



# Informal Dispute Resolution (IDR) Request Form

This form and information concerning the IDR process are available online at:  
<https://hhs.texas.gov/doing-business-hhs/vendor-contractor-information/informal-dispute-resolution-process>  
[www.mpro.org/texas-idr](http://www.mpro.org/texas-idr)

To request an IDR, Nursing Facilities (SNF/NF), Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID), and Assisted Living Facilities (ALF) must:

**1. Send this completed form to HHSC:**

- Email this completed form to IDR at [IDR@hhsc.state.tx.us](mailto:IDR@hhsc.state.tx.us).
- The IDR Request Form must be received by HHSC within 10 calendar days\* of receiving the 2567/3724.

**2. Send one copy of the facility's rebuttal letter and supporting documentation to MPRO:**

- Supporting documentation due dates are as follows:
  - For SNF/NF and ICF/IID the due date is the 5<sup>th</sup> calendar day\* after submitting this request form.
  - For ALF the due date is the 15<sup>th</sup> calendar day\* after submitting this request form.
- Supporting documentation can be submitted in one of two ways:
  - Uploaded to MPRO's IDR Secure Application. Find instructions and link at: [www.mpro.org/texas-idr](http://www.mpro.org/texas-idr)
  - By mail to: MPRO - IDR Department  
22670 Haggerty Road, Suite 100  
Farmington Hills, Michigan 48335

Facility Type (Check One): SNF/NF  ICF/IID  ALF

IDR Type (Check One): Desk Review  Telephone Conference  Video Conference (via Go To Meeting)  Face-to-Face Conference   
1 hour meeting limit 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Event ID: \_\_\_\_\_

**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.**

**Include Severity and Scope (NFs) and Conditions (ICF/IIDs), 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.