

PermiaCare

Mental Health Services Request for Interested Providers - 2022

As the Local Mental Health Authority, PermiaCare is seeking private provider organizations who may be interested in collaborating for the provision of mental health services as part of our Local Provider Network Development process.

This collaborative approach to service provision is detailed in Title 26, Texas Administrative Code (26 TAC), Chapter 301, Subchapter F. It establishes a standardized, transparent process for planning and developing a network of mental health service providers, emphasizes a choice of providers, and allows for local control through stakeholder input while requiring the network to be managed by PermiaCare.

Mental Health services excepted from this request are the following:

- 1) The networks developed through this process do not serve individuals covered by Medicaid Managed Care. Providers interested in providing mental health services to the Medicaid population can find information about joining a Medicaid Managed Care network on the following website:
http://www.tmhp.com/Pages/ProviderEnrollment/PE_TX_Medicaid_New.aspx
- 2) Individual practitioners should contact PermiaCare by email at ToddLuzadder@Permiacare.org directly to discuss opportunities for contracting.

Provider organizations who are interested in providing full levels of care for mental health services in the PermiaCare service area covering the counties of Midland, Ector, Pecos, Brewster, Culberson, Hudspeth, Jeff Davis, and Presidio, should complete the attached Provider Inquiry Form after reviewing the information presented at the HHSC LPND website:
<https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/local-planning-network-development/lpnd-information-potential-providers> .

SUBMISSION PROCEDURE:

- A. Completion of PermiaCare's Mental Health Services Provider Inquiry Form formally notifies PermiaCare of your interest in providing services for PermiaCare in one or more of the levels of care listed for the PermiaCare service area.
- B. In making your selections, remember that PermiaCare will be contacting you to schedule a follow-up teleconference. Narrowing your focus from the start can reduce the time and effort you and PermiaCare invest later in the process.

- C. Applicants must be qualified, credentialed and capable of providing services according to the [TRR Requirements](#)
- D. Completing this form does not in any way commit PermiaCare to procure your services.
- E. Refer to [TRR Service Requirements and Other Standards](#) to review requirements for each level of care.
- F. Please be sure to include the name of the organization in the subject line and contact information in the body or signature of the e-mail message.
- G. Responses must be received by mail, email, express mail, or hand-delivered on or before **5:00 p.m. (CST) Friday, September 30, 2022** for the current contacting cycle. Late responses may not be addressed.
- H. All responses must be clearly marked on the outside of the envelope or in the subject line of the email to indicate: “Mental Health Services Request for Interested Providers -2022.”

Additional contact information is as follows:

Todd Luzadder
401 E. Illinois Suite 403
Midland, TX 79701
(432) 570-3333

Email: ToddLuzadder@permiacare.org

**SUBMISSION OF
QUESTIONS:**

A. All questions must be received in writing by e-mail or physical mail. PermiaCare will send a written response. All questions / requests are requested to be received by **September 30, 2022** for the current contacting cycle and directed to the Director of Mental Health Services, Todd

Luzadder at: **“Mental Health Services Request for Interested Providers - 2020”**

Todd Luzadder
401 E Illinois, Suite
403
Midland, TX 79701
(432) 570-3333 –
Phone
(432) 570-3346 – Fax
[ToddLuzadder@Per
miacare.org](mailto:ToddLuzadder@Permiancare.org)

B. Questions received after the deadline will be addressed as soon as possible.

C. Any oral, email or other communication regarding this request with employees or officials of PermianCare, other than the individuals mentioned above will be considered unofficial and non-binding.

Sincerely,

Todd Luzadder
Director of Mental Health Services
432-570-3333

PermiaCare



Mental Health Services Request for Interested Providers - 2022
Initial Due Date: September 30, 2022

PermiaCare FY 2022 Provider Inquiry Form

PermiaCare
Mental Health Services Provider Inquiry Form

NOTE: This process is only for provider organizations interested in contracting to provide full levels of care or specialty services. Individual practitioners or organizations interested in providing discrete services should contact PermiaCare directly at

ToddLuzadder@Permiacare.org

Before completing this form, please review the service specifications located at

<https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual>

Upon submission of a completed form you will be contacted by PermiaCare and offered an opportunity to schedule a follow-up teleconference. The purpose of this discussion is to give you a better understanding of local circumstances, needs, and challenges, and for PermiaCare to gain a better understanding of the services you are interested in providing and your capacity for service delivery.

If you do not participate in a follow-up teleconference within 14 days, PermiaCare may conclude that you are not interested in contracting.

Provider Inquiry Form

Provider Name:		
Physical Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Contact Person(s) and Title(s):		
Phone Number(s)	() - ext	() - ext

Fax Number	() -	
Email Address:		
Website (if applicable): http://		
Type of provider: <input type="checkbox"/> Company/organization <input type="checkbox"/> Individual practitioner		
Please describe your experience in delivering mental health services by completing the questions identified below:		
<ol style="list-style-type: none"> 1. How many years have you been providing mental health services? 2. What types of populations do you serve? 3. What types of individuals do you serve? 4. What types of staff do you currently employ (position/credentials)? 5. What licensure and/or national certification or accreditation do you maintain? 6. Is your company local and Texas-based or part of a larger, national entity? 7. Other items you think PermiaCare should know about you and/or your company. 		

Check each service type you are interested in providing. Information specific to PermiaCare, such as the specific range of services and capacity you can offer, will be discussed during the follow-up meeting or teleconference with PermiaCare.

- Levels of Care for adults
- Levels of Care for children and adolescents
- Crisis and/or residential services
- Other specialty services:

Use the following link to access information about Texas Resilience and Recovery and its Levels of Care: <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual>

Read the following paragraph. If you agree, then check the box and submit the form via e-mail to: ToddLuzadder@Permiacare.org

I have considered all the information available about local planning, developing a mental health service delivery network, and the Texas Resilience and Recovery model in use by the State of Texas in its public mental health service system. By completing this Provider Interest Inquiry form in full, I am stating my interest in engaging in a business relationship with PBCC for the services I have indicated.

I understand a representative from PermiaCare will contact me to discuss my interest in becoming a part of the mental health service network.