TEXAS Health and Human Services

Independent Informal Dispute Resolution (IIDR) Request Form

This form and the procedures for an IIDR are available online at:
https://hhs.texas.gov/doing-business-hhs/vendor-contractor-information/informal-dispute-resolution-process

IIDR is only conducted for deficiencies that were included in an IDR and the IDR was completed prior to the imposition of the civil money penalty. To request an IIDR, nursing facilities must:

1. Send this completed form to HHSC:

- Email this completed form and the letter from CMS to IDR at IDR@hhsc.state.tx.us.
- The IIDR Request Form and letter from CMS must be received within 10 calendar days* of receiving the offer.

2. Submit the rebuttal letter and supporting documentation to HHSC:

- Email all documentation to IDR@hhsc.state.tx.us. All documentation must be received by IDR no later than the 10th calendar day* after submitting this request form.
- Supporting documentation should be: organized by deficiency; referenced in the rebuttal letter; tabbed and labeled; and contain highlights of specific information. Supporting documentation submitted for tags not requested on this form will not be reviewed.

IIDR Type (Check One): Desk Review ☐ Telephone Conference ☐
1 hour meeting limit

Facility Name: _____ Facility ID: _____ Region: _____

Facility Contact Name/Title: _____ Email: _____

Mailing Address: _____ City: _____ ZIP Code:_____

Telephone Number: ( ) _____ Fax: ( ) _____

Survey Exit Date: ____/____/____ Date Civil Money Penalty notice was Received: ____/____/____

Fill in the attorney 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: ( ) _____ Fax: ( ) _____

List all Deficiencies (Tags) disputed (i.e., F-Tags, K-Tags, etc.)
Only those deficiencies 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.

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email: IDR@hhsc.state.tx.us