# NURSING HOME

Informal Dispute Resolution

(RCS)

Guidelines

2024

***Table of Contents***

***Definitions***

***Section 1:***

***Preface***

***ALTSA Vision and Mission***

***Residential Care Services***

***Guiding Principles***

***Code of Ethics***

***Section 2: Authority***

***State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities***

***State Operations Manual Appendix Q – Core Guidelines for Determining Immediate Jeopardy***

***RCW 18.51 – Nursing Homes***

***WAC 388-97 – Nursing Homes***

***RCW 74.34 – Abuse of Vulnerable Adults***

***WAC 388-112A – Residential Long – Term Care Services Training***

***WAC 388-113 – Disqualifying Crimes and Negative Actions***

***Nursing Home Guidebook***

***Section 3: Policies and Procedures***

***Provider Notification of IDR Rights***

 ***Provider IDR Request Procedure***

 ***Receipt/Scheduling - IDR Requests***

 ***Department Evidence***

***Panel Expectation***

***IDR Volunteer Coordinator***

 ***IDR Panel Member Structure***

 ***In Person and Telephone IDR Reviews***

 ***Desk IDR Reviews***

 ***Analysis Considerations***

 ***Panel Recommendations***

 ***Provider IDR Results Communication***

**DEFINITIONS**

**AA:** Administrative Assistant

**Aging and Long-Term Support Administration (ALTSA)**: ALTSA is an Administration of the Department of Social and Health Services

**Centers for Medicare and Medicaid Services (CMS):** Federal agency responsible for regulation of Nursing Homes

**Code of Federal Regulations (CFR):** The codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

**Consumer**: An individual who has or is receiving long-term care services in and Nursing Home or resident advocate

**Confidential:** Restricting the sharing of information with the exception of involved department staff

**Department**: ALTSA

**Department Staff**: Staff employed by ALTSA

**Desk Review**: An IDR in which only documents submitted by associated parties are part of the review

**Division Director**: Director of Residential Care Services

**Enforcement Action**: RCS’s responses to serious noncompliance with RCW 18.51, WAC 388-97, 42 CFR 488.331 and SOM 7212 1 – 4

**Evidence**: Data presented as proof of facts that may include testimony, records, documents or objects

**FMS**: Facility Management System – Electronic licensing software system used by RCS staff

**IDR Program AA**: Administrative support staff for the IDR program

**IDR Volunteer Coordinator**: RCS staff responsible for coordinating all IDR volunteer activities

**In-Person:** Review will be conducted virtually using video technology

**Licensee**: Individual or entity licensed as a Nursing Home (NH) provider

**Panel IDR**: IDR heard by a volunteer panel. (Presently only used in the NH program)

**Panel Chair**: RCS staff person responsible for directing panel meetings

**Provider**: May be used interchangeably with licensee

**Quorum**: Must include at least one provider and one RCS representative (not including the panel chair).

**Residential Care Services (RCS)** –Residential Care Services is a Division within ALTSA and provides the regulatory oversight of Nursing Homes.

**RCS Representative**: Member of the NH IDR Panel who is an RCS employee

**RCS Staff**: Residential Care Services employee responsible for issuing the citation or enforcement in dispute

**State Agency**: May be used interchangeably with RCS, ALTSA or DSHS

**Statement of Deficiencies**: (SOD) Report submitted by RCS staff documenting proof of the citation or enforcement (commonly referred to by the DSHS document number 2567)

**State Operations Manual (SOM):** Centers for Medicare and Medicaid Services federal document containing rules and guidelines for state surveys.

**Supporting Documentation**: Relevant documents submitted to support dispute of the citation or enforcement

**Telephone Review**: An IDR in which the disputing provider participates by phone

**Traditional IDR**: IDR heard by a single Department Staff not involved with decision making related to the citation or enforcement action

***SECTION 1.***

* ***Preface***
* ***ALTSA Mission Values and Vision***
* ***Residential Care Services Purpose and Objectives***
* ***Guiding Principles, Code of Ethics, and Conflict of Interest***

***PREFACE***

The goal of Informal Dispute Resolution is to give providers the opportunity to dispute regulatory decisions and ensure that citations and enforcement actions are supported by fair and consistent application of the regulations using evidence informed practice (when available and applicable).

This guidebook offers defined, structured, and adaptable steps to meet this goal. Its function is to act as an instruction manual for completing both traditional and panel IDRs. For a complete guide to IDR processes, please see the Informal Dispute Resolution Standard Operating Procedures Manual (SOP): [Chapter 22 - Informal Dispute Resolution.pdf (wa.gov)](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2022%20-%20Informal%20Dispute%20Resolution.pdf).

This guidebook provides core business process information but is not the law. Federal and state laws regarding the IDR process have precedence over this document.

***ALTSA MISSION, VALUES AND VISION***

**Aging and Long-Term Support Administration (ALTSA)**

* **Mission:**

We partner with people to access support, care and resources.

* **Values:**
* **Welcome** all with access and inclusion.
* **Serve** with respect and dignity.
* **Collaborate** with community.
* **Improve** services continually.
* **Communicate** with clarity and choices.
* **Vision –** People find human services to shape their own lives.

We strive for this through priorities such as:

* Building economic justice.
* Making modern changes to behavioral health.
* Advancing person-centered services.
* Serving people in their community of choice.
* Innovating technology.

***RESIDENTIAL CARE SERVICES (RCS)***

* **Our purpose** - To promote and protect the rights, security and well-being of individuals living in licensed or certified residential settings.
* **Our objectives include:**
* Advocacy partnerships with vulnerable individuals, their representatives, family members, providers, and others working for their benefit.
* A fair, consistent, and efficient regulatory system that promotes positive outcomes.
* A division culture that values learning, respect, improvement, teamwork, and adaptability.
* Individual and organization efforts to build a working environment that attracts and retains a highly skilled workforce.

***GUIDING PRINCIPLES, CODE OF ETHICS and CONFLICT OF INTEREST***

**Guiding Principles**

* Act in good faith, treat others with respect and professionalism recognizing that disagreements will occur.
* Comply with legal requirements of the program.
* Remain consistent with required timetables associated with adverse compliance actions.
* RCS regulated settings have a practice in place where the provider can contact the assigned Field Manager (FM) to request simple or minor edits without requesting an IDR. A minor or simple edit means a change to a SOD that would not lead to modification, deletion, or removal of a violation, parts of a violation, or an enforcement remedy imposed by the Department of Social and Health Services. Examples include:
	+ Reference to a client or resident identified as part of a sample.
	+ Date.
	+ Client, resident, or staff identifier.
	+ Gender identification of a client or resident; and
	+ Title or name of a document.

**This internal guidance does not negate a provider’s option to request an Informal Dispute Resolution**.

(See MB R22-044 for more details.)

* The IDR process will not be used to challenge any other aspect of the survey or investigative process including:
	+ Scope and severity assessments of deficiencies with the exception of scope and severity assessments that constitute substandard quality of care or immediate jeopardy
* The choice of remedies recommended or applied because of deficiencies.
* Failure of department staff to comply with the survey/licensing process.
* Inconsistency of department staff in citing deficiencies among facilities.
* Inadequacy or inaccuracy of the IDR process.
* Other previously administered citation(s) or enforcement actions.
* IDR is an informal administrative process, is not a formal evidentiary hearing and recordings are not allowed.
* Final decisions recommended in a panel IDR are not considered final decisions. **RCS has ultimate decision-making authority with regards to the final IDR decision.**

**Code of Ethics**

*This Code of Ethics are fundamental rules considered essential to the IDR process.*

* Preservation of the highest standards of integrity and ethical principles are vital to the credibility of the IDR process:
* Individuals making IDR recommendations and/or decisions must maintain a high standard of professional competence with regard to program regulations.
* All reviewers must be impartial.
* All reviewers must report possible conflicts of interest to RCS management staff immediately.
* All reviewers must sign a non-disclosure statement.
* All reviewers must keep information discussed during deliberations strictly confidential.
* For the **panel** process, reviewers must keep the voting history of individual panel member confidential.
* All reviewers are obligated to avoid conduct that is inconsistent with the spirit and purpose of the IDR process.
* The IDR process provides a forum for fair resolution of differences in opinion.

