



MassHealth Adult Foster Care Member Transfer Form

This form may be used by adult foster care (AFC) providers that are intaking a MassHealth member who wishes to transfer from a different AFC provider or service, or by AFC providers who are transitioning MassHealth members to a different AFC provider or service. The purpose of this form is to confirm the MassHealth member's consent to transfer their care.

Directions for the intaking AFC provider completing this form: the form must be completed with the MassHealth member and/or representative and submitted with your prior authorization (PA) request via the MassHealth LTSS Provider Portal (www.masshealthltss.com).

MassHealth recommends that when a member is seeking a transfer, they and/or the intaking AFC provider communicate to the previous AFC provider or other service provider their intention to end services.

I, _____, have chosen to transfer from _____
(Member Name) (Previous AFC Provider or Other Service Provider)

and I would like to begin adult foster care with _____
(Intaking AFC Provider)

I understand that this form will be submitted to MassHealth for review with my PA request. If my request is approved, I agree to end services from _____ when the request is processed.
(Previous AFC Provider or Other Service Provider)

Member/Legal Guardian/Invoked Health Care Proxy
PRINTED NAME

Member/Legal Guardian/Invoked Health Care Proxy Signature

Date

The form can either be signed by hand and then scanned, or it can be signed electronically using a digital signature tool, such as DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature.