

## Independent Informal Dispute Resolution (IIDR) Request

Email for fax your request to: [RCSIDR@dshs.wa.gov](mailto:RCSIDR@dshs.wa.gov) or FAX (360) 725-3225.

IDR Authority: RCS SOP Ch. 22, Informal Dispute Resolution

CFRs: [§ 488.331 Informal dispute resolution](#) and [§ 488.745 Informal Dispute Resolution \(IDR\)](#).

Facility Type	RCW	WAC
Nursing Home (NH)	<a href="#">RCW 18.51.060</a>	<a href="#">WAC 388-97-4420</a>

For further information about the IIDR process click [here](#).

IIDR Request:	<input type="checkbox"/> Emailed <input type="checkbox"/> Faxed	Date Request(s) sent to IDR/IIDR Unit:	
Facility Name:		CCN Number:	
Mailing Address: Address  City, State, Zip Code		Facility Phone Number:	
Administrator's Name  Email Address:		Direct Phone Number:  Alternate Phone Number:	
2567 / SOD Date:		Date of CMP Letter:  Date Received from CMS:	

### Submission:

1. Complete a **separate form for each Tag** you are disputing.
2. Submit within 10 **calendar** days of receiving the official CMP letter from CMS.
3. Submit a copy of the official CMP letter from CMS.
4. Submit all form(s) / documentation to the preferred email address, or fax to the number listed.

If you have any questions, contact the IDR/IIDR Unit via email at [RCSIDR@dshs.wa.gov](mailto:RCSIDR@dshs.wa.gov).

All IIDRs will be conducted and reviewed by an independent contractor. A recommendation from the independent contractor will be provided to the IDR Unit Manager/Program Manager who will make the final determination. The IDR is a document review only.

Please note: An IDR will only be offered to those facilities that have an imposition of a federal CMP based on deficiency for actual harm or immediate jeopardy, and where the CMP will be collected and placed in an escrow account. You may also contest Scope and Severity assessments for deficiencies which resulted in a finding of Immediate Jeopardy and/or Substandard Quality of Care.

Facilities may not use both Dispute Resolution processes (IDR and IDR) for the same deficiency citation arising from the same survey, unless the IDR was completed prior to the CMS imposing the civil money penalty. If the facility has a current IDR for the same dispute and it has not been completed, the facility may ask for a withdraw of IDR in order to request the IDR option.

<b><u>Citation:</u></b>	F-Tag
	Name of citation
	Scope / Severity

**Dispute:**

Provide the why for the dispute:

1. **Clearly** and **concisely** summarize why you are disputing the citation.
2. Provide **all the facts that support your dispute** in the summary.
3. Provide only **relevant** and **clearly labeled** documentation related to the dispute and citation.
4. Please **reference labeled documentation** for each citation in your dispute summary and provide a copy of the individual citations being disputed.
5. Attach additional pages if necessary.

