

FACILITY NAME

RESIDENTIAL CARE SERVICES ADULT FAMILY HOMES (AFH) INFORMAL DISPUTE RESOLUTION (IDR)

AFH IDR Request

Authority RCW 70.128.167 and WAC 388-76-10990; for further information about the IDR process, click here.

PO Box 45600 Olympia WA 98504-5600 RCSIDR@dshs.wa.gov Fax: (360) 725-3225

LICENSE NUMBER

PROVIDER'S NAME			PHONE NUMBER (AND AREA CODE)	
ALTERNATE PHONE NUMBER (AND AREA CODE)	EMAIL ADDRES	3		
MAILING ADDRESS CITY			STATE	ZIP CODE
			WA	
Submission				
Submit this form-within 10 working days of receiving your official Statement of Deficiencies (SOD) or Enforcement Letter to the address listed above. A separate request form must be submitted for each citation or enforcement action you are disputing. Note: Your IDR request will be denied if the request form is incomplete, inaccurate or late. If you have any questions, contact the IDR Program by telephone at (360) 725-3233 or via e-mail at RCSIDR@dshs.wa.gov.				
Traditional IDR : Conducted by an IDR Program Manager (PM) during a 1:1 meeting. The disputing provider is given two hours to present relevant information to the IDR PM. A Traditional IDR is required if disputing 4 or more citations or enforcement actions; however, it is optional for three (3) or fewer citations. The IDR program requests that any supporting documentation be submitted at least one week prior to the scheduled IDR date.				
Panel IDR: Conducted by a panel consisting of one provider, one consumer advocate, and one department staff and is chaired by an IDR PM. Brief presentations are made by both the provider and department staff who initiated the citation or enforcement. The panel provides a recommendation to the IDR PM who makes the final decision. A Panel IDR is only available if you are disputing three (3) or fewer citations or enforcement actions. You must submit supporting documentation within 20 working days of receiving the official SOD. Documentation received after this deadline will not be considered by the panel.				
IDR Review (check one): Traditional ID	R Review 🛚	Panel IDR	Review	
IDR Type (check one): \Box Face to Face		Telephone	☐ Desk R	leview
Dispute:				
STATEMENT OF DEFICIENCIES (SOD) DATE				
WAC / RCW BEING DISPUTED				

Clearly and concisely indicate why you are disputing the citation. Provide only relevant documents to the dispute.