Texas Department of Aging
and Disability Services

**Form 1045**
June 2013-E

Local Authority (LA)

# HCS/TxHmL Request for Enrollment Extension

| Date of Request | No. of Requests Made for this Individual, Including this Request | Waiver Program Authorized to Enroll in<br>☐ HCS ☐ TxHmL | Waiver Slot Type |
|---|---|---|---|

| LA Requesting Extension | LA Component No. |
|---|---|
| Name of Individual Authorized for Enrollment | CARE ID of Individual |

| Date of DADS' Authorization for Enrollment | Date Individual or LAR was Notified of Offer | Date Enrollment Due to be Completed |
|---|---|---|

| Medicaid Type (CARE C-63 Screen)<br>Coverage Code | Program Type | Medicaid Effective Dates<br>Begin End | Date of Birth | Date of Medicaid Application Filed (if applicable) |
|---|---|---|---|---|

| Receiving GR Services ☐ Yes ☐ No<br>If yes, list the GR services receiving: | Date Moved or Scheduled to Move from ICF/ID, NF or SH |
|---|---|

Mark Enrollment Activities Completed:

| | |
|---|---|
| ☐ Verification of Freedom of Choice signed (enter date) _____ | L01 Entered ☐ **Yes** ☐ **No**<br>(If no, explain in the comments section below) |
| ☐ Provider Selected (enter provider component code) _____ | |
| ☐ Enrollment Meeting (enter date meeting held or scheduled) _____ | L02 Entered ☐ **Yes** ☐ **No**<br>(If no, explain in the comments section below) |

Additional Instructions:

**For HCS only:** If the predominant reason for the delay is Medicaid eligibility, ensure all enrollment screens are entered into CARE and describe the activities that have been done to establish eligibility.

**For TxHmL only:** If the predominant reason for the delay is Medicaid eligibility, ensure all enrollment screens are entered into CARE and describe the activities that have been done to establish eligibility unless the LA determines the individual is likely to be denied Medicaid. In which case, the LA must provide a reason for such determination in the comments section below.

Comments: Describe all issues contributing to delay in enrollment (individual/family situations, provider-related delays and/or Medicaid eligibility).

| LA Contact | Area Code and Telephone No. | Email Address |
|---|---|---|
| Date Enrollment Expected To Be Completed By | Fax completed form to DADS, LA Section,<br>Local Procedure Development and Support, at 512-438-5220. | |