has had at least one year of social work experience in a health care setting.

(31) "Speech Pathologist". A person licensed by the Oregon Board of Speech Pathology and Audiology Examiners to practice as a speech pathologist.

(32) "Subdivision". A component of multifunction health agency, such as the home care department of a hospital or nursing division of a health department. A subdivision which has subunits and/or branches is regarded as a parent agency.

(33) "Subunit". A location or site from which a home health agency provides services at a distance of more than thirty (30) miles from the parent agency, unless it is demonstrated to the satisfaction of the health Division that the location or site does have the capability of sharing administration, supervision, and services on a daily basis with the parent agency.

(34) "Summary Report". A compilation of the pertinent factors from the clinical notes and progress notes regarding a patient which is submitted as a summary report to the patient's physician.

(35) "Supervision". Authoritative procedural guidance by a qualified person for the accomplishment of a function or activity with initial direction and periodic inspection of the actual act of accomplishing the function or activity.

Statutory Authority: Chapter 738,
Oregon Laws 1977

Hist: Filed and Eff. 12-30-77 as HD 151

Services and Administration

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Services and Administration

333-27-010 On or after January 1, 1978, no agency or person shall establish, conduct, or maintain a home health agency or organization providing home health services for compensation including a subdivision of a public or private agency or a multi-function organization, or hold itself out to the public as a home health agency or organization without being duly licensed by the Oregon State Health Division. A subdivision shall independently meet the rules for home health agencies. Issuance and retention of a license is contingent upon compliance with Chapter 738, Oregon Laws 1977 and the health Division rules. Prior approval must be obtained from the division for the implementation of each additional service beyond those services identified on the initial application for licensure.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Services and Supplies

333-27-015 Services and supplies offered or provided by a home health agency include only those described in sections (1) through (5). Such services and supplies as are required by law to be prescribed by a physician shall only be offered or provided when under a plan of treatment established and periodically reviewed by the physician:

(1) Part-time or intermittent nursing care provided by or under the supervision of a registered nurse;

(2) Physical, occupational, or speech therapy, medical social services or other therapeutic services which are designed to maintain, improve, or restore any physical or mental condition.

(3) Part-time or intermittent home health aide services;

(4) Any homemaking services provided by the home health agency to assist an individual to remain at home; and

(5) Medical supplies, other than drugs and biologicals, and the use of medical appliances.

Administration of Home Health Agency

333-27-020 The organization, services provided, administrative control, and lines of authority for the delegation of responsibility down to the patient care level should be clearly set forth in writing. Administrative and supervisory functions shall not be delegated to another agency or organization and all services not provided directly shall be monitored and controlled by the primary agency, including services provided through subunits of the parent agency. If a home health agency has subunits, appropriate administrative records shall be maintained for each subunit.

Services provided by the agency staff working out of their individual homes within a portion of the geographic area served by a home health agency, shall not by virtue of this alone, be deemed to be services of a subunit, so long as these services are controlled, supervised, and evaluated by the home health agency, in accordance with written agency policy. Such policy shall, as a minimum, include:

(1) A conference at the home health agency office at least every two weeks with the supervisor to review the plan(s) of treatment.

(2) A telephone conference on at least a weekly basis between office conferences.

(3) Supervisor participation in the development of the plan of treatment.

(4) Procedures for submitting clinical and progress notes, summary reports, schedule of visits and periodic evaluation.

Documentation of these activities will be maintained:

(a) Governing Body: A governing body (or designated persons so functioning) assumes full legal authority and fiscal responsibility for the operation of the agency.

The governing body:

(A) Employs a qualified administrator;

(B) Appoints a professional policy making committee (See subsection 333-27-020(4)(h));

(C) Adopts and annually reviews written by-laws or acceptable equivalent;

(D) Documents all decisions affecting home health services.