**Conflict of Interest**

* All reviewers must disclose any actual or potential circumstance that a reasonable person would consider a conflict of interest.
* Based on any conflict of interest, RCS may decide, at its sole discretion, to replace the reviewer.
* Examples of circumstances that should be disclosed include, but are not limited to the following situations:
* The reviewer is currently, or was within the past two years, an employee of the facility or its parent organization.
* The reviewer is currently or was within the past two years, under contract to provide services to the facility or its parent organization; the reviewer is a former employee of the facility and left employment under adverse circumstances.
* Review may not be employees of the provider associations affiliated with the type of facility disputing the citation(s).
* The reviewer has a family member receiving care from the disputing facility.
* Individuals employed by organizations that represent the type of provider disputing the department’s findings.
* The reviewer participated in or supervised staff who participated in the determination of the violation or enforcement action in dispute.
* Complaint/Inspection information must be kept confidential (consistent with the non-disclosure statement).
* Reviewers must inform RCS of actual or potential violations of this Code of Ethics and fully cooperate with any inquiries.
* All reviewers must not defend, support, or ignore unethical conduct exhibited by colleagues or peers. The department has authority to excuse anyone from conducting an IDR review if the appearance of a conflict of interest exists.

***SECTION 2.***

***AUTHORITY***

* + ***RCW 18.51.060***
	+ ***WAC 388-97-4420***
	+ ***42 CFR 488.331***
	+ ***SOM 7212 1-4***

**RCW** [**18.51.060**](http://app.leg.wa.gov/RCW/default.aspx?cite=70.128.167)

**Penalties—Grounds.**

(5)(d) A nursing home provider shall have the right to an informal review to present written evidence to refute the deficiencies cited as the basis for the stop placement. A request for an informal review must be made in writing within ten days of the effective date of the stop placement.

**WAC 388-97-4420**

**Informal department review.**

(1) For Medicare or Medicaid certified nursing homes, the informal department review process described in this section is the only opportunity for the nursing home to dispute the federal deficiency citation report, unless a federal sanction is imposed.

(2) The nursing home licensee has the right to an informal department review of disputed state or federal citations, or both.

(3) A licensee must make a written request for an informal department review within ten calendar days of receipt of the department's written deficiency citation(s) report. The request must be directed to the department's designated local aging and disability services administration office and must identify the deficiencies that are being disputed.

(4) At the informal department review, the licensee or nursing home may provide documentation and verbal explanations related to the disputed federal or state deficiencies, or both.

(5) When modifications or deletions are made to the disputed federal or state deficiency citations, or both, the licensee or nursing home must modify or delete the relevant portions of the plan of correction within five days of receipt of the modified or deleted deficiency(ies). The licensee or nursing home may request from the department a clean copy of the revised deficiency citation report.

(6) If the licensee or nursing home is unwilling to provide the modified plan of correction, the department may impose a per day civil fine for failure to return the modified deficiency citation report to the department in accordance with this subsection.

**42 CFR 488.331**

(a) ***Opportunity to refute survey findings.***

(1) For non-Federal surveys, the State must offer a facility an informal opportunity, at the facility's request, to dispute survey findings upon the facility's receipt of the official statement of deficiencies.

(2) For Federal surveys, CMS offers a facility an informal opportunity, at the facility's request, to dispute survey findings upon the facility's receipt of the official statement of deficiencies.

