

# MassHealth Home Health Agency Member Transfer Form

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This form may be used by home health agencies that are intaking a MassHealth member who was previously served by a different home health agency. The purpose of this form is to confirm the MassHealth member’s consent to transfer their care from the previous home health agency to the intaking home health agency.

Directions for the intaking home health agency: The intaking home health agency using this form must complete it with the MassHealth member. The agency will then submit this form with its prior authorization request via the MassHealth LTSS Provider Portal ([www.masshealthltss.com](http://www.masshealthltss.com)).

I, \_\_\_\_\_, have chosen to transfer from \_\_\_\_\_ as of  
(member name) (prior home health agency)  
  
(discharge date) and will begin home health services with \_\_\_\_\_ as of  
(intaking home health agency)  
  
(admission date) .

Member/health care proxy printed name \_\_\_\_\_ Date \_\_\_\_\_

Member/health care proxy signature  
(cannot be an e-signature)

