



## Department of Health

KATHY HOCHUL  
Governor

MARY T. BASSETT, M.D., M.P.H.  
Commissioner

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

June 24, 2022

Re: DAL NH 22-14  
IDR/IIDR Submission Requirements

Dear Nursing Home Administrator:

The New York State Department of Health is issuing this letter and attachment to clarify the Informal Dispute Resolution (IDR) and Independent Informal Dispute Resolution (IIDR) submission requirements for nursing home facilities. Federal regulations, 42 CFR 488.331 and 488.431 require the Centers for Medicare and Medicaid Services (CMS) and State Agencies, offer nursing homes an informal opportunity to dispute cited deficiencies. To initiate this process in New York State, the [IDR Form and Instructions \(in Word format\)](#), for each tag the facility wishes to dispute) and all supporting documentation must be submitted to [idr@health.ny.gov](mailto:idr@health.ny.gov) as instructed below:

**Administrative IDR Requests** may be made for deficiencies of Scope/Severity B – F, excluding Substandard Quality of Care (SQC). The request must be received with your Plan of Correction (POC) within ten (10) calendar days of receipt of Form CMS-2567. The facility must submit the completed electronic IDR/IIDR Form to [idr@health.ny.gov](mailto:idr@health.ny.gov), and all relevant supporting documentation (labeled appropriately), form CMS-2567 and the POC.

**Panel IDR Requests** may be made for deficiencies of Substandard Quality of Care, Scope/Severity (S/S) of G and above (and any other deficiencies in the SOD that are being disputed at a S/S below G). The request must be received with your Plan of Correction within ten (10) calendar days of receipt of Form CMS-2567. The facility must submit the completed IDR/IIDR Form to [idr@health.ny.gov](mailto:idr@health.ny.gov), and all relevant supporting documentation (labeled appropriately), form CMS-2567 and the POC.

**Panel IIDR Requests** may be made for Scope/Severity of G and above within 30 days of notice of imposition of a civil money penalty from CMS. The facility must submit the completed electronic IDR/IIDR Form to [idr@health.ny.gov](mailto:idr@health.ny.gov), and all relevant supporting documentation (labeled appropriately), and form CMS-2567.

Requests submitted to [idr@health.ny.gov](mailto:idr@health.ny.gov) will be reviewed for timeliness and, if submitted within the required deadline, all documentation will be forwarded to the respective Regional Office to begin the IDR process and the facility will be notified. Requests submitted beyond the deadline will be rejected and the facility will be notified. If any supporting documentation is too large (i.e., video footage) to be sent via email, please reach out to the [idr@health.ny.gov](mailto:idr@health.ny.gov) email box for instructions on how and where to send.

The attached "Independent and Informal Dispute Resolution Form," is to be used when submitting an IDR/IIDR request. If you have any further questions regarding the IDR and/or IIDR process, email the Bureau of Quality Assurance and Surveillance at [idr@health.ny.gov](mailto:idr@health.ny.gov).

Sincerely,

A handwritten signature in black ink that reads "Sheila McGarvey". The signature is written in a cursive style with a large initial 'S'.

Sheila McGarvey, Director  
Division of Nursing Homes & ICF/IID  
Surveillance  
Center for Health Care Provider Services  
and Oversight