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(b) Administrator: The administrator, who may also be the supervising physician or registered nurse (subsection 333-27-020(4)(c)) shall:

(A) Have authority and responsibility for the management of the business affairs and the overall operation of the agency;

(b) Organize and direct the agency's on-going functions;

(C) Maintain ongoing liaison among the governing body, the professional policy making committee, and the staff;

(D) Employ qualified personnel and ensure adequate staff education and evaluations;

(E) Ensure the involvement of the supervising physician or registered nurse in all decisions regarding the professional staff and/or ancillary health personnel;

(F) Ensure the accuracy of public information materials and activities;

(G) Implement and carry out an effective budgeting and accounting system;

(H) Designate, in writing, a person qualified as an administrator to act in absence of the administrator.

(c) Supervising Physician or Registered Nurse: Professional and direct ancillary services provided are under the supervision and direction of a physician or registered nurse (preferably a public health nurse). Such person or a similarly qualified alternate, designated in writing, must be available at all times for consultation during operating hours of the agency. This individual shall have written authority, responsibility, and accountability for the:

(A) Functions, activities, and evaluation of all professional and ancillary staff for conformity to agency policies, procedures, and professional standards.

(B) Quality of home health services.

(C) Orientation and in-service education for all professional staff members and ancillary personnel, including those under contract.

(D) Coordination of home health services.

(E) Development and documentation of all written material related to professional and direct ancillary home health services, including policies, procedures, and standards for home health service.

(F) Participation in development of job descriptions and participation in employment decisions affecting home health personnel providing direct services.

(d) Personnel Policies: Personnel practices are supported by appropriate written policies. Development of written policies will include, but are not limited to:

(A) Hours of work;

(B) Orientation and inservice program;

(C) Work performance evaluations and conferences;

(D) Frequency and nature of health examinations for all employees providing services to patients.

Personnel records include: job descriptions; qualifications; licensure; performance evaluations; and health examinations and are kept current.

(e) Personnel under hourly or per visit contracts: If personnel under hourly or per visit contracts are utilized by the home health agency, there shall be a written contract between such personnel and the agency clearly designating:

(A) That patients are accepted for care only by the primary home health agency;

(B) The services to be provided;

(C) The necessity to conform to all applicable agency policies, including personnel qualifications;

(D) The responsibility for participating in developing plan of treatment;

(E) The manner in which services will be controlled, coordinated, and evaluated by the primary agency;

(F) The procedures for submitting clinical and progress notes, summary report, scheduling of visits, periodic patient evaluation.

(f) Services under arrangements: Services (see rule 333-27-015) provided under arrangement with another public, private, or nonprofit agency must be subject to written contract conforming with the requirements specified in subsection 333-27-020(4)(e) of this section.

(g) Overall Plan and Budget: The home health agency, under the direction of the governing body, prepares and documents an overall program plan and annual operating budget. The operating budget will include all anticipated income and expenses related to items which would, under generally accepted accounting principles, be considered income and expense items. The overall program plan and budget shall be reviewed and updated at least annually by a committee consisting of representatives of the govern-

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ing body, the administrative staff, and the professional staff of the home health agency.

(h) Professional Policy Making: A professional policy making committee composed of professional personnel associated with the agency shall be appointed by and be responsible to the governing body. The committee shall include one or more physicians and one or more registered nurses, at least two of whom are neither owners nor employees of the agency, and two consumers. Duties of the committee are: to establish in writing and annually review the agency's

policies governing: scope of services offered; admission and discharge policies; medical supervision; plans of treatment; emergency care; clinical records; personnel qualifications; and program evaluation. The committee of professional personnel shall also meet as needed to advise the agency on other professional issues. They will participate with the agency staff in the annual evaluation of the agency's program.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Organization and Quality of Patient Care

Acceptance of Patients

333-27-025 Patients are accepted for treatment on the basis of a reasonable expectation that the patient's needs can be met adequately by the agency in the patient's place of residence.