(3) For SNFs, dually-participating SNF/NFs, and NF-only facilities that have civil money penalties imposed by CMS that will be placed in a CMS escrow account, CMS also offers the facility an opportunity for independent informal dispute resolution, subject to the terms of [paragraphs (b)](https://www.ecfr.gov/current/title-42/section-488.331#p-488.331(b)), [(c)](https://www.ecfr.gov/current/title-42/section-488.331#p-488.331(c)), and [(d)](https://www.ecfr.gov/current/title-42/section-488.331#p-488.331(d)) of this section and of [§ 488.431](https://www.ecfr.gov/current/title-42/section-488.431). The facility must request independent informal dispute resolution in writing within 10 days of receipt of CMS's offer. However, a facility may not use the dispute resolution processes at both [§§ 488.331](https://www.ecfr.gov/current/title-42/section-488.331) and [488.431](https://www.ecfr.gov/current/title-42/section-488.431) for the same deficiency citation arising from the same survey unless the informal dispute resolution process at [§ 488.331](https://www.ecfr.gov/current/title-42/section-488.331) was completed prior to the imposition of the civil money penalty.

(b)

(1) Failure of the State or CMS, as appropriate, to complete informal dispute resolution timely cannot delay the effective date of any enforcement action against the facility.

(2) A facility may not seek a delay of any enforcement action against it on the grounds that informal dispute resolution has not been completed before the effective date of the enforcement action.

(c) If a provider is subsequently successful, during the informal dispute resolution process, at demonstrating that deficiencies should not have been cited, the deficiencies are removed from the statement of deficiencies and any enforcement actions imposed solely as a result of those cited deficiencies are rescinded.

(d) ***Notification.*** Upon request, CMS does and the State must provide the facility with written notification of the informal dispute resolution process.

**State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities** [SOM - Appendix PP](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)

**State Operations Manual Appendix Q – Core Guidelines for Determining Immediate Jeopardy** [State Operations Manual](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_q_immedjeopardy.pdf)

**RCW 74.34 – Abuse of Vulnerable Adults** [Chapter 74.34 RCW: ABUSE OF VULNERABLE ADULTS](https://apps.leg.wa.gov/RCW/default.aspx?cite=74.34)

**WAC 388-112A – Residential Long – Term Care Services Training** [Chapter 388-112A WAC:](https://apps.leg.wa.gov/wac/default.aspx?cite=388-112A)

**WAC 388-113 – Disqualifying Crimes and Negative Actions** [Chapter 388-113 WAC:](https://apps.leg.wa.gov/wac/default.aspx?cite=388-113)

**Nursing Home Guidebook** [purplebook.pdf](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/purplebook.pdf)

***Section 3***

***POLICIES AND PROCEDURES***

* ***Provider Notification of IDR Rights***
* ***Provider IDR Request Procedure***
* ***Receipt/Scheduling – IDR Requests***
* ***RCS Evidence***
* ***Panel Expectation***
* ***IDR Volunteer Coordinator***
* ***IDR Panel Member Structure***
* ***In Person and Telephone IDR Reviews***
* ***Desk IDR Reviews***
* ***Analysis Considerations***
* ***PANEL IDR Recommendations***
* ***Traditional IDR Recommendations***
* ***Provider IDR Results Communication***

***PROVIDER NOTIFICATION OF IDR RIGHTS***

* RCS informs providers of their right to an IDR review in two forms:
	+ Cover Letters of SODs without enforcement; and
	+ Enforcement letters
* Cover letters to SODs and Enforcement letters:
	+ Explain the providers’ rights.
	+ Provide the website needed for information to request an IDR.
	+ Inform providers of the option to request a “panel” or “traditional” IDR.
	+ Instruct providers on the requirement for submitting documents.
	+ Indicate submission timelines that must be followed.
	+ Include fax and/or email address that requests must be sent to.

***PROVIDER IDR REQUEST PROCEDURE***

***You may request a “Panel” or “Traditional” IDR as explained below.***

***Panel IDR Procedures*** (Reviewed by 1 Provider Representative, 1 RCS Staff, 1 Consumer Representative and a Panel Chair. You may request a Panel IDR if you are disputing three or fewer citations or enforcement actions.)

