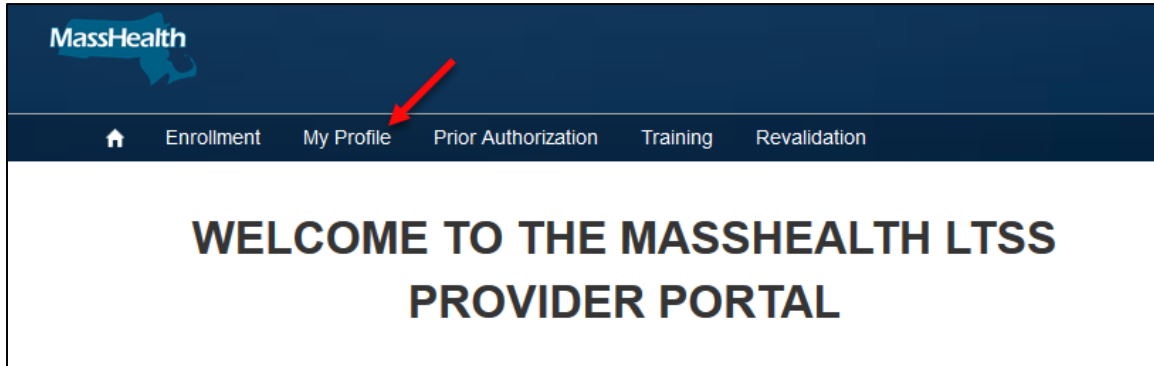


AFC Fiscal Soundness Provider Self Service Update via the LTSS Provider Portal, 8/31/18

1. Once logged into the Provider Portal. Select **My Profile**



2. Select the appropriate **PID/SL** under the Service Locations

SERVICE LOCATIONS				
PID/SL	Provider Type	Doing Business As (DBA) Name	DBA Address	Next Revalidation Date
00000000A	ADULT FOSTER CARE (PT 62)	TEST AFC 123, Inc.	1 Ashburton place, Boston, MA, 02108	

3. Select **AFC Fiscal Soundness** under Forms

FORMS				
To continue an in progress form, click on the Form Name . To create a copy of a form, click the Copy Form button.				
Form Name	Related Service Location	Status	Submitted Date	Copy Form
AFC Fiscal Soundness	00000000A	In Progress		

MassHealth

Enrollment My Profile Prior Authorization Training User Management Revalidation

AFC Fiscal Soundness Requirements & Reporting

Pursuant to 130 CMR 408.404(A)(12), AFC providers must "submit to MassHealth or its designee a statement of fiscal soundness attesting to the financial viability of the AFC provider supported by documentation to demonstrate that the provider has adequate resources to finance the provision of services in accordance with 130 CMR 408.000."

To satisfy the fiscal soundness requirement, the provider must demonstrate:

- A cash reserve sufficient to meet one month of financial obligations in the operation of the provider's AFC program, including but not limited to timely payment of caregiver stipends and professional staff wages and the provider's general and professional liability insurance coverage and workers' compensation insurance coverage. If using a line of credit to meet the cash reserve requirement, the provider must demonstrate the line of credit has been approved by a financial institution.

The minimum amount allowed in available cash reserve is the average monthly cost of the provider's AFC program. The AFC provider must attest that its available cash reserve will meet that average monthly cost at all times during the subsequent year. If the AFC provider's cash reserve average in a particular month falls below the minimum amount allowed, the AFC provider must notify the MassHealth Adult Foster Care Program Manager immediately. The annual cash reserve report and attestation must be completed in the LTSS Provider Portal at www.masshealthltss.com by October 1 each year.


For AFC providers that fail to meet the fiscal soundness requirement pursuant to 130 CMR 408.404(A)(12), MassHealth may take further action, such as imposing sanctions in accordance with 130 CMR 450.238 including but not limited to termination of the organization as a MassHealth AFC provider.

By October 1, please complete the Annual Cash Reserve Report and Attestation by selecting the following hyperlink: [annual cash reserve report and attestation](#).

