

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 the Plan of Correction (POC) within ten (10) calendar days of receipt of Form CMS-2567. **A separate form must be submitted for each cited deficiency that is being disputed.** Fields A through I must be completed and will expand as you type. When completed, submit the form in **Word format** and the supporting documentation as instructed below:

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

- Electronic Version in **Word format** of the IDR Form to idr@health.ny.gov;
- One (1) hard copy each of all relevant supporting documentation, clearly labeled; form CMS 2567; and the Plan of Correction (POC) to the DOH Regional Office.

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

NOTE: If a deficiency at SQC or G level or higher is under dispute, the DOH Central Office and Regional Office should receive the following information for all deficiencies in the SOD that are disputed.

- Electronic version of the IDR Form in **Word format** to idr@health.ny.gov;
- One (1) hard copy each of all relevant supporting documentation, clearly labeled; form CMS-2567; and the POC to the DOH Regional Office; and
- Four (4) hard copies each of: all relevant supporting documentation, clearly labeled; and form CMS-2567 to the DOH Central Office at the following address:

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

Panel IIDR (Scope/Severity G and above)

NOTE: If a deficiency at G level or higher is under dispute, the DOH Central office should receive the following information for all deficiencies in the SOD that are disputed.

- Electronic version of the IDR Form in **Word format** to idr@health.ny.gov;
- One (1) hard copy each of all relevant supporting documentation, clearly labeled; form CMS-2567; and the POC to the DOH Central Office at the following:

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

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

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

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

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...

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...