New England Healthcare Solutions LLC

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Secure fax: **(888) 801-3216**
Response within one business day

Adult Foster Care / Group Adult Foster Care Referral

1 · PROGRAM REFERRED TO

- ☐ Adult Foster Care — Age 16 or older
- ☐ Group Adult Foster Care — Age 22 or older
- ☐ Not sure — please advise

AFC requires the member and paid caregiver to live together in a private home; a spouse or legal guardian cannot be the paid caregiver. GAFC requires MassHealth Standard or CommonHealth and an approved housing setting. Eligibility is subject to MassHealth and health-plan verification; approval is not guaranteed.

2 · MEMBER INFORMATION

MEMBER NAME

DATE OF BIRTH

PHONE

BEST TIME TO CALL

STREET ADDRESS

CITY / TOWN

ZIP

MASSHEALTH PLAN

e.g. Standard, CommonHealth, MCO or ACO name

MASSHEALTH ID

Fax only — do not send by email

PRIMARY LANGUAGE / INTERPRETER NEEDED

Tell us if the family needs Spanish or another language

3 · FAMILY CONTACT AND PROPOSED CAREGIVER

CONTACT NAME

RELATIONSHIP TO MEMBER

CONTACT PHONE

CONTACT EMAIL

PROPOSED AFC CAREGIVER (IF ANY) AND RELATIONSHIP

Not the member's spouse or legal guardian

- [ ] Proposed caregiver already lives with the member
- [ ] Member lives in senior or supportive housing

4 · CARE NEEDS

Check each activity of daily living where the member needs physical assistance, cueing, or supervision.

- [ ] Bathing
- [ ] Dressing
- [ ] Toileting
- [ ] Mobility / transfers
- [ ] Eating
- [ ] Medication reminders
- [ ] Grooming
- [ ] Supervision for safety
- [ ] Meal preparation

RELEVANT DIAGNOSES

Fax only

RECENT HOSPITALIZATION / DISCHARGE DATE

PRIMARY CARE PROVIDER AND PHONE

5 · REFERRING PROVIDER

YOUR NAME

ROLE / TITLE

ORGANIZATION

PHONE

EMAIL

DATE OF REFERRAL

- [ ] The member or their authorized representative is aware of this referral and consents to being contacted.

SIGNATURE

DATE

This form may contain Protected Health Information. Transmit it by secure fax or another channel approved by both organizations. New England Healthcare Solutions LLC handles PHI in accordance with its Notice of Privacy Practices, available at https://www.nehcsolutions.com/en/notice-of-privacy-practices. Completing this form does not establish eligibility; coverage and clinical eligibility are determined by MassHealth and the member's health plan.