

STEPS Involuntary Disenrollment Form

Member Name: _____

Guardian or STEPS Representative Name: _____

Reason for disenrollment:

Checklist steps:

- Notified the STEPS Program Manager/CSC/MCO regarding reason for disenrollment on: _____
- Sent notice to the member giving them 30 days to respond on: _____

HCBS / STEPS Safety net:

- * I understand that if the member was on an HCBS waiver the month prior to starting STEPS they will return to that waiver if they are not over resources and have not had a gap in HCBS / STEPS services.
- * I understand that if the member was on an HCBS waitlist the month prior to starting STEPS or if they were added to a waitlist while in STEPS, they will remain on the waitlist based on the date they were added.

All closures go into effect the last day of the month.

Date of this request: _____ Date of closure: _____

CSC or MCO signature

Date