* Providers requesting a panel IDR must submit the request to headquarters within 10 calendar days of receipt of the SOD.
* The IDR must be submitted using an “IDR Request Form” which can be found on the IDR web page at: [Information for Nursing Home Professionals | DSHS (wa.gov)](https://www.dshs.wa.gov/altsa/residential-care-services/information-nursing-home-professionals)
* The request must include a separate “IDR Request Form” for each citation or enforcement action along with a brief explanation about why each citation or enforcement action is being disputed. [NH IDR Request Form](https://www.dshs.wa.gov/sites/default/files/forms/word/27-209.docx)
* The request must indicate the type of review: in person (virtual), telephone or desk review.
* The department prefers requests be sent electronically to RCSIDR@dshs.wa.gov

 but will accept documents by fax.

* Providers must include all supporting evidence they wish to have considered during the review at least 20 calendar days from the date they receive the SOD in dispute.
* Supporting documentation should be clearly labeled and organized to maximize reviewer’s understanding of documentation (i.e.: Exhibit A).
* If minor editorial changes are requested, IDR staff will refer the licensee back to field offices to resolve the matter. This guidance does not negate the provider’s option to request an IDR. Should the field opt to not make minor editorial changes, the provider can request an IDR, however, minor editorial changes will only be allowed with Traditional IDRs and not Panel IDRs. Timelines for requesting IDRs still must be adhered to.
* A minor or simple edit means a change to a SOD that would not lead to modification, deletion, or removal of a violation, parts of a violation, or an enforcement remedy imposed by the Department of Social and Health Services. Examples of minor editorial changes are as follows:
	+ Reference to a client or resident identified as part of a sample;
	+ Incorrect date;
	+ Incorrect client, resident, or staff identifier;
	+ Gender identification of a client or resident; or
	+ Incorrect title or name of a document.
* The department will not accept late requests or evidence for any reason.
* If this process is not followed, your IDR may be denied.

***Traditional IDR Procedures*** (Reviewed by IDR Program Manager)

* Providers requesting a traditional IDR must submit the request to headquarters within 10 calendar days of receipt of the SOD.
* The IDR must be submitted using an “IDR Request Form” which can be found on the IDR web page at: [NH IDR Request Form](https://www.dshs.wa.gov/sites/default/files/forms/word/27-209.docx)
* The request must include a separate “IDR Request Form” for each citation or enforcement action along with explanation(s) about why each citation or enforcement action is being disputed.
* The request must indicate the type of review: in person (virtual), telephone or desk review.
* The department prefers requests be sent electronically to RCSIDR@dshs.wa.gov

but will accept documents by fax.

* The department requests that supporting evidence be submitted at least seven days prior to the date of the IDR to ensure materials are reviewed prior to the IDR.
* Supporting documentation should be clearly labeled and organized to maximize reviewer’s understanding of documentation (i.e.: Exhibit A).
* If minor editorial changes are requested, IDR staff will refer the licensee back to field offices to resolve the matter. This guidance does not negate the provider’s option to request an IDR. Should the field opt to not make minor editorial changes, the provider can request an IDR. Timelines for requesting IDRs still must be adhered to.
* A minor or simple edit means a change to a SOD that would not lead to modification, deletion, or removal of a violation, parts of a violation, or an enforcement remedy imposed by the Department of Social and Health Services. Examples of minor editorial changes are as follows:
	+ Reference to a client or resident identified as part of a sample;
	+ Incorrect date;
	+ Incorrect client, resident, or staff identifier;
	+ Gender identification of a client or resident; or
	+ Incorrect title or name of a document.
* The department will not accept late requests for any reason.
* If this process is not followed, your IDR may be denied.