The following must be considered in relation to acceptance of patients:

- (1) Adequacy and suitability of staff and resources to provide needed services.
- (2) Assessment of medical, nursing, and social needs of the patient as they relate to the benefits derived from home care.
- (3) Attitudes of patient and family.
- (4) A plan to meet medical emergencies.
- (5) Adequacy of physical facilities and equipment.
- (6) Availability, ability, and willingness of others to participate in the care.
- (7) The agency's described limitation of services.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Plan of Treatment

333-27-030 The plan of treatment developed in consultation with the agency staff and established at the time of, or prior to, acceptance of the patient covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, and safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items. If a patient is accepted under a plan of treatment which cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modifications to the original plan. Orders for therapy services include the specific procedures and modalities to be used and the amount, frequency and duration. The therapist and other agency personnel participate in developing the plan of treatment. The plan of treatment is signed by the attend-

ing physician and included in the patient's clinical record within 14 days following acceptance of the patient by the home health agency.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Periodic Review of Plan of Treatment

333-27-035 The total plan of treatment is reviewed by the attending physician and home health agency personnel as often as the severity of the patient's condition requires, but at least once every sixty (60) days. Agency professional staff promptly alerts the physician to any changes that suggest a need to alter the plan of treatment. Such information to the physician is documented in the clinical record. The updated total plan of treatment is signed by the attending physician and included in the patient's clinical record within 14 days.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Conformance with Physician's Orders

333-27-040 Drugs and treatments are administered by agency staff only as ordered by the physician. The nurse or therapist immediately records and signs oral orders and obtains the physician's countersignature within 14 days. Agency staff checks all medicines a patient may be taking to identify possible ineffective drug therapy or adverse reactions, significant side effects, drug allergies, and contraindicated medication, documents, and promptly reports any problems to the physician.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Coordination of Patient Services

333-27-045 All personnel providing services maintain liaison to assure that their efforts effectively complement one another and support the objectives outlined in the plan of treatment. The clinical record or

minutes of case conferences establish that effective interchange, reporting, and coordinated patient evaluation does occur. This can be accomplished by a meeting or telephone conference and will be documented at least monthly. A written summary report for each patient is sent to the attending physician at least every sixty (60) days.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Nursing Services

333-27-050 The home health agency provides skilled nursing service by, or under, the supervision of a registered nurse and in accordance with the plan of treatment:

(1) Registered Nurse: Duties: The registered nurse makes the initial visit, regularly reevaluates the patient's nursing needs, initiates appropriate preventive and rehabilitative nursing procedures, provides those services requiring substantial specialized nursing skills, prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs, counsels the patient and family in meeting nursing and related needs, participates in inservice programs, and supervises and teaches other nursing personnel.

(2) Licensed Practical Nurse:

(a) Duties: The licensed practical nurse provides services in accordance with agency policies, prepares clinical and progress notes, assists the physician and/or registered nurse in performing specialized procedures, prepares equipment and materials for treatments, observing aseptic techniques as required, and assists the patient in learning designated self-care techniques.

(b) Supervision of Licensed Practical Nurse: Services provided by a licensed practical nurse will be furnished under the supervision of a registered nurse. Such supervision will include as a minimum:

(A) Initial evaluation of the patient to identify appropriate tasks to be performed by the practical nurse. These tasks will be documented in clinical records.

(B) A visit to the patient's residence at least once a month when the patient's condi-

tion is unstable, or at 60-day intervals when the patient's condition is stable, either when the practical nurse is present, to observe and assist, or when the licensed practical nurse is absent, to assess relationships and determine that goals are being met. Documentation of these activities will be maintained in the patient's clinical record.

(3) Home Health Aide: When an agency provides or arranges for home health aide service, the aides are assigned because the plan of treatment, as defined in rule 333-27-020 specifies that the patient needs personal care. Such services are provided under the supervision of a registered nurse, or therapist as appropriate.

(a) Duties of Home Health Aide:

(A) Performance of simple procedures as an extension of appropriate therapy services;

(B) Personal care;

(C) Ambulation and exercise;

(D) Household services essential health care at home;

(E) Assistance with medications that are ordinarily self-administered;

(F) Reporting changes in the patient's condition and needs;

(G) Completing appropriate records.

