



Texas Health and Human Services Commission

Informal Dispute Resolution (IDR)

IDR Request Form

This form and the procedures for the IDR process are available online at <http://www.hhsc.state.tx.us/idr/>

Nursing facilities (SNF/NF), Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID), and Assisted Living Facilities (ALF) must complete and submit this form to dispute cited deficiencies/violations with HHSC.

Submission of the IDR Request Form

- Fax or email this completed form to IDR at 512-706-7275 or IDR@hhsc.state.tx.us.
- The IDR Request Form must be received within 10 calendar days* of receiving the 2567/3724 from DADS.

Submission of Supporting Documentation

- Submit two identical copies of the rebuttal letter and supporting documentation or information by regular mail, hand delivery, or overnight delivery only. All documentation **MUST** be received by IDR no later than close of business on the designated due date.
 - 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 should be: organized by deficiency/violation; 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.

Facility Type (check one): SNF/NF ICF/IID ALF

IDR Type (Check One): Desk Review Telephone Conference Face-to-Face Conference

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: () _____ Fax: () _____

Survey Exit Date: ____/____/____ Date Received 2567/3724: ____/____/____

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: _____

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.

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.

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Austin, Texas 78723

Phone: (512) 706-7268
Fax: (512) 706-7275

email: IDR@hhsc.state.tx.us
Form Revised 1/15