



Informal Dispute Resolution (IDR) Request Form for Waiver Providers

This form and information concerning the IDR process are available online at:

<https://hhs.texas.gov/doing-business-hhs/vendor-contractor-information/informal-dispute-resolution-process>

www.mpro.org/texas-idr

To request an IDR, Home and Community-based Services (HCS) or Texas Home Living (TxHmL) waiver providers must:

1. Send this completed form and the Final Report being disputed to HHSC:
 - Email the Final Report containing the citations being disputed along with this completed form to IDR at IDR@hhsc.state.tx.us.
 - The IDR Request Form and Final Report must be received by HHSC within 10 calendar days* of receiving the Final Report.
2. Send one copy of the provider's rebuttal letter and supporting documentation to MPRO:
 - Supporting documentation is due the 5th calendar day* after submitting this request form.
 - Supporting documentation can be submitted in one of two ways:
 - ▶ Uploaded to MPRO's IDR Secure Application. Find instructions and link at: www.mpro.org/texas-idr
 - ▶ By mail to:
MPRO - IDR Department
22670 Haggerty Road, Suite 100
Farmington Hills, Michigan 48335

Contract Type (Check One):

HCS

TxHmL

IDR Type (Check One):

Desk Review

Video Conference*

Telephone Conference*

Face-to-Face Conference*

***All conferences are limited to 1 hour.**

Provider Name:		Provider ID:	Event ID:
Provider Contact Name/Title:		Comp Code:	Contract #
Mailing Address:		Email:	
City:	ZIP Code:	Telephone Number:	
Survey Exit Date:		Date Received Final Report:	

Fill in this section **ONLY** if the program provider will be represented by an attorney.

Note: If an attorney is listed below, all correspondence will be directed to this person; not the provider.

Attorney/Representative:		Firm Name:		
Mailing Address:		City:	State:	ZIP Code:
Telephone Number:	Email:		Fax:	

List all citations disputed in the spaces below. Include Severity and Scope, if applicable.

Only those citations listed below will be reviewed

1.	5.	9.	13.	17.
2.	6.	10.	14.	18.
3.	7.	11.	15.	19.
4.	8.	12.	16.	20.

Add additional sheets if necessary

Submitted by: _____ **Date** _____

* If the designated due date falls on a Saturday, Sunday, or legal holiday, the due date is the next business day.