

Request for Informal Dispute Resolution Form¹

This form must be completed to request an informal dispute resolution (IDR) for long-term care facilities. If you have questions, contact the IDR Program at 512. 706.7268; by e-mail at IDR@hhsc.state.tx.us or refer to the IDR Procedures at the HHSC website: http://www.hhs.state.tx.us/OMB/IDR/idf_GPF_02_start.shtml

Step 1. **Fax** a copy of a completed and signed IDR request form to your DADS Regional Office.

Step 2. **Fax 3 Items:** IDR request form, DADS fax confirmation, & registration information* to IDR at **512. 706.7275** within **10 calendar days** of receiving the statement of deficiencies/violations from DADS. (**NOTE: Submittal on the 10th calendar day maximized supporting documentation preparation time.**)

Step 3. HHSC must receive **TWO copies** of supporting documentation** by hand delivery, overnight mail, or 2-day mail at the address below within **five calendar** days of submitting this request.

**HHSC IDR Program
1106 Clayton Lane
Suite 300 W. H970
Austin, TX 78723**

HHSC must receive the IDR request & supporting documentation within timeframes or the IDR will be denied.

Facility Name _____ Region: _____ Facility ID _____

Facility Contact Name & Title/Telephone Number _____

Mailing Address, City, Zip Code, and County _____

Fax Number and E-mail Address _____

Corporate Office, (if any), and its Mailing Address, City, Zip Code, Phone, Fax, and e-mail.

Check Type of Review Requested: _____ Telephone (**if eligible**) _____ Face to face (**if eligible**) _____ Desk Review

Date Statement of Deficiencies/Violations Received _____ Survey Exit Date _____
(*Note: the above dates WILL NOT be the same date*)

Attorney Representative (if any), Phone, Fax, and e-mail. _____

Attorney Address, City, Zip Code _____

If an Attorney is listed, all correspondence will be directed solely to the attorney, not the facility.

Disputed Deficiencies/Violations. List only those deficiencies you dispute. (Add additional sheets as necessary.)

1. _____ 3. _____ 5. _____ 7. _____ 9. _____
2. _____ 4. _____ 6. _____ 8. _____ 10. _____

***Registration Information:** Any individual participating in an IDR process must attach the following registration information to the IDR request form: (1) the individual's employment history during the preceding five years, including employment in regulatory agencies of this state and other states; (2) ownership, including the identity of the controlling person or persons, of the institution or facility the individual is representing before the Commission; and (3) the identity of other entities the individual represents or has represented before the Commission during the previous 24 months. (TEX. GOV'T CODE ANN §531.058(a)(3) and Health and Safety Code §247.051(a)(3))

**** Supporting Documentation --** 1. Rebuttal Letter organized by tag disputed. 2. Attachments (identified by tabs and highlighted).

Submitted by: _____ Date _____

Must be signed or request is subject to denial

“With a few exceptions, Texas privacy laws and the Public Information Act entitle you to ask HHSC about the information collected on this form, to receive and review this information, and to request that HHSC correct inaccuracies. HHSC's procedures for requesting corrections are in Title 1 of the Texas Administrative Code, Sections 351.17 through 351.23.”

