



Long-Term Care Regulatory Provider Letter

Number: PL 2022-26 (replaces PL 2016-42)
Title: Enforcement Unit Mailbox for Informal Dispute Resolution
Provider Types: Home and Community Support Services Agencies (HCSSA)
Date Issued: October 25, 2022

1.0 Subject and Purpose

The purpose of this letter is to inform Home and Community Support Service Agencies (HCSSA) providers that the HCSSA Enforcement Unit has an email address for submitting Informal Dispute Resolution (IDR) requests. Providers can email Form 2407 or continue to fax or mail Form 2407, which has been revised to better reflect current processes.

2.0 Policy Details & Provider Responsibilities

A HCSSA is required to complete Form 2407 to request an IDR. The completed form must be emailed, faxed or postmarked within 10 calendar days after the date of receipt of the official written notification of the survey findings. The rebuttal letter and supporting documentation must be received by the HCSSA Enforcement Unit within seven calendar days of the postmarked, faxed or email date that the Form 2407 (IDR Request) was submitted or the following working day if the seventh calendar day falls on a Saturday, Sunday or legal holiday.

The following is required to be submitted to the agency's survey office at the same time each is submitted to the HCSSA Enforcement unit:

- copy of the completed IDR request form,
- rebuttal letter, and
- supporting documentation.

The signature on the completed form should be that of the agency representative.

The items listed above must be submitted to via one of the following methods:

- Mail to:

Texas Health and Human Services

Regulatory Services Division

Home and Community Support Services Agencies Enforcement

Mail Code E-351

701 West 51st Street

P.O. Box 149030

Austin, Texas 78714-9030

- Fax to:

512-438-4138 or

- Email to:

HHS_HCSSA_Informal_Dispute_Resolution@hhs.texas.gov

An agency must submit a plan of correction in response to an official written notification of survey findings that declares a deficiency or violation even if the agency disagrees with the survey findings.

3.0 Resources

[Form 2407, Informal Dispute Resolution Request](#)

4.0 Contact Information

If you have any questions about this letter, please contact the Policy and Rules Section by email at LTCRPolicy@hhs.texas.gov or call (512) 438-3161.