(b) Training of Home Health Aides: Training follows the curriculum approved by the Oregon State Health Division. Certificate of satisfactory completion of training will be issued by the training program and distributed to the trainee and the Oregon Board of Nursing. At a minimum, home health aide training will be subject to the following rules:

(A) Faculty for basic training:

(i) Training in personal care services shall be given by a registered nurse.

(ii) Physicians, Nutritionist, Physical Therapists, Medical Social Workers, and other health personnel shall be involved in appropriate aspects of the training program.

(B) The basic training program for home health aides shall consist of at least a minimum of 120 hours and must include the basic nursing assistant preparation defined in the Administrative Rules of the board of Nursing and will include the following:

(i) Introduction (4 hours) consisting of definitions, functions, and responsibili-

ties of a home health aide as a member of the health service team in a home health agency and interpretation of the importance of understanding the employing agency's policies.

(ii) Interpretation of medical and social needs of people being served (20 hours).

(iii) Personal services (70 hours) those supportive services which are required to help provide and maintain normal physical and emotional comfort and to assist the patient toward independent living in a safe environment.

(iv) Cleaning and care tasks in the home (16 hours).

(v) Nutrition (10 hours).

(C) Orientation: Orientation of all home health aides to the agency's program shall be carried out within two (2) weeks of employment, be documented, and include:

(i) Policies and objectives of the agency.

(ii) Information concerning the duties of a home health aide.

(iii) The functions of other health personnel employed by the agency and how they relate to each other in caring for the patient.

(iv) Information about other community agencies.

(v) Ethics and confidentiality.

(D) Training on the Job: In addition to basic training and orientation the home health aide shall receive on-the-job instruction for carrying out procedures. Continuing inservice training, at least quarterly, shall be provided. All on the job training and inservice training shall be documented.

(E) Assignment of the home health aide: The home health aide is assigned to a particular patient by a registered nurse. Written instructions for patient care are prepared by a registered nurse or therapist as appropriate.

(F) Supervision of the home health aide: The registered nurse, or appropriate professional staff member if other services are provided, makes a supervisory visit to the patient's residence at least every four weeks, either when the aide is present to observe and assists or when the aide is absent to assess relationships and determine whether goals are being met. Documentation of these activities will be maintained in

the patient's clinical record.

(4) Homemaker: When an agency provides or arranges for homemaker services, the homemakers are assigned because the care plan specifies that the client needs homemaker care. Such services are provided under the supervision of a professional employed by the home health agency.

(a) Duties of a Homemaker:

(A) Assist in teaching and demonstrating individual and family care and household management techniques for self-care and independent living.

(B) Assist in providing individual and family care services.

(C) Assist with home management.

(D) Assist in providing social and emotional support.

(b) Training of the homemaker: Training follows the curriculum approved by the Oregon State Health Division. Certificate of satisfactory completion of training will be issued by the training program and distributed to the trainee. At a minimum, homemaker training will be subject to the following rules:

(A) Faculty for Basic Training: Various professional disciplines from the health and social service field, i.e.: registered nurses; social workers; nutritionists; home economists; and other health personnel will be involved in the appropriate aspects of the initial training program.

(B) The basic training program for homemakers shall consist of at least a minimum of 50 hours of theory combined with 10 hours of supervised field experience in the following areas:

(i) 4 hours: The agency, the community and the homemaker. The family and the homemaker;

(ii) 20 hours: Mental health and mental illness. The ill, disabled, and the elderly; the child in the family;

(iii) 15 hours: Care and maintenance of the home. Family budgeting and money management;

(iv) 10 hours: Nutrition and food preparation;

(v) 10 hours: Responsibility of personal care and rehabilitative service. First aid and accident prevention.

(C) Formalized inservice training shall be provided at least quarterly, taught by professionals in areas of expertise appropriate

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appropriate to homemaker service, as related but not limited to the ten basic training areas. All inservice training shall be documented.

(c) Placement of Homemakers: The homemaker is placed with a particular person or family by the homemaker supervisor, following evaluation of need and written care plan.