***RECEIPT/SCHEDULING – IDR REQUEST***

* IDR Program AA will verify IDR Request sent date when received by RCS and determine whether the request was timely, complete, and accurate.
* If the request is not timely, complete, and accurate, the IDR Program AA will notify the provider that their IDR request needs clarification and/or may be denied.
* If a **panel** request is approved, the IDR Program AA will contact the provider to acknowledge receipt of the request and notify them of the panel date and deadline for submitting supporting documentation.
* If the provider chooses to use the **traditional** method for their IDR, the IDR Program AA will contact the provider to schedule the IDR.
* If the request is approved and contact is made with the provider, the IDR Program AA will send a scheduling letter to the provider that includes:
	+ Date and time of scheduled IDR review.
	+ Type of IDR review requested (direct, phone, desk).
	+ Location of the IDR review meeting or the telephone number if the provider chooses to participate by phone.
	+ Provider’s disputed violations/enforcements actions.
	+ The names and titles of provider participants who will be attending the IDR.
* **Panel** IDRs occur monthly, while **traditional** IDRs are scheduled as soon as a time slot is available.

***RESCHEDULING/NO SHOW***

Occasionally providers will need to reschedule IDRs for mitigating circumstances. The IDR Administrative Assistant will:

* Contact provider and reschedule a new date and time.
	+ Reschedules are done at next available date within 60 day timeline.
	+ Providers are allowed to reschedule up to one time with valid reason and mindful of 60 day timeline. Desk review will be scheduled if another reschedule is requested and if unable to be accommodated prior to 60 day timeline.

Provider No Show for scheduled IDR:

* Program Manager will contact provider and consult with IDR Unit Manager for potential reschedule option.

***PANEL MEMBER EXPECTATIONS***

* Become familiar with relevant materials in advance of the IDR review.
* Notify the Volunteer Coordinator as soon as possible after receiving materials for review.
* Notify the Volunteer Coordinator of any conflict of interest as soon as possible to ensure a backup panelist can be identified.

**Once committed to serve as a panel member, attendance is VITAL. Late withdrawal from the panel could result in the need to reschedule the panel**

***IDR PANEL MEMBER STRUCTURE***

* One Provider Representative:
* May not be employees of the provider associations affiliated with the type of facility disputing the citation(s).
* May be a former NH provider or consultant.
* One RCS Representative:
* Has not participated in or overseen the violation or enforcement action under dispute.
* One Consumer Representative:
* Possibly a resident receiving services or a resident representative.
* Must not have any association with the facility that has requested the review.
* One Panel Chair:
* Non-voting panel member.
* Ensures that the final panel recommendation is consistent with State and Federal regulatory requirements.
* If the Chair disagrees with the panel recommendation and feels it is not consistent with State or Federal regulatory requirements, the decision will be reviewed by the RCS Business Operations Office Chief and Division Director.
* The IDR panel may meet as long as there is a quorum (see definitions).

***IN PERSON (VIRTUAL) AND TELEPHONE IDR REVIEWS***

* IDR **Panel** Meetings will be held monthly.
* **Traditional** IDRs will be scheduled throughout each month on a first come, first served basis.
* Providers and their employees may participate in the IDR review in person virtual, by telephone, or may submit records for a desk review.
* Submission of large volumes of overly detailed, redundant, or irrelevant material will impede the review process.
* Only those individuals directly involved with the IDR will be allowed to participate in the meeting.
* If a **panel** IDR is chosen:
	+ Ninety minutes is allotted for each panel review.
	+ Both the provider and the state are given the opportunity to present information to review evidence previously submitted.
	+ The provider will give the first presentation and will be followed by the RCS staff responsible for issuing the citation and/or enforcement action.
* Providers are given 30 minutes to present their reason for dispute with one individual presenting all citation(s) in dispute. A maximum of three nursing home employees or representatives may attend the IDR. All individuals may answer the panelist’s questions.
* RCS staff are given 20 minutes to present their reason to uphold the citation(s). RCS staff are allowed only one staff present each citation. However, if there is more than one citation in dispute, there can be a different presenter for each citation provided that the total presentation time does not exceed the 20-minute time frame.
* The provider will have an opportunity to briefly rebut the RCS presentation. The amount of time given for this rebuttal will be at the chair’s discretion.
	+ Panel members will then have a brief period to ask clarifying questions of either party. The panel chair will, at their discretion, limit the time for questioning. Questions may be answered by any of the parties involved.
	+ Oral presentations should focus on the specific reasons that the citation results are invalid and point the panel to the submitted documentation that supports the facility’s position.
* If a **traditional** IDR is chosen:
	+ The provider will be a given a maximum of two hours to present their dispute to the IDR program manager.
	+ If you choose to provide relevant supporting documentation, this should be submitted seven days prior to the scheduled IDR meeting. Should additional documents be requested during the IDR meeting by the Program Manager, the Program Manager will specify when they need to be submitted.
	+ Based on information gathered during the traditional IDR, the IDR Program Manager may contact field staff responsible for initiating the citation or enforcement action with questions and/or request relevant working papers.
* Regardless of the IDR type, the department SOD/2567 is considered a “stand alone” document and should be considered complete, accurate and appropriate as written and that supports the violation(s) and/or enforcement action(s).

