

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Informal Dispute Resolution (IDR) Request Form

This form and other information about the IDR process are available online at http://www.kdheks.gov/bhfr/state_ach_licensure_forms.html

The form located on the reverse side of this document must be submitted with all requests for an IDR.

Submission of the IDR Request Form

- Fax or email this completed form to the IDR Coordinator at (785) 291-3419 or email IDRprocess@kdheks.gov
- The IDR must be received within 10 calendar days of the agency receipt of the Statement of Deficiencies. Requests received after day 10 will not be considered. The day the agency receives the Statement of Deficiency is day zero. If the designated due date falls on a Saturday, Sunday or legal holiday, the due date is the next business day.
- Assure that the form is complete and legible.

Submission of Supporting Documentation

Supporting documentation should be mailed or sent via UPS or FedEx and must be postmarked by the 5th calendar day after submitting the request form. The address is:

Home Health Informal Dispute Process Coordinator
Kansas Department of Health and Environment
Health Facilities Program
1000 SW Jackson St., Suite 330
Topeka, KS. 66612

- Documentation submitted postmarked after this date will not be considered during the IDR process review.
 - Supporting documentation should be separated by deficiency and well-organized.
 - Do not submit supporting documentation in a three-ring binder or presentation binder.
 - Do use tabs to organize your packet.
 - Do not use staples. Do use binder or paper clips to organize sections, if needed.
 - Number all pages for example, Page 1 of 6, or Exhibit 1, etc.
 - Highlight or circle areas you would like to call attention to.
 - You may submit copies printed back-to-back, however check copies for the ability to read and for clarity.
- The IDR Packet must include:
 - A fully completed form, Informal Dispute Resolution (IDR) Request Form.
 - Five (5) copies of the agency's supporting documentation. The specific reason each federal Condition tag is being disputed, e.g., disagreement with the tag that was chosen, availability of supporting information that disputes or further clarifies the facts, or errors in documentation on the Statement of Deficiencies (SOD). Important points must be highlighted on submitted documents or detailed in a cover letter.
- Meetings are limited to one hour in length. Face-to-face conferences are held in Topeka, Kansas.

Key Point

The Home Health Agency must still submit an acceptable Plan of Correction within 10 calendar days, despite the request for an IDR.

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Name of Agency _____ Facility ID _____

Agency Contact Name _____ Telephone _____

Contact Email Address _____

Mailing Address _____ City _____ Zip _____

Survey Exit Date _____ Date CMS-2567 SOD Received _____

Type of IDR Request (Select One) <input type="checkbox"/> Desk Review <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Face-to-face Conference
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Fill in this section ONLY if the facility will be represented by an attorney. If an attorney is listed, all correspondence will be directed to this person; not the facility. The agency may have an attorney present ONLY if this disclosure is completed, so that KDHE's attorney may also be in attendance.

Attorney Name _____ Firm Name _____

Mailing Address _____ City _____ State ____ Zip _____

Telephone Number _____ Email _____

List all Deficiencies (Tags) that you are disputing. ***Only the deficiencies listed will be reviewed.***

Submitted by _____ Date _____

For Office Use Only—DO NOT WRITE BELOW THIS LINE

Date Received: _____ by _____

Verification Letter Issued on _____ (date)