



MassHealth
Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

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 was previously served by 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 from or to the AFC provider.

Directions for the intaking/transitioning AFC provider: The AFC provider using this form must complete it with the MassHealth member. An intaking AFC provider must submit this form with its prior authorization request via the MassHealth LTSS Provider Portal (www.masshealthltss.com).

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

_____ and will begin adult foster care with _____ as of
(Discharge Date) (Intaking AFC Provider or New Service)

(Admission Date/Start Date)

Member/Legal Guardian/Invoked Health Care Proxy
PRINTED NAME

Member/Legal Guardian/Invoked Health Care Proxy
Signature (Cannot be an e-signature.)

Date