

## Community Services Interest List (CSIL) Closure Communication

Individual's Name	Interest List ID
Program(s) to be Closed	Date of Closure
Case Manager	Date Submitted

**Mark Only One**

**Closure Reason**

- Certified to Enter Program
- Death

**Not Eligible**

- Does Not Meet Medical Necessity
- Exceeds Cost Limit
- Not Financially Eligible
- Ineligible Age
- Does Not Reside in an Allowable Residential Setting
- Cannot be Served Safely in the Community
- Not a Texas Resident

**Could Not Locate**

- Released from List/No Response to Letter
- Mail Undeliverable/No Working Telephone Number

**Voluntary Withdrawal**

- Withdrew to Bottom
- Determined Eligible/Offer Refused
- Released from List/Offer Refused
- Request Removal from Interest List
- Did Not Complete Application/Service Plan Process

**Needs Met Through Other Services**

- Needs Met through Community Living Assistance and Support Services
- Needs Met through Home and Community-based Services
- Needs Met through Non-Waiver Services
- Needs Met through Deaf-Blind Multiple Disabilities Medicaid
- Needs Met through Texas Home Living

**Other**

- Other \_\_\_\_\_
- Individual's enrollment was being processed as Money Follows the Person (MFP). The individual is no longer interested in completing the MFP process but wishes to remain on the list with the original request date.