



## MassHealth Group Adult Foster Care Member Transfer Form

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

Directions for the intaking GAFC 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](http://www.masshealthltss.com)).

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

I, \_\_\_\_\_, have chosen to transfer from \_\_\_\_\_  
(Member Name) (Previous GAFC Provider or Other Service Provider)

and I would like to begin group adult foster care with \_\_\_\_\_.  
(Intaking GAFC 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 GAFC 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.