(d) Supervision of Homemakers: The homemaker supervisor shall provide direct supervision as necessary and be readily available at other times by telephone. Minimum documented supervision shall include:

(A) An initial home visit by the homemaker supervisor to identify tasks to be performed by the homemaker.

(B) A home visit at least every 60 days thereafter.

(C) A conference between the homemaker supervisor and homemaker at two week intervals.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Therapy Services

333-27-055 (1) Physical Therapy Services: Any physical therapy services offered by the home health agency, directly or under arrangement, are given by a qualified physical therapist or by a qualified physical therapist assistant under the supervision of a qualified physical therapist in accordance with the plan of treatment:

(a) Duties of Physical Therapist: Assist the physician in evaluating levels of function, help develop the plan of treatment (revising as necessary), prepare clinical and progress notes, advise and consult with the family and other agency personnel, participate in inservice programs, and provide services.

(b) Duties of the Physical Therapist Assistant: A qualified physical therapist assistant performs services planned, delegated, and supervised by the physical therapist; assists in preparing clinical notes and progress reports; participates in educating the patient and family; and participates in inservice programs.

(c) Supervision of Physical Therapist Assistant: Services of a qualified physical

therapist assistant must be furnished under the supervision of a qualified physical therapist. Such supervision will include as a minimum:

(A) Initial evaluation of the patient to identify appropriate tasks to be performed by the physical therapist assistant. These tasks will be documented in individual clinical records.

(B) A visit to the patient's residence at least once a month when the patient's condition is unstable, or at 60-day intervals when the patient's condition is stable, either when the assistant is present to observe and assist or when the assistant is absent, to assess relationship and determine that goals are being met. Documentation of these activities will be maintained in the patient's clinical record.

(2) Occupational Therapy Services: Any occupational therapy services offered by the home health agency, directly or under arrangement, are given by a qualified occupational therapist or by a qualified occupational therapist assistant under the supervision of a qualified occupational therapist in accordance with the plan of treatment:

(a) Duties of the Occupational Therapist: Assist the physician in evaluating levels of function, help develop the plan of treatment (revising as necessary), prepare clinical and progress notes, advise and consult with the family and other agency personnel, participate in inservice programs, and provide services.

(b) Duties of the Occupational Therapist Assistant: Perform services planned, delegated, and supervised by the occupational therapist; assist in preparing clinical notes and progress reports; participate in educating the patient and family; and participate in inservice programs.

(c) Supervision of Occupational Therapist Assistant: Services provided by a qualified occupational therapist assistant must be furnished under the supervision of a qualified occupational therapist. Such supervision will include as a minimum:

(A) Initial evaluation of the patient to identify appropriate tasks to be performed by the occupational therapist assistant. These tasks will be documented in individual clinical records.

(B) A visit to the patient's residence at

least once a month when the patient's condition is unstable, or at 60-day intervals when the patient's condition is stable, either when the assistant is present to observe and assist or when the assistant is absent, to assess relationships and determine that goals are being met. Documentation of these activities will be maintained in the patient's clinical record.

(3)(a) **Speech Therapy Services:** Any speech therapy services offered by the home health agency, directly or under arrangement, are given by a qualified speech pathologist in accordance with the plan of treatment.

(b) **Duties of the Speech Pathologist:** Assist the physician in evaluating the level of function; help develop the plan of treatment (revising as necessary); prepare clinical and progress notes; advise and consult with the family and other agency personnel; participate in inservice programs; and provide services.

(4) **Medical Social Services:** Medical social services, when provided, are given by a qualified social worker or by a qualified social work assistant under the supervision of a qualified social worker and in accordance with the plan of treatment:

(a) **Duties of the Qualified Medical Social worker:** Assist the physician, other team members, and the family in understanding the significant social and emotional factors related to health problems of the patient; participate in the development of the plan of treatment; prepare clinical and progress notes; work with the family; utilize appropriate community resources; participate in discharge planning and inservice programs; and act as a consultant to other agency personnel.

