STEPS participants are expected to make decisions about what agency they want to provide their CSC services.

|  |  |
| --- | --- |
| **Name of Consumer:** First and last | **Date form completed:** Enter date |

**Date that change is to occur:** Enter date

A consumer can make a CSC change at any point but the change to a new agency will go into effect on the first of the month. To make this change to a new agency this form must be submitted by the 18th of the previous month in order to provide timely notice to all agencies involved. Example: this form is due by December 18th in order for a January 1st change.

**CSC billing:** The Current CSC cannot bill after the end date noted below.

|  |  |
| --- | --- |
| **Current CSC Agency:** Enter Agency | **End Date for this CSC:** Enter date |
| **Current CSC Name:** First and last |  |

**CSC billing:** The New CSC cannot bill before the beginning date noted below.

|  |  |
| --- | --- |
| **New CSC Agency:** Enter Agency | **Beginning Date for this CSC:** Enter date |
| **New CSC Name:** First and last |  |

The new CSC will complete this form at the time they meet with the STEPS participant to complete CSC agency required forms. Please note that the new agency will need a release before requesting information from the current provider.

The New CSC will:

* Complete and Sign this form, and forward to the current CSC, MCO, and WORK Program Manager

The MCO Case Manager will:

* Notify the previous agency and confirm the date that services will change
* Make the changes in the PPL system to link the STEPS participant to the new CSC

The WORK Program Manager will:

* Notify the Working Healthy Benefits Specialist of the change

**Transfer of Documentation**

The STEPS Assessment, Service Plan, Participant agreement form, and Emergency Backup plan may be requested by the new CSC and will be sent by the STEPS Program Manager or the MCO.

Documentation that may be requested from the previous CSC and may be released to the new CSC with a current and signed release: Case notes; Assistive Service Requests, approval and denial letters; Medical history that may be relevant; Guardianship or DPOA documents; Current releases of Information.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Member signature:** | |  | | **Date:** | |  | |
| **New CSC:** |  | | | **Date:** | | |  |
|  | | |  | |  |  | |
| **Current CSC notified of this change on:** Enter date | | | | | **By:** Choose | | |