

Request Form for Informal Reconsideration (IR)

This form¹ must be completed and signed in order to request an informal reconsideration (IR) for long-term care facilities. Contact the HHSC IDR/IR Program if you have questions at 512.706.7268; by e-mail at IDR@hhsc.state.tx.us ; or refer to the HHSC IR Procedures at the HHSC website: http://www.hhs.state.tx.us/OMB/IDR/idf_GPF_02_start.shtml

Step 1. **Fax** a copy of **this form** to the **DADS**² Provider Licensing Enforcement Unit 512.438.2729.

Step 2. **Fax: 1) this form, 2) DADS fax confirmation** (see step 1), and, 3) **registration information*** to **IDR/IR Program** at 512.706.7275 within **10 calendar days** of receiving the statement of final licensure action from DADS.

Step 3. The **IDR/IR Program** must **receive TWO copies** of a **rebuttal letter** by fax, 2-day mail, hand delivery, or overnight mail to the address below within **five calendar days** of submitting this request. If the 5th calendar day falls on a Saturday, Sunday, or legal holiday, the documentation is due the following business day.

Step 4. (**Optional**): To support you decision, you may send supporting documentation**. If submitted, supporting documentation must be sent by 2-day mail, hand delivery, or overnight mail and be received by HHSC with five calendar days of submitting the IR request.

HHSC IDR Program
1106 Clayton Lane
Suite 300 W. H 970
Austin, TX 78723

HHSC must receive the IR request form and rebuttal letter within the required time frames or the IR will be denied. If the designated due date (calendar day) falls on a Saturday, Sunday, or legal holiday, the due date becomes the following business day.

Facility Name _____ Region: _____ Facility ID _____

Facility Contact Name/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.

Date DADS **Final Licensure Action Letter** Received _____

Attorney Representative (if any), Phone #, Fax # _____

Attorney Address, City, Zip Code _____

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

Check Type of Disputed DADS **Final Licensure Action** _____ Revocation _____ Denial of renewal _____ Suspension

***Registration Information:** Any individual participating in an IR process must attach the following registration information to the IR 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 --** Attachments (identified by tabs) highlighted, optional.

Submitted by: _____ Date _____

Must be signed or request is subject to denial

"With a few exceptions, Texas privacy laws and the Public Information Act entitles 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."

¹ Health and Human Services Commission (HHSC) IR Request Form September 15, 2003, revised May 2008.

² Department of Aging and Disability Services