(b) **Duties of the Social Work Assistant:** perform services planned, delegated, and supervised by the qualified social worker, prepare clinical notes and progress reports; and participate in inservice programs.

(c) **Supervision of the Social Work Assistant Services** provided by a qualified social work assistant will be furnished under the supervision of a qualified social worker. Such supervision will include as a minimum:

(A) Initial evaluation of the patient to identify appropriate tasks to be performed by the social work assistant. These tasks

will be documented in individual clinical records.

(B) Following the initial evaluation by the qualified social worker and the development of the plan of treatment, documented supervisory conferences with the assistant will be held at least two times monthly to assess adherence to goals and quality of relationship. In the event the situation changes and requires changes in the treatment plan and goals, the supervisor will make a joint visit with the assistant to revise the plan of treatment.

Statutory Authority: Chapter 738,
Oregon Laws 1977

Hist: Filed and Eff. 12-30-77 as HD 151

Clinical Records

333-27-060 (1) The home health agency shall maintain, for each patient, a clinical record which covers the service the agency provides directly, or those provided through arrangement with another agency. The record shall contain pertinent past and current findings in accordance with accepted professional standards for every patient receiving home health services. In addition to the plan of treatment, the record shall contain the following appropriate information: patient identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes (clinical notes shall be written the day service is rendered and incorporated into clinical records at least weekly), copies of summary reports that have been sent to the physician and a discharge summary.

Authorized personnel of the division shall be permitted to review clinical records as necessary to determine compliance with these rules.

(2) **Retention and Protection of Records:**

(a) The administrator of the home health agency is responsible for proper preparation, adequacy, and preservation of the clinical records.

(b) The home health agency shall have written policies to govern the implementation of, access to, maintenance, utilization, storage, and disposition of all clinical records.

(c) Clinical records are the property of

the home health agency.

(d) Original clinical records may be replaced with microfilmed copies.

(e) All clinical records shall be kept for a period of seven (7) years after the date of last discharge of the patient. Clinical records maintained for minor children shall be kept for periods of time as described by appropriate state laws.

(f) If a home health agency changes ownership, all clinical records in original or microfilmed form shall remain in the home health agency and it shall be the responsibility of the new owner to protect and maintain these records.

(g) In the event of dissolution of a home health agency, the administrator shall notify the division as to where the clinical records are stored.

(h) Non-medical records may be retained according to the policy of the individual home health agency.

(3) Financial Records: Financial records will be maintained on all patients and be available to Health Division personnel upon request.

Statutory Authority: Chapter 738,
Oregon Laws 1977

Hist: Filed and Eff. 12-30-77 as HD 151

Program Evaluation

333-27-005 The home health agency shall have written policies requiring an overall evaluation of the agency's total program plan at least once a year by the agency's appointed professional policy-making committee and the agency staff. The evaluation shall consist of reviews of overall policy and administrative practices and a clinical record review. The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective, and efficient. A written report of the evaluation shall be forwarded to, and be acted upon by the governing body of the agency. Evaluation reports shall be maintained as administrative records:

(1) Policy and Administrative Review: As part of the evaluation process, the policies and administrative practices of the agency shall be reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective,

and efficient. Written procedures shall be established for the collection of pertinent data to assist in evaluation. The data to be considered may include, but are not limited to: number of patients receiving each service offered, number of patient visits, reasons for discharge, breakdown of diagnosis, sources of referral, number of patients not accepted (with reasons), and total staff days for each service offered.

(2) Clinical Record Review: At least quarterly, health professionals, representing the disciplines involved in the agency's program, shall review a sample of both active and closed clinical records to assure that established policies are followed in providing services (direct services as well as services under arrangement). There shall be continuing review of clinical records for each 60-day period that a patient receives home health services to determine adequacy of the plan of treatment and appropriateness of continuation of care. Clinical record reviews shall be documented and maintained in administrative files of the home health agency.