***DESK IDR REVIEWS***

The provider may request a document only review.

* If a **panel** IDR is chosen:
* Panel members are expected to have reviewed the material prior to the date of the IDR.
* There will be no presentation by provider or RCS field staff when a Desk Review IDR option is selected.
* All requirements for submission of evidence apply.

If a **traditional** IDR is chosen:

* The IDR Program Manager will reach out to the provider prior to the Desk Review to clarify their request for a document review and ensure all documentation was submitted.
* The IDR Program Manager will review materials and may contact field staff responsible for issuing the citation or enforcement action.
* The IDR Program Manager will gather information necessary to make an IDR decision.
* The IDR decision will be completed at the discretion of the IDR Program Manager.

***ANALYSIS CONSIDERATIONS***

* Reviewers conduct a detailed examination of various types of input to determine if there are any facts that suggest a change to the content of the disputed citation or enforcement action. Types of input include:
	+ The relationship of the evidence in the SOD to facts presented by the provider.
	+ Evidence in relationship to the regulation cited.
	+ Notes from the IDR review.
	+ Points highlighted by the provider.
	+ Answers to any questions that came up during the course of the meeting.
	+ Applicable regulations.
* Analysis – Philosophy:
	+ Identify the significant evidence for decision-making. What does it mean? What else might it mean?
	+ Are there any patterns in the evidence? How does it fit together?
	+ Is there any evidence that does not fit the pattern? How might this be explained?
	+ Are there sufficient interviews, observations, and record reviews to demonstrate that a preponderance of evidence exists?
	+ Do not make changes unless you are sure the weight of the presented facts rises to the level that there is no violation before deleting a violation or there is no evidence of failed practice.
	+ IDR philosophy is that the evidence in the disputed citation is complete, accurate and appropriate and supports the violation(s) and/or enforcement action(s).

***IDR RESULTS***

**There are no appeal rights to an IDR decision.**

***PANEL IDR RESULTS***

* All panel members, except the panel chair, must vote on their recommendation to the state agency.
* A role of the panel chair is to ensure that the panel is aware of the relevant regulation(s).
* In addition, the panel chair will review the final recommendation to determine whether the outcome complies with established regulation(s) regardless of the vote count.
* If the panel chair’s review results in a recommendation to amend or delete a citation, and the panel chair agrees, the panel chair must take the following steps:
	+ Ensure the provider receives a new amended version of the SOD/2567.
	+ Notify involved parties of the decision with an IDR results letter.
	+ Record the IDR results in the department database.
* If the panel chair’s opinion is that the panel recommendation is not consistent with established regulations, the panel chair will take the following steps:
	+ Make brief written recommendation to the Office Chief of Business Operations.
	+ If the Office Chief of Business Operations agrees with the recommendations of the panel chair, the recommendation will be forwarded to the Division Director for a final decision.
* Decision-making authority rests with the state agency with CMS having ultimate oversight.

***TRADITIONAL IDR RESULTS***

* The IDR Program Manager will review evidence to determine whether the outcome complies with established regulation(s).
* If the IDR Program Manager decides to amend the SOD, the following steps must be taken:
	+ Notify involved parties of the decision with an IDR results letter.
	+ Record the IDR results in the department database.
	+ Ensure the provider receives a new amended version of the SOD.