



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

October 7, 2019

Re: DAL NH 19-11  
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 that 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 within the timeframes described 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), as well as mail one hard copy each of all relevant supporting documentation (labeled appropriately), form CMS-2567 and the POC to the appropriate DOH Regional Office.

**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), as well as mail one hard copy of all relevant supporting documentation (labeled appropriately), form CMS-2567 and the POC to the appropriate DOH Regional Office. In addition, the facility must also mail four (4) hard copies of the IDR/IIDR Form, all relevant supporting documentation (labeled appropriately), and form CMS-2567 to Central Office at:

New York State Department of Health  
Division of Nursing Homes and ICF/IID Surveillance  
Bureau of Quality Assurance and Surveillance  
875 Central Avenue  
Albany, New York 12206

**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), as well as mail four (4) hard copies of the IDR/IIDR Form, all relevant supporting documentation (labeled appropriately), and form CMS-2567 to Central Office at the address listed above.

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, please call the Bureau of Quality Assurance and Surveillance at 518-408-1282 or e-mail [idr@health.ny.gov](mailto:idr@health.ny.gov).

Sincerely,

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

Attachment