After selecting the hyperlink you will see a screen with an icon that states 'preview unavailable xls'. From that screen, select the 'download' button in the bottom left hand corner. Once downloaded, complete all fields in yellow and save the template. Once completed, attach the file to the location below by clicking 'Upload Files'.

If a line of credit is being used to meet the cash reserve requirement, please upload line of credit documentation from your financial institution below.

Notes & Attachments (0) Upload Files




After attaching relevant documentation, click submit below to submit the documents for processing.

Submit

Contact Us
Email: support@masshealthltss.com
Toll-free: 844-368-5184
Fax: 888-832-3006
MassHealth LTSS, PO Box 159108, Boston, MA 02215


© 2017. All Rights Reserved.


4. Select the hyperlink **Annual Cash Reserve Report and Attestation** to complete the document.

By October 1, please complete the Annual Cash Reserve Report and Attestation by selecting the following hyperlink: [annual cash reserve report and attestation](#). 

After selecting the hyperlink you will see a screen with an icon that states 'preview unavailable xls'. From that screen, select the 'download' button in the bottom left hand corner. Once downloaded, complete all fields in yellow and save the template. Once completed, attach the file to the location below by clicking 'Upload Files'.

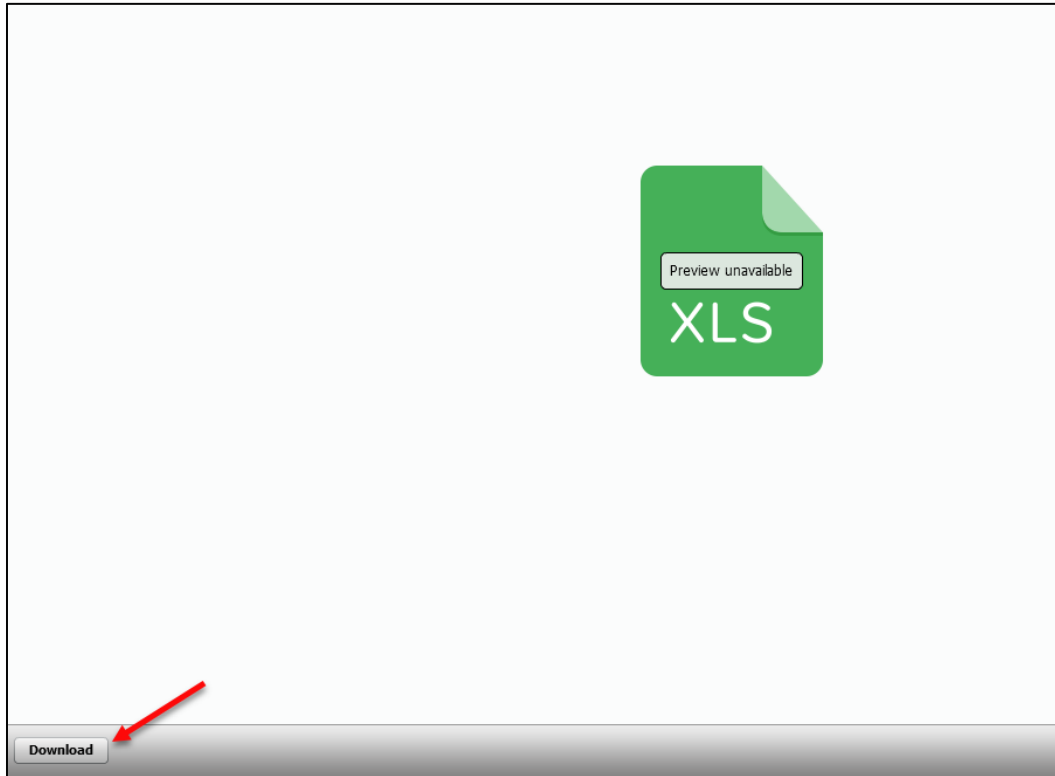
If a line of credit is being used to meet the cash reserve requirement, please upload line of credit documentation from your financial institution below.

 Notes & Attachments (0) Upload Files



5. Select the download button in the bottom left hand corner. Complete the required fields as appropriate.

NOTE: The document is not available for preview at the moment.



MassHealth Adult Foster Care (AFC) Fiscal Soundness Form	
Please complete all cells in yellow	
Section A. Reporting Background Information	
AFC Provider Name	<input style="width: 100%;" type="text"/>
Provider ID	<input style="width: 100%;" type="text"/>
Reporting Period (July 1 - June 30):	<input style="width: 100%;" type="text"/>
Prepared By:	<input style="width: 100%;" type="text"/>
Date Prepared:	<input style="width: 100%;" type="text"/>
B. Parent/Affiliate Organization: If the AFC Provider does not have a parent/affiliate organization, skip Section B and complete Section C.	
Balance Sheet	
Cash	<input style="width: 100%;" type="text"/>
Total Assets	<input style="width: 100%;" type="text"/>
Total Unsubordinated Liabilities	<input style="width: 100%;" type="text"/>
Net Worth	<input style="width: 100%;" type="text"/>
Net Operating Surplus [Y or N?]	<input style="width: 100%;" type="text"/>
C. AFC Provider	
Financial Data (Annual)	
Cash Reserve* as of submission date	<input style="width: 100%;" type="text"/>
Total Revenue as of reporting period	<input style="width: 100%;" type="text"/>
Total Expenses as of reporting period	<input style="width: 100%;" type="text"/>
Operating Results	<input style="width: 100%;" type="text"/>
Operating Margin	<input style="width: 100%;" type="text"/>
<i>*A cash reserve sufficient to meet one month of financial obligations in the operation of the provider's AFC program, including but not limited to timely payment of caregiver stipends and professional staff wages and the provider's general and professional liability insurance coverage and workers'</i>	
Fiscal Soundness Requirement	
Calculation	
Average Monthly Financial Obligations	<input style="width: 100%;" type="text"/>
Average Monthly Operating Income	<input style="width: 100%;" type="text"/>
Cash Reserve	<input style="width: 100%;" type="text"/>
Line of Credit Required? [Y or N?]	<input style="width: 100%;" type="text"/>
Line of Credit Amount** (AFC Provider)	<input style="width: 100%;" type="text"/>
Requirement	<input style="width: 100%;" type="text"/>
Meets Fiscal Soundness Requirement	<input style="width: 100%;" type="text"/>
<i>**If using a line of credit to meet the cash reserve requirement, the provider must demonstrate the line of credit has been approved by a financial institution.</i>	
<input type="checkbox"/> I attest and certify that the accuracy and completeness of the information submitted herein and all services herein were completed by: <input style="width: 150px;" type="text"/> <div style="text-align: center; font-size: x-small;"><i>(Name of person completing form)</i></div>	
Providers that have Subordinated/Guaranteed debt with a parent organization must complete the Subordinated/Guaranteed Attestation section below.	
Subordinated/Guaranteed Debt Attestation Form	
Subordinated debt is defined as an unsecured debt whose repayment to its parent company ranks after all other debts have been paid when the subsidiary files for bankruptcy.	
Guaranteed debt is defined as secured debt in which another entity promises to pay a loan or other debt if the organization that borrowed the money fails to pay.	
AFC Provider Name	<input style="width: 100%;" type="text"/>
Provider ID	<input style="width: 100%;" type="text"/>
Name of Legal Entity	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> I attest that <input style="width: 150px;" type="text"/> has a subordinated debt arrangement with the parent organization, that meets the above definition.	
<input type="checkbox"/> I attest that <input style="width: 150px;" type="text"/> has a guaranteed debt arrangement that meets the above definition.	
Description of Subordinated/Guaranteed Debt Arrangement:	
Once all fields are complete, please save the document for your reference and upload to the Provider Portal	

- Once complