

## **2000 INFORMAL DISPUTE RESOLUTION**

When a long term care facility does not agree with deficiencies cited on a Statement of Deficiencies, the facility may request an IDR meeting of the deficiencies in lieu of, or in addition to, a formal appeal. The Informal Dispute Resolution (IDR) process is governed by Act 1108 of 2003, codified at Ark. Code Ann. § 20-10-1901 *et seq.*

The request for an informal dispute resolution of deficiencies does not stay the requirement for submission of an acceptable plan of correction and allegation of compliance within the required time frame or the implementation of any remedy, and does not substitute for an appeal.

## **2001 REQUESTING AN INFORMAL DISPUTE RESOLUTION**

A **written request** for an informal dispute resolution must be made to the Arkansas Department of Health, Health Facility Services, 5800 West 10th, Suite 400, Little Rock, AR 72204 within ten calendar days of the receipt of the Statement of Deficiencies from the Office of Long Term Care. The request must:

1. List all deficiencies the facility wishes to challenge; and,
2. Contain a statement whether the facility wishes the IDR meeting to be conducted by telephone conference, by record review, or by a meeting in which the parties appear before the impartial decision maker.

## **2002 MATTERS WHICH MAY BE HEARD AT IDR**

The IDR is limited to deficiencies cited on a Statement of Deficiencies. Issues that may not be heard at an IDR include, but are not limited to:

1. The scope and severity assigned the deficiency by the Office of Long Term Care, unless the scope and severity allege substandard quality of care or immediate jeopardy;
2. Any remedies imposed;
3. Any alleged failure of the survey team to comply with a requirement of the survey process;
4. Any alleged inconsistency of the survey team in citing deficiencies among facilities; and,
5. Any alleged inadequacy or inaccuracy of the IDR process.

## **2003 APPEAL OF IDR RESULTS**

If a Medicaid certified facility is not satisfied with the results of the informal dispute resolution, it may request a hearing before the Long Term Care Facility Advisory Board

within the 60 day time frame for appeal. If the facility chooses, it may by-pass the informal dispute resolution process and appeal directly to the board within the 60 day appeal period. Requests must be submitted in writing to:

Chairman  
Long Term Care Facility Advisory Board  
P.O. Box 8059, Slot S409  
Little Rock, AR 72203-8059

Medicare and Medicare/Medicaid certified facilities may request a hearing by either the Associate Regional Administrator in the Dallas office of the Health Care Financing Administration or the Departmental Appeals Board at the addresses below at any point within the 60 day time frame for appeals.

HCF-2  
Associate Regional Administrator  
Division of Health Standards and Quality  
Centers for Medicare and Medicaid Services  
1200 Main Tower Building  
Dallas, TX 75202

Department of Health and Human Services  
Departmental Appeals Board, MS 6127  
Civil Remedies Division  
330 Independence Avenue, S.W.  
Cohen Building - Room G-644  
Washington, D.C. 20201

If the facility chooses to appeal to either of these agencies, a copy of the appeal should also be forwarded to the OLTC.

**2004-2999 RESERVED**