DELAWARE HEALTH
AND SOCIAL SERVICES

Division of Health Care Quality

NURSING HOME AND ASSISTED LIVING FACILITY

INSTRUCTIONS FOR REQUESTING AN INFORMAL DISPUTE RESOLUTION (IDR)

The Division of Health Care Quality (DHCQ), Office of Long Term Care Residents Protection (OLTCRP) serves as the licensure authority for long term care facilities and the State Survey Agency for the Centers for Medicare and Medicaid Services (CMS). The DHCQ OLTCRP contracts with iMPROve Health to provide IDR review services. When a provider disputes a citation(s) in a Statement of Deficiencies (CMS-2567), pursuant to Chapter 7 of the State Operations Manual at 7212.3, or in the State of Delaware Statement of Deficiencies, pursuant to 16 Delaware Code, Chapter 11, § 1114, the provider may request an Informal Dispute Resolution (IDR). To be eligible, the provider must electronically submit its request to iMPROve Health within ten calendar days from the date of issuance of the State of Delaware Statement of Deficiencies or CMS-2567 using the iMPROve Health portal.

iMPROve Health will review all disputed citations for deficiencies with the state or federal requirements and will only review citations for scope and severity assessments that constitute substandard quality of care (SQoC) or immediate jeopardy (IJ). Those citations that are NOT SQoC or IJ will be reviewed for deletion only or amendments not related to scope and severity.

To request an IDR, submit this **IDR Request Form** electronically, along with factual evidence that supports your dispute and an explanation of the specific deficiencies that are being disputed to the **iMPROve Health** portal www.improve.health/idr Provide an explanation for any documentation submitted that was not provided at the time of survey. For questions, please contact Aris Rhodes-Bond at 248-465-7405 or Bailey Brokmeyer at 248-465-1035.

iMPROve Health Suggestions for Case Submission:
- o Provide a list of all attachments/exhibits.
- o Identify each attachment/exhibit to match list in your narrative.
- o Separate narrative/files/exhibits by citation, if applicable.
- o Ensure your submission is legible.
- o Only use Resident and Staff identifiers from the 2567 in your narrative. Do not use proper names.

Facility Name:			CMS Provider Number:
Contact Name/Title/email address:			Contact Phone Number:
Event ID:	Survey Exit Date:	License ID:	Date of Request:
Enter scope/severity of tag number being disputed. Check the box if tag was cited at SQoC or IJ.			
Example: F604/J	4. ☐	8. ☐	12. ☐
1. ☐	5. ☐	9. ☐	13. ☐
2. ☐	6. ☐	10. ☐	14. ☐
3. ☐	7. ☐	11. ☐	15. ☐

Enter signature/date: _____