



Informal Dispute Resolution (IDR) Request Form

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.improve.health/texas-idr

To request an IDR, Nursing Facilities (SNF/NF), Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID), and Assisted Living Facilities (ALF) must:

1. Send via email this completed form to HHSC IDR Department:

- Email this completed form to the HHSC IDR Department at IDR@hhsc.state.tx.us.
- The IDR Request Form must be received by the HHSC IDR Department within 10 calendar days* of receiving the 2567/3724.

2. Send one copy of the facility's rebuttal letter and supporting documentation to MPRO:

- Supporting documentation due dates are as follows:
 - For SNF/NF and ICF/IID the due date is the 5th calendar day* after submitting this request form.
 - For ALF the due date is the 15th calendar day* after submitting this request form.
- Supporting documentation is uploaded to MPRO's IDR Secure Application.
 - Find instructions and link at: www.improve.health/texas-idr

Facility Type (Check One): SNF/NF ICF/IID ALF

IDR Type (Check One): Desk Review Telephone Conference Video Conference (via Go To Meeting)
1 hour meeting limit 1 hour meeting limit

Facility Name: _____ Facility ID: _____ Region: _____

Facility Contact Name/Title: _____ Email: _____

Mailing Address: _____ City: _____ ZIP Code: _____

Telephone Number: () _____

Survey Exit Date: ____/____/____ Date Received 2567/3724: ____/____/____ Event ID: _____

Fill in this section ONLY if the facility will be represented by an attorney.

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

Attorney/Representative: _____ Firm Name: _____

Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

Telephone Number: () _____

Email: _____

List all Deficiencies/Violations (Tags) disputed (i.e., F-Tags, N-Tags, W-Tags, M-Tags, K-Tags, etc.)

Include both the federal and state Tag, if applicable.

Include Severity and Scope (NFs) and Conditions (ICF/IIDs), if applicable.

Only those deficiencies/violations 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.