# REQUEST FOR INFORMAL RECONSIDERATION OF FINDINGS (IRF)

**Part A: please use one page per disputed tag**

<table>
<thead>
<tr>
<th>Identifying Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Provider:</strong></td>
</tr>
<tr>
<td><strong>Executive Director or Designee:</strong></td>
</tr>
<tr>
<td><strong>Date of QMB Survey:</strong></td>
</tr>
<tr>
<td><strong>Services reviewed:</strong></td>
</tr>
<tr>
<td>[ ] DD Waiver</td>
</tr>
</tbody>
</table>

**Part B:**

<table>
<thead>
<tr>
<th>Tag #</th>
<th>Title of Standard / Regulation and Finding in Question</th>
<th>Rational for Dispute of Findings: (attachments must include all supporting evidence to be reviewed)</th>
</tr>
</thead>
<tbody>
<tr>
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______________________________________________

Date: ______________________________

Executive Director or Designee - Signature

Date Received by IRF Chair: ______________________________

Date of Agency Notification: ______________________________

QMB IRF form: v 1.0.7
R 9/14; 9/2016; 9/2019
NEW MEXICO DEPARTMENT OF HEALTH
DIVISION OF HEALTH IMPROVEMENT - QUALITY MANAGEMENT BUREAU

Instructions for completing the REQUEST FOR INFORMAL RECONSIDERATION OF FINDINGS (IRF) Form

1. Complete Part A, including agency information and QMB survey information

2. Complete Part B (Only use one form per disputed tag, if needed use additional forms)
   - Include the TAG NUMBER
   - Include the standard or regulation cited and the finding
   - Include the rational for disputing the finding
   - Include all supporting evidence to verify compliance with the required standard or regulation.

3. The Executive Director or Designee must sign and date the request form (electronic signature are acceptable).

4. The form must be received with all supporting evidence within 10 working days of receipt of the QMB final Report of Findings. Please note: no extension is granted for this process.

5. If you have questions about the IRF process, email the IRF Chairperson, IRF Chairperson, Valerie V. Valdez at valerie.valdez@state.nm.us for assistance.

6. Please submit your IRF forms and supporting evidence via mail to:

   ATTN: QMB Bureau Chief
   Request for Informal Reconsideration of Findings
   5301 Central Ave NE Suite #400
   Albuquerque, NM  87108
   Attention: IRF request/QMB

Note regarding the IRF Process:

The IRF process is informal and is provided as a courtesy to Providers. During the IRF process, providers must continue to implement their Plan of Correction. The IRF review is a desk review, and does not have a provision for a face-to-face meeting between the provider and the IRF Committee.

When the IRF request is received it will be processed and if approved it will be forwarded to the IRF Committee for review of the case.

The IRF Committee is comprised of 1 member from DHI, and 1 member from DDSD. The IRF Committee reviews each disputed tag / deficiency and will make a recommendation of Removal, Modification or may Uphold the disputed tag / deficiency.

Providers will be notified of the IRF outcome.

Failure to comply with requirements for filing an IRF (1 through 4 above) may stop the IRF from occurring.

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