



Request for Approval to Withdraw an Enrollment Offer

Section 1, LIDDA's Information

Today's Date	LIDDA Name	LIDDA Component Code	
LIDDA Contact Person	Area Code and Phone No.	Email	

Section 2, Person's Information

Name	<input type="checkbox"/> HCS <input type="checkbox"/> TxHmL	Slot Type No.
Client Assignment and Registration (CARE) Identification No.	Medicaid No. (if known)	
Date LIDDA Received Release Notice from HHSC	Date LIDDA Mailed the Enrollment Offer	
Enrollment Due Date Per Release Notice from HHSC	Extended Due Date (if approved by HHSC)	

Section 3, Reason for Requesting Approval to Withdraw an Enrollment Offer – This section is required. Check only one.

1. LIDDA was unable to contact the person or legally authorized representative (LAR) and the person or LAR has not responded to [Form 1067](#), Offer of Home and Community-based Services (HCS) Program, or [Form 1070](#), Offer of Texas Home Living Program, within 30 calendar days after the deadline date identified on [Form 8592](#), Deadline Notification.
Note: For this reason, before submitting this form, the LIDDA must contact the slot monitor to ask if HHSC has any different contact information available for the person.

2. LIDDA was **able** to contact the person or LAR and made the enrollment offer, but the person or LAR has not responded to the offer within 30 calendar days after the deadline date identified on Form 8592.

3. LIDDA made the enrollment offer, but the person or LAR has not documented their choice on [Form 8601](#), Verification of Freedom of Choice, and returned the form to the LIDDA within seven calendar days after receiving the form.

4. Person or LAR accepted the enrollment offer, but has not documented their choice of provider on [Form 1049](#), Initial Documentation of Provider Choice, or on [Form 1052](#), Public Provider Choice Request, and returned the form to the LIDDA within 30 calendar days after receiving a provider list.

5. Person or LAR accepted the enrollment offer but has not participated in activities necessary for completing enrollment.
Examples: The person or LAR has missed scheduled meetings and did not return calls to reschedule. The person or LAR has chosen not to apply for Supplemental Security Income (SSI) or Medicaid benefits.

6. LIDDA has been informed that the person is no longer residing in Texas and currently does not plan to return to Texas.
Person's current state or country is _____ . **Note:** For this reason, the LIDDA may skip Section 4.

Do not submit this form if the person is deceased. Instead, notify the slot monitor by email and submit [Form 8601](#). Enter "deceased" and the date of death (if known) on the form. Only the LIDDA representative's signature is required. **Do not** mail [Form 1068](#), Withdrawal of Offer for Home and Community-based Services (HCS) Program, or [Form 1069](#), Withdrawal of Offer of Texas Home Living Program.

Section 4, Documentation of Attempts – This section is required unless otherwise indicated in Section 3. Document each phone and/or in-person attempt made by the LIDDA in chronological order (i.e., earliest to latest). At least three attempts are required and if no attempts were "in-person," the LIDDA must document the reason(s) for not making an "in-person" visit.

	Date	Type	Area Code and Phone No. or Address	Notes
1st.		<input type="checkbox"/> By Phone <input type="checkbox"/> In-person		
2nd.		<input type="checkbox"/> By Phone <input type="checkbox"/> In-person		
3rd.		<input type="checkbox"/> By Phone <input type="checkbox"/> In-person		

Reason(s) for Not Making an "In-Person" Attempt _____

Section 5, HHSC Use Only

Date Received	Slot Monitor Name	Email
<input type="checkbox"/> Approved	The LIDDA mails Form 1068 or Form 1069 via USPS certified mail and emails a copy to the slot monitor. HHSC updates the offer status after the slot monitor receives a copy of the form, including the certified mail receipt number.	
<input type="checkbox"/> Not Approved		