

Date: Click or tap to enter a date.

Medicaid #: Click or tap here to enter text.

Dear: Click or tap here to enter text.

PermiaCare has reviewed the following: Choose an item.

PermiaCare has determined the following: Choose an item.

This determination was made because: Click or tap here to enter text.

This determination is made in accordance with the following rule(s) of the Texas Health and Human Services Commission:

- {26 TAC § 306.309} Mental Health Rehabilitative Services – Eligibility**
To receive Mental Health Rehabilitative Services from PermiaCare, you must be eligible. According to our information you no longer qualify based on the following:

Not Applicable

- {26 TAC § 306.259} Mental Health Case Management Services – Eligibility**
To receive Mental Health Case Management Services from PermiaCare, you must be eligible. According to our information you no longer qualify based on the following:

Not Applicable

This means: Choose an item.

If you disagree with this decision, you have the following options:

- 1) If your case is closed because **PermiaCare** has not been able to contact you, please contact your Case Manager [Click or tap here to enter text.](#) at [Click or tap here to enter text.](#) within 10 days.
- 2) You may contact PermiaCare's Client Rights Advocate, Amber Johnson, at 432-570-3333
- 3) You may request a fair hearing to appeal the decision as provided under the rules of 1 TAC Chapter 357, Subchapter A. If you request a fair hearing, you may represent yourself or you may have someone you trust represent you. If you choose to have someone represent you, it will be at your own expense. Any request to appeal must be received by Texas HHSC on or before [Click or tap here to enter text.](#) (90 days from the date of this letter). You will lose your right to appeal this decision if your request is not received by this date.

You may request a fair hearing by completing the enclosed form and mailing it to:

Fair Hearing Request
Behavioral Health Services
P.O. Box 13247
Mail Code 2053
Austin, TX 78711

You may also submit the form by email at BHS.fairhearingsrequests@hhs.texas.gov or by fax at 512-302-2605. Appeal requests may be made by phone by calling 512-490-1177.

REMEMBER: Even if you are not receiving PermiaCare services, you can always access crisis services by phone at 1-844-420-3964 or by walking into the Mental Health Center M-F, 8-5. Crisis services are available by phone 24 hours a day, 7 days a week. You may also re-apply for services, if the need arises, after the case is closed.

If you have questions about anything in this letter, please contact [Click or tap here to enter text.](#) at [Click or tap here to enter text.](#)

Sincerely, [Click or tap here to enter text.](#)

This letter was sent certified mail, return receipt requested on [Click or tap to enter a date.](#)

OR

This letter was hand delivered as acknowledged by: _____ . (client or LAR signature)

Client Name

Medicaid Number

Mailing Address

City, State Zip

FAIR HEARING REQUEST FORM

(There is no need to complete or send this letter unless you disagree with the decision made by PermiaCare to deny, terminate, or reduce services)

PermiaCare made the following determination:

I wish to appeal this determination.

Signature of Client / Representative

Date

Complete the following only if you have the information available at the time you are requesting your fair hearing. You are entitled to representation, at your own expense, at any time during the fair hearing process.

NAME AND ADDRESS OF REPRESENTATIVE:

Relationship

Return this form to:

Fair Hearing Request
Behavioral Health Services
P.O. Box 13247
Mail Code 2053
Austin, TX 78711