

Key Points for Each Type of IDR



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	Standard IDR	State IIDR	Federal IIDR
Conducted by:	Division of Nursing Care Facilities staff that had no role or association with the survey that results in the deficiency citation	Quality Insights of Pennsylvania (QIP)	Department of Health staff employed by the Deputate of Quality Assurance, excluding entirely the staff from the Division of Nursing Care Facilities
When IDR can be requested	<ul style="list-style-type: none"> *Any D level deficiency or above from an annual or complaint survey *Continuation of the same deficiency at revisit *New deficiency (new or changed facts, new tag) at revisit or as a result of an IDR *New examples of deficiency (new facts, same tag) at revisit or as a result of an IDR 	Same	<ul style="list-style-type: none"> *Offered when CMP is imposed and that penalty is to be collected and placed in escrow. *May dispute only those deficiencies that are the basis for the imposition of the CMP
When IDR cannot be requested	<ul style="list-style-type: none"> *Different tag is cited on revisit as a result of an IDR if it has the same facts as the original citation *Survey findings of a previous survey if the deficiency was cited on a subsequent survey for which the facility either received an IDR resolution or had the opportunity to IDR the citation and did not act on it. 	Same	If deficiency was not the basis for imposition of CMP
Cannot Dispute	<ul style="list-style-type: none"> *Scope and severity unless substandard quality of care or immediate jeopardy *Any remedies that are imposed *Allegations of failure of the survey team to comply with a 	Same	Same

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	<p>requirement of the survey process</p> <ul style="list-style-type: none"> *Inconsistency of survey team citing deficiencies among facilities *Inadequacy or inaccuracy of the IDR process 		
Time Frame for Submission	10 calendar days post receipt of 2567	Same	10 calendar days from receipt of the notification of eligibility
Submission must include:	<ul style="list-style-type: none"> *Deficiencies disputed *Explanation, including supporting documentation with key areas highlighted 	<ul style="list-style-type: none"> *Written IDR request identifying deficiencies disputed and reason for request (cover letter), including supporting documentation with applicable areas highlighted *Copy of 2567 *Indication of type of review requested (desk review, telephone review or in-person review) *Contact information for facility with name of person requesting the IIDR, address, phone # and email address 	<ul style="list-style-type: none"> *Copy of letter from CMS indicating eligibility for IIDR review *Written IIDR request that identifies the deficiencies disputes and the reasons for the IIDR request *Supporting documentation with key areas highlighted *Name(s) and contact information for resident(s) involved in the deficiencies for which IIDR review is sought or the appropriate resident representative(s)
Cost	No charge	\$75/hr. plus actual costs incurred	No charge
Send request/IDR to:	<p>Division of Nursing Care Facilities Room 526 Health & Welfare Bldg. 625 Forster Street Harrisburg, PA 17120-0701</p>	<p>Quality Insights of Pennsylvania 2601 Market Place St. Harrisburg, PA 17110 Attn: Vicki Deacon (Fax # 717-671-0477)</p> <p>With a copy of the cover letter to the appropriate Department of Health Division: Susan Williamson Division of Nursing Care Facilities</p>	<p>Susan Williamson, Director Division of Nursing Care Facilities Room 526 Health & Welfare Bldg. 625 Forster Street Harrisburg, PA 17120-0701 (email- suswilliam@pa.gov)</p>

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		<p>Room 526 Health & Welfare Bldg. 625 Forster Street Harrisburg, PA 17120-0701 (email – suswilliam@pa.gov)</p> <p>OR</p> <p>Charles Schlegel, Director Division of Safety inspection 2157 Herr Street, 1st Floor Harrisburg, PA 17103 (email – cschlegel@pa.gov)</p>	
Time Frame for Response	Approximately 30 days	60 days	60 days
Points to Remember	<p>*CMS has the right to reject the determination of a first level IDR or IIDR finding</p> <p>*DOH cannot enter onto the internet or into CMS Online Survey, Certification and Reporting System, any information about deficiencies that are in dispute unless the determination is made and the facility has responded with a revised POC. (The original 2567 will be disclosed if a revised POC is not submitted and signed by the facility within 5 days of receipt of clean copy of 2567.)</p> <p>*CMP can be reduced up to 50% if:</p> <ul style="list-style-type: none"> Facility self-reports an act or omission as long as it is done prior to the complaint or survey and the severity assigned is 	<p>*IIDR decision by QIP is a recommendation and not binding on the Department</p> <p>Same</p>	<p>*If the deficiency is deleted, an enforcement penalty that was in place solely because of the deficiency will be rescinded.</p> <p>Same</p>

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	<p>less than H (an increase to the normal 35% discount to waive an appeal)</p> <ul style="list-style-type: none"> • Facility corrects the deficiency to CMS' satisfaction within 10 days • Deficiency is not immediate jeopardy, pattern or widespread actual harm • Non-compliance did not result in the death of a resident • Deficiency is not a repeat within the same regulatory group within one year <p>*Enforcement actions are not delayed if DOH does not complete the process timely</p>		
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References/Resources:

State Operations Manual, Chapter 78, pgs.38-42

IIDR, Act 28 of 2011, HB1052

PA Department of Health Long Term Care Provider Bulletin No.44

CMS Regulation Changes to CMPs and IDRs published July 2011

Legal Information Institute, <http://www.law.cornell.edu/cfr/text/42/488.331>, World Wide Web, Sept. 26, 2013

CMS S&C Letter: 13-57-NH

Department of Health Long Term Care provider Bulletin No. 2012-05-1, May 24, 2012

Department of Health: Informal Dispute Resolution Options