



Department of Health

KATHY HOCHUL
Governor

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 23, 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/IIDR Form (in Word format, for each tag the facility wishes to dispute) and all supporting documentation must be submitted to 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, 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, 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, and all relevant supporting documentation (labeled appropriately), and form CMS-2567.

Requests submitted to 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 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.

Sincerely,

A handwritten signature in cursive script that reads "Sheila McGarvey".

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

Attachment

New York State Department of Health
INDEPENDENT & INFORMAL DISPUTE RESOLUTION INSTRUCTIONS AND FORM

INSTRUCTIONS:

Title 42 CFR 488.331 requires that the Centers for Medicare and Medicaid Services (CMS) and the States, as appropriate, offer skilled nursing facilities, nursing facilities, and dually participating facilities an informal opportunity to dispute cited deficiencies upon the facility's receipt of the official Statement of Deficiencies (Form CMS-2567). To initiate this process in New York State, the Informal Dispute Resolution (IDR) Form and all supporting documentation must be submitted with your Plan of Correction (POC) within ten (10) calendar days of receipt of Form CMS-2567. **Complete fields A through I electronically and submit this form for EACH cited deficiency you wish to dispute.** The fields will expand as you type. When completed, submit the form in **Word format** and the supporting documentation labeled appropriately to idr@health.ny.gov as instructed below:

Administrative IDR (Scope/Severity B through F excluding Substandard Quality of Care)

- The IDR Form, left in **Word format** and,
- All relevant supporting documentation labeled appropriately; form CMS 2567; and the Plan of Correction (POC) to idr@health.ny.gov.

Panel IDR (Substandard Quality of Care and Scope/Severity G and above)

- The IDR Form, left in **Word format** and,
- All relevant supporting documentation labeled appropriately; form CMS 2567; and the Plan of Correction (POC) to idr@health.ny.gov

Panel IIDR (Scope/Severity G and above)

- The IDR Form, left in **Word format** and,
- All relevant supporting documentation labeled appropriately; form CMS 2567; and the Plan of Correction (POC) to idr@health.ny.gov

Administrative IDR: **Panel IDR:** **Panel IIDR:**

A. FACILITY NAME: Click or tap here to enter text...

B. SURVEY EXIT DATE: Click or tap to enter a date...

C. DATE ELECTRONIC IIDR/IDR FORM SUBMITTED: Click or tap to enter a date...

D. DATE IIDR/IDR SUPPORTING DOCUMENTATION SUBMITTED: Click or tap to enter a date...

E. INDICATE THE APPROPRIATE REGIONAL OFFICE:

- | | |
|--|---|
| <input type="checkbox"/> Western – Buffalo | <input type="checkbox"/> Western – Rochester |
| <input type="checkbox"/> Capital District | <input type="checkbox"/> Central New York |
| <input type="checkbox"/> Metropolitan – New Rochelle | <input type="checkbox"/> Metropolitan – New York City |
| <input type="checkbox"/> Metropolitan – Long Island | |

F. DISPUTED DEFICIENCY: Enter Deficiency... **G. SCOPE & SEVERITY:** Enter Scope/Severity...

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INDEPENDENT & INFORMAL DISPUTE RESOLUTION FORM

H. LIST DOCUMENTS YOU ARE ENCLOSING THAT ARE RELEVANT AND SUPPORT YOUR CLAIM:
(label the attachments accordingly.)

List Relevant Documents here...

I. FACILITY DISPUTE:

Type Facility Dispute here...

FOR DEPARTMENT OF HEALTH USE ONLY:

J. REGIONAL OFFICE RESPONSE AND RECOMMENDATION:

Click or tap here to enter text here...

K. PANEL RECOMMENDATION (only for SQC and Scope/Severity G and above):

Click or tap here to enter text here...