# TRADITIONAL IDRs

Assisted Living Facilities

Certified Community Residential Services and Supports

Enhanced Service Facilities

Intermediate Care Facilities for Individuals with Intellectual Disabilities

Informal Dispute Resolution

(RCS)

Guidelines

2025

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**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.

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

**Department**: ALTSA

**Department Staff**: Staff employed by ALTSA

**Documentation 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

**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

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

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

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

**Secure Tracking And Reporting System (STARS):** Electronic database system used by RCS staff

**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 and Code of Ethics***

***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 traditional 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:
* 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.

***SECTION 2.***

***AUTHORITY***

* ***RCW 70.128.167***
* **WAC 388-78A-3210**
* **WAC 388-101-4240**
* **WAC 388-97-4420**
* ***42 CFR 488.331***
* **SOM**

**RCW 70.128.167**

**Disputed violations, enforcement remedies—Informal dispute resolution process.**

(1) The licensee or its designee has the right to an informal dispute resolution process to dispute any violation found or enforcement remedy imposed by the department during a licensing inspection or complaint investigation. The purpose of the informal dispute resolution process is to provide an opportunity for an exchange of information that may lead to the modification, deletion, or removal of a violation, or parts of a violation, or enforcement remedy imposed by the department.

(2) The informal dispute resolution process provided by the department shall include, but is not necessarily limited to, an opportunity for review by a department employee who did not participate in, or oversee, the determination of the violation or enforcement remedy under dispute. The department shall develop, or further develop, an informal dispute resolution process consistent with this section.

(3) A request for an informal dispute resolution shall be made to the department within ten working days from the receipt of a written finding of a violation or enforcement remedy. The request shall identify the violation or violations and enforcement remedy or remedies being disputed. The department shall convene a meeting, when possible, within ten working days of receipt of the request for informal dispute resolution, unless by mutual agreement a later date is agreed upon.

(4) If the department determines that a violation or enforcement remedy should not be cited or imposed, the department shall delete the violation or immediately rescind or modify the enforcement remedy. Upon request, the department shall issue a clean copy of the revised report, statement of deficiencies, or notice of enforcement action.

(5) The request for informal dispute resolution does not delay the effective date of any enforcement remedy imposed by the department, except that civil monetary fines are not payable until the exhaustion of any formal hearing and appeal rights provided under this chapter. The licensee shall submit to the department, within the time period prescribed by the department, a plan of correction to address any undisputed violations, and including any violations that still remain following the informal dispute resolution.

**WAC 388-78A-3210**

**Informal dispute resolution (IDR)**

The assisted living facility has a right to an informal dispute resolution meeting according to department procedure and consistent with RCW [**18.20.195**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.20.195). The assisted living facility must make a request for an informal dispute resolution meeting in writing within ten days of the receipt of the written notice of deficiency.

**WAC 388-101-4240**

**Informal dispute resolution (IDR)**

(1) When a service provider disagrees with the department's finding of a violation or certification action under this chapter, the service provider may request an informal dispute resolution meeting with the department.

(2) The service provider must make a written request to the department for an informal dispute resolution meeting within ten working days of receipt of the written notice of the department's final report of findings and/or certification action.

(3) The service provider must submit a written statement identifying the challenged action, and include specifically the issues and regulations involved.

(4) Except for the imposition of civil penalties, the effective date of enforcement actions may not be delayed or suspended pending any hearing or informal dispute resolution process.

**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.

**State Operations Manual (SOM) Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities** [som107ap\_j\_intermcare](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_j_intermcare.pdf)

**State Operations Manual (SOM) Chapter 3 – Additional Program Activities** [State Operations Manual - Additional Program Activities](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c03pdf.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)

**ALF Guidebook:**

[22-1749.pdf](https://www.dshs.wa.gov/sites/default/files/publications/documents/22-1749.pdf)

***Section 3***

***POLICIES AND PROCEDURES***

* Provider Notification of IDR Rights
* Provider IDR Request Procedure
* Receipt/Scheduling – IDR Requests
* RCS Evidence
* Virtual In Person and Telephone IDR Reviews
* Documentation IDR Reviews
* Analysis Considerations
* 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 will:
	+ Explain the providers’ rights.
	+ Provide the website needed for information to request an IDR.
	+ Indicate submission timelines that must be followed when submitting an IDR request.
	+ Include the fax and/or email address that requests must be sent to.

***PROVIDER IDR REQUEST PROCEDURE***

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

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

* Providers requesting a traditional IDR must submit the request to headquarters within 10 working days (10 calendar days for ICF/IID providers) of receipt of the SOD.
* The IDR Request must include:
	+ Date requested.
	+ Facility Name and license #.
	+ Provider/Administrator Name.
	+ Email address for Provider/Administrator (this is important).
	+ Phone number(s).
	+ Compliance/Cover letter date, if applicable.
	+ Compliance Determination (CD) ID # and SOD date (found on the first page of the SOD).
	+ IDR type being requested: virtual in person, telephone or documentation review.
	+ Citations being disputed. It is also helpful to include why you are disputing the citation.
* The department prefers requests be sent electronically to RCSIDR@dshs.wa.gov but will accept documents by fax (360-725-3225).
* 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.

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

* IDR Program AA will date stamp the IDR Request when received by RCS and determine whether the request was timely, complete, and accurate.
* The IDR Program AA will follow up with the provider for any clarifications needed.
* 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 (virtual in person, telephone, documentation).
	+ Meeting access for the IDR virtual in person meeting and/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.
	+ Information on how to access the meeting.
* 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. Documentation 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.

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

* Traditional IDRs will be scheduled throughout each month.
* Providers and their employees may participate in the IDR review virtually in person, by telephone, or may submit records for a documentation 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.
* For traditional IDRs:
	+ 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.
* The department SOD is considered a “stand alone” document and should be considered complete, accurate and appropriate as.

***Documentation IDR REVIEWS***

The provider may request a document only review.

* A Documentation Review IDR is a documentation review only, there will not be a 1:1 meeting with the provider.
* The IDR Program Manager may reach out to the provider prior to the Documentation Review to clarify any questions.
* 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.

***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/documentation review.
	+ 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.

***IDR RESULTS***

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

***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 uphold the citation(s), the following steps must be taken:
	+ Notify involved parties of the decision.
	+ Record the IDR results in the department database.
* If the IDR program manager decides to amend the SOD, the following steps must be taken:
	+ Notify involved parties of the decision.
	+ Record the IDR results in the department database.
	+ Ensure the provider receives a new amended version of the SOD.