



Aging Services Access Point (ASAP) Referral Form

Instructions for MassHealth Providers

Home health agencies (HHAs) must refer MassHealth members aged 60 or older to their local ASAP if the member could benefit from services provided by an ASAP. The referral may occur during home health services, or upon discharge, depending on the member's needs. The member or the member's representative must consent and sign this referral form. A completed copy of this form must be kept in the member's home health record.

If an HHA determines that a member does not require ASAP services, the HHA must complete Sections A and B only.

Section A (Required)

Home Health Agency (HHA) Information

HHA Name:

HHA Telephone No.:

HHA Nurse or Therapist (**print name**):

Date of Referral:

HHA Nurse or Therapist (**signature**):

Section B (Required)

MassHealth Member Information

Name:

Telephone No.:

Is member appropriate for ASAP services?

Yes

No

Section C

Attach current Center for Medicare and Medicaid Services form 485 to this referral form, and explain how this member can benefit from ASAP services.

Name of ASAP: _____

Member's primary spoken language is: _____

Does member require assistance with activities of daily living?

Yes

No

Does member require assistance with instrumental activities of daily living?

Yes

No

Section D (Member consent required for referral to be made)

Member Consent

The home health agency (HHA) described to me the services provided by an ASAP. I understand that I can decide if I want the HHA to make a referral to my local ASAP. If I agree that I want a referral, then someone from the ASAP will contact me and assess whether I could benefit from ASAP services. If I do not want a referral, then no referral will be made and this form will be kept in my record with the HHA.

Check one of the boxes below:

I **want** the home health agency to make a referral for me to the ASAP.

I **do not want** the home health agency to make a referral for me to the ASAP.

Member or member's representative signature:

Date: