

**AGENCY FOR HEALTH CARE ADMINISTRATION**  
**Bureau of Field Operations**  
 Interpretive Appeals Protocol

Introduction Questions periodically surface regarding appeals options that providers may have when survey findings are questioned.

Responsibility Initiated and Maintained by: The Bureau of Field Operations

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Background Under federal requirements, a long-term care facility may request an Informal Dispute Resolution (IDR) for federal citations following the protocol established by the Agency. Providers also have the option of various appeals procedures for state actions as provided under Chapter 120, Florida Statutes. This protocol was originally released in a memorandum dated January 21, 1998. This protocol updates terminology and replaces that memorandum.

Interpretive Appeals Providers are encouraged to contact the local field office manager responsible for the survey in question when they have questions about the context of a deficiency or occurrences during the survey process itself. Providers may request an internal review of written deficiencies.

1. The provider representative will contact the appropriate field office manager to appeal particular deficiencies cited during survey before the deadline to submit a plan of correction (ten calendar days from receipt of the statement of deficiencies).
2. The field office manager may remove or modify the deficiency based on documentation supplied by the provider. For fire/life safety issues, the field office manager may forward the appeal to Skip Gregory, Chief, Bureau of Plans and Construction, for joint review. Where possible, the surveyor(s) in question should be consulted during the review process.
3. If the facility wishes to appeal the decision of the Field Office Manager, the appeal, with all supporting information, is forwarded to the Chief of Field Operations. The Chief of Field Operations will consult with the Chief of the Bureau of Plans and Construction on fire /life safety deficiencies. If, based on the evidence provided, the Chief of Field Operations does not support the deficiency(ies), a directive to the Field Office Manager will be initiated to remove or modify the deficiency(ies) as appropriate.

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4. If the Chief of Field Operations supports the deficiency(ies) as written, the provider may appeal to the appropriate entity as provided by law. Hospital, Nursing Home, Adult Family Care Home and Assisted Living Facility providers may appeal to the State Fire Marshal for final administrative interpretation under Chapter 633.022, FS for fire/life safety issues related to state licensure action. A provider certified under Medicare Title 18, may appeal to the federal Center for Medicare and Medicaid Services for review of health deficiencies or for an interpretation or a waiver for fire/life safety deficiencies involving a federal certification requirement.

Revision of Survey Document

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If, at any stage of the review process, the survey document is modified, the process outlined in the "Survey Provision Protocol" shall be followed and appropriate documentation maintained.

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Signature:

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Polly A. Weaver  
Chief, Bureau of Field Operations

July 13, 2005  
Date