Statutory Authority: Chapter 738,
Oregon Laws 1977

Hist: Filed and Eff. 12-30-77 as HD 151

License Required

333-27-070 On and after January 1, 1978, no public or private agency or person shall establish, conduct, or maintain a home health agency or organization providing home health services for compensation (including a subdivision of a public or private agency or a multifunction agency) or hold itself out to the public as a home health agency or organization without first obtaining such a license in accordance with the rules of the Health Division.

Application for a license, accompanied by the required fee, shall be made to the division, upon forms provided by the division, at least thirty (30) days prior to the provision of any home health services by a home health agency. The application shall contain:

(1) The full title and address of the home health agency to be licensed.

(2) Full and complete information as to the identity and address:

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(a) Of individual owner;

(b) In case the home health agency is organized as a corporation, of each officer and director of the corporation and its registered agent; and

(c) In case the home health agency is organized as a partnership, of each partner.

(3) The location of the parent home health agency for which the license is sought, and the location of each branch office and subunit.

(4) The name of the home health agency administrator and supervising physician or registered nurse for each home health agency and for each subunit (if any).

(5) The geographic area served by the home health agency and each subunit.

(6) Such other information as the division may require.

Statutory Authority: Chapter 738,
Oregon Laws 1977

Hist: Filed and Eff. 12-30-77 as HD 151

Required Fees

333-27-075 Fee for an initial license and annual renewal of a license shall be \$200.00, plus an additional \$200.00 for each subunit of a parent home health agency.

Statutory Authority: Chapter 738,
Oregon Laws 1977

Hist: Filed and Eff. 12-30-77 as HD 151

License Issued

333-27-080 (1) Upon receipt of an application and the required fee, the division may make a survey of the proposed home health agency, including proposed subunits, to determine if the agency is in compliance with Chapter 738, Oregon Laws 1977 and the rules of the division. If the agency is in substantial compliance, a license may be issued for the operation of the home health agency, including subunits if any. The division will issue a certificate for each subunit, identifying its licensure under the home health agency's license.

(2) Each home health agency license shall expire on the 31st day of December of each calendar year.

(3) Each license shall be issued only for the premises and persons, public or private agencies, named in the application and shall not be transferable or assignable.

(4) The home health agency license shall be conspicuously posted on the premises of the home health agency. The certificate identifying a subunit's licensure under the home health agency license shall be conspicuously posted on the premises of each subunit.

Statutory Authority: Chapter 738,
Oregon Laws 1977

Hist: Filed and Eff. 12-30-77 as HD 151

Subunits

333-27-085 Each subunit shall be semi-autonomous and comply independently with Chapter 738, Oregon Laws 1977 and the rules of the division. All written documentation required by the division must be maintained at the parent agency and each subunit.

Statutory Authority: Chapter 738,
Oregon Laws 1977

Hist: Filed and Eff. 12-30-77 as HD 151

Surveys

333-27-090 The division may annually make a survey of each home health agency and each subunit of a home health agency to determine compliance with Chapter 738, Oregon Laws 1977 and the rules of the division. All records of each home health agency and subunits shall be open to inspection during business hours to a representative of the division for the purpose of determining compliance with Chapter 738, Oregon Laws 1977 and the rules of the division.

Statutory Authority: Chapter 738,
Oregon Laws 1977

Hist: Filed and Eff. 12-30-77 as HD 151

Renewal of Licenses

333-27-095 Application for renewal shall be submitted to the division, on a form supplied by the division, accompanied by the required fee, not less than thirty (30) days prior to expiration date. Renewal licenses may be issued contingent upon evidence of substantial compliance with the

licensing law and the rules of the division, and receipt of an annual statistical report containing such information as may be prescribed by the division. Any deficiencies of which the licensee has been notified in writing will be corrected within a time limit set by the division, not to exceed ninety (90) days.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Denial, Suspension, or Revocation of License

333-27-100 (1) The division may deny, suspend, or revoke the license of any home health agency for failure to comply with Chapter 738, Oregon Laws 1977 or the rules of the division.

(2) License denials, suspension, and revocation shall be in accordance with ORS 183.310 to 183.500.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

Violation of Rules and Regulations

333-27-105 Any operation of a home health agency without a license issued by the division is punishable as a Class C misdemeanor. Any falsification of an application for a license is punishable as a Class B misdemeanor.

Statutory Authority: Chapter 738,
Oregon Laws 1977
Hist: Filed and Eff. 12-30-77 as HD 151

ORDINANCE NO.

150175

An Ordinance authorizing acceptance of the Oregon Project Independence Grant Award Contract in the sum of \$510,898, from the State Office of Elderly Affairs, to continue in-home support services for the elderly under the Human Resources Bureau, AU 380, for the period July 1, 1980, through June 30, 1981; amending the FY 1980-81 City Budget by decreasing appropriations in the amount of \$2,075; transferring funds; adjusting line items and declaring an emergency.

The City of Portland ordains:

Section 1. The Council finds:

1. Pursuant to Ordinance No. 149809, approved by Council June 25, 1980, submittal of a grant application to the State Office of Elderly Affairs in the amount of \$2,319,951 was authorized to continue services for the elderly under the Area Agency on Aging, for the period July 1, 1980, through June 30, 1981.
2. No local match is required.
3. Indirect costs are not allowed on this grant.
4. It is therefore appropriate that the Commissioner-in-Charge and the Auditor accept, on behalf of the City of Portland, the Oregon Project Independence Grant Award Contract, in the sum of \$510,898, from the State Office of Elderly Affairs for the period of July 1, 1980, through June 30, 1981, to continue in-home support services for the elderly as set forth in Exhibit "A"; that the FY 1980-81 City Budget be amended by decreasing appropriations in the amount of \$2,075; transferring funds; and adjusting line items.

NOW, THEREFORE, the Council directs:

- a. The Commissioner-in-Charge and the Auditor are hereby authorized to accept, on behalf of the City of Portland, the Oregon Project Independence Grant Award Contract in the amount of \$510,898 to continue in-home support services for the elderly for the period of July 1, 1980, through June 30, 1981, as set forth in Exhibit "A"; and the FY 1980-81 City Budget is amended by decreasing appropriations in the amount of \$2,075; transferring funds and adjusting line items in the following manner:

FEDERAL/STATE GRANTS FUND

Resources: Oregon Project Independence State of Oregon	[\$2,075]
Requirements: Transfer to other funds, General	[\$2,075]

Calendar No. 2833

ORDINANCE No. 150175

Title

An Ordinance authorizing acceptance of the Oregon Project Independence Grant Award Contract in the sum of \$510,898 from the State Office of Elderly Affairs, to continue in-home support services for the elderly under the Human Resources Bureau, AU 380, for the period of July 1, 1980, through June 30, 1981; amending the FY 1980-81 City Budget by decreasing appropriations in the amount of \$2,075; transferring funds; adjusting line items; and declaring an emergency.

THE COMMISSIONERS VOTED AS FOLLOWS:		
	Yeas	Nays
Ivancie	1	
Jordan	1	
Lindberg	1	
Schwab	1	
McCready	1	

FOUR-FIFTHS CALENDAR	
Ivancie	
Jordan	
Lindberg	
Schwab	
McCready	

INTRODUCED BY
Commissioner Ivancie

NOTED BY THE COMMISSIONER
Affairs
Finance and Administration
Safety
Utilities <i>FJI man</i>
Works

BUREAU APPROVAL
Bureau:
Prepared By: <i>EH</i> Date: 7-18-80
E. Hepburn
Budget Impact Review:
<input type="checkbox"/> Completed <input type="checkbox"/> Not required
Bureau Head: <i>Smatt Hepburn</i>
Erma Hepburn

CALENDAR	
Consent	Regular <input checked="" type="checkbox"/>

NOTED BY
City Attorney
City Auditor
City Engineer

Filed JUL 31 1980

GEORGE YERKOVICH
Auditor of the CITY OF PORTLAND

By: *Jordan*
Deputy