

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH SYSTEMS MANAGEMENT
DIVISION OF QUALITY AND SURVEILLANCE**

Policy #: 03-A
Implemented: 03/01/03
Supersedes: N/A
Author: SC

NURSING HOME INFORMAL DISPUTE RESOLUTION PROCESS

POLICY:

Central Office staff of the Division of Quality and Surveillance will hear all Informal Dispute Resolutions (IDR) for deficiencies cited at a G level or above, including Immediate Jeopardy (IJ) or Substandard Quality of Care (SQC.) IDRs for non-SQC deficiencies cited at an F level or below will be processed by regional offices. All IDRs, regardless of the scope and severity level, will be administered through a one-stage process.

PROCEDURE:

1. Each facility's written request for an IDR must be received by the regional office no later than the due date of the Plan of Correction (POC.) The facility's written request must indicate whether the facility is asking for an administrative review (F level or below) or a face-to-face or telephone IDR (G level or above and SQC.)
2. When a regional office receives a request for any type of IDR, the Quality Bureau (QB) must be notified via email immediately, with a copy of the facility's request faxed to the QB by close of business (COB) on the next working day.
3. Regional staff will review the facility's request for all IDRs to insure that the issue(s) included in the request is/are consistent with the information contained in the SOD in question.
4. The region's Quality Assurance Team member (QA) will be the contact person for all communications with QB related to IDRs.

A. FOR ADMINISTRATIVE IDR REVIEWS:

1. Regional staff will review the IDR information submitted by the facility and will make a determination based on that information within ten working days.

2. Regional staff will complete a standard IDR review form and will forward it to the regional Program Director. The PD will review and approve the staff determination by signing the IDR review form.
3. Regional staff will notify the facility of the results of the administrative review in writing, using Q&S's standard format, within five working days following the region's determination.
4. The completed IDR review form will be filed with the region's IDR packet. A copy of the IDR review form and the written notification to the facility will be faxed to the QB on the same day the facility is notified.

B. FOR G-LEVEL OR ABOVE and SQC REVIEWS:

1. The facility will provide the regional office with two identical, annotated copies of the information it is submitting. The region will review the packet provided by the facility and will forward surveyor comments and/or concerns related to the information presented for the IDR to the QB within ten working days. Based on the size of the packet of facility information and the region's comments, the region will either fax the packet of information and the region's comments to QB or will overnight it so it is received in CO on the next working day following the completion of the region's review. The region will retain the second packet to be used in discussions with QB.
2. QB staff will contact the facility by telephone within five working days after receiving the packet of facility information, including regional comments, to schedule a face-to-face or telephone meeting. The facility may choose the format for the meeting. QB staff will reassure the facility that its IDR will be given equal attention, regardless of the method chosen. If the facility requests a face-to-face meeting it will be held in the Division's central office.
3. A minimum of two QB staff who have knowledge of and/or experience in the survey process and its applicable regulations will meet with or have telephone contact of no more than one hour's duration with the provider to hear the provider's presentation.
4. QB staff will prepare a brief written review of the IDR proceedings, including the rationale for QB's recommendations for resolution and will forward them to the region's QA contact for review and discussion with QB staff.

When consensus on the decision has been reached between the region and QB, the Director/Deputy Director will sign off on the IDR review sheet. The signed IDR review sheet will then be forwarded to the regional PD for final approval and sign-off.

5. Director/Deputy Director and PD sign-offs will take place no later than 10 working days following the provider meeting.
6. Regional staff are required to discuss the QB's recommendations on IDRs with applicable regional staff such as surveyors, team leaders, survey managers etc. in order to assure that continuous learning, clarification and feedback take place.
7. In the rare circumstance when extended time is needed to reach consensus on the outcome of the IDR, the QB will notify the provider by telephone and give an estimate of the time it will take to resolve the issues.
8. A letter to the provider, including a revised SOD and facility profile if needed, will be issued to the provider by the regional office within three working days after the regional PD's final sign-off on the outcome of the IDR. [The region will enter needed revisions into ASE and ACO within the same three working days].

C. FOR IDRS REQUIRING ADMINISTRATIVE AND FACE-TO-FACE/TELEPHONE REVIEWS

1. Procedures and time frames outlined in this document will be followed when a facility requests an IDR that involves both methods (administrative and face-to-face/telephone.)
2. Final notification to the facility will be deferred until determinations have been reached on both IDRs.

D. MONITORING ACTIVITIES

1. QB staff will be responsible for monitoring the process to insure that this policy is implemented consistently in all regions.
2. The QA team will review IDR results at least quarterly to determine trends and develop recommendations for review and approval by the regional PDs.

E. DATA ENTRY

The regional office remains responsible for entering all data related to IDR processing, after the regional PD's final sign-off on the outcome of the IDR.

DIVISION OF QUALITY AND SURVEILLANCE

NURSING HOME IDR REVIEW FORM

Facility Name – PFI number

Date of exit conference

Date IDR request received

Type of IDR requested

Date of IDR
(include start and end times)

TAG # and description of issue: _____

Facility presentation: _____

Reviewers' decision/recommendation and rationale: _____

Reviewers' signatures and date: _____

*Please attach additional review sheets as needed

**DIVISION OF QUALITY AND SURVEILLANCE
SINGLE STAGE NURSING HOME IDR (ADDITIONAL REVIEW SHEET)**

Page _____ of _____

Facility name: _____ Reviewers' Initials: _____
Region: _____ Type of IDR: _____
Date of IDR: _____

TAG # and description of issue: _____

Facility presentation: _____

Reviewers' decision/recommendation and rationale: _____

Additional
Comments: _____

**DIVISION OF QUALITY AND SURVEILLANCE
SINGLE STAGE NURSING HOME IDR TIME LINES**

<i>INITIAL ACTIVITIES</i>	<i>TIME TO COMPLETE</i>
Facility requests IDR in writing	10 calendar days following receipt of SOD
Region faxes facility's written request for any type of IDR to QB	COB next working day
Region reviews all facility information for applicability to SOD in question	Immediately
TOTAL	13 calendar days max.

<i>ACTIVITIES FOR ADMINISTRATIVE IDR</i>	<i>TIME TO COMPLETE</i>
Region reviews facility information and makes determination	10 working days following receipt of information
Determination forwarded to PD for review and sign-off	Immediately
Facility notified re: results of administrative review	5 working days following determination
TOTAL	15 working days max.

SINGLE STAGE IDR TIMELINES

<i>ACTIVITIES FOR G OR ABOVE/SQC IDR</i>	<i>TIME TO COMPLETE</i>
Region reviews facility packet and forwards packet with regional comments to QB by fax or overnight	10 working days following receipt of information
QB staff contacts provider to schedule IDR	5 working days following receipt of information
QB prepares written review/recommendation following IDR and obtains Director/designee sign-off. Director – approved recommendations are forwarded to regional contact and consensus is reached. Regional PD signs off on recommendations	10 working days following IDR
Letter issued to provider with results of IDR. Needed revisions entered into ACO. Revised SOD and facility profile issued if necessary	3 working days following PD sign-off
TOTAL	28 working days

<i>MONITORING ACTIVITIES</i>	<i>TIME TO COMPLETE</i>
QB staff monitors adherence to time frames for all IDRs	On-going
QA team reviews IDR results to determine trends and make recommendations to PDs	Quarterly
Director reports to OHSM Director	Every 6 months