



Informal Reconsideration (IR) Request Form

Nursing facilities (SNF/NF) and Assisted Living Facilities (ALFs) must complete and submit this form to Health and Human Services Commission (HHSC) to be eligible for an IR review.

Informal Reconsideration is the process by which a long-term care provider may request that the HHSC Informal Dispute Resolution (IDR) Unit review a final decision to revoke, deny, or suspend a facility's license. An IR examines the proposed final licensure action.

The IR process is not a review of the validity of the survey results on which the decision to revoke, deny, or suspend licensure is based. Facilities may not dispute cited deficiencies/violations in the IR process. The IR process is not intended to resolve complaints regarding alleged surveyor misconduct, survey protocol, existing Federal or State standards, or to provide an opportunity to remove previously corrected deficiencies/violations.

Submission of the IR Request Form

- Send the completed form to IDR@hhsc.state.tx.us.
- The IR Request Form must be received by HHSC within 10 calendar days* of the notification for the opportunity of an IR.

Submission of Supporting Documentation (OPTIONAL)

- Email your rebuttal letter and supporting documentation to IDR@hhsc.state.tx.us. All documentation **MUST** be received by IDR no later than the 5th calendar day* after submitting this request form.

Facility Type (check one): SNF/NF ALF

Facility Name: _____ Facility ID: _____ Region: _____
 Facility Contact Name/Title: _____ Email: _____
 Mailing Address: _____ City: _____ ZIP Code: _____
 Telephone Number: () _____ Fax: () _____
 Date Received final Licensure Action letter from DADS: ____/____/____

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: () _____ Fax: () _____
 Email address: _____

Submitted by: _____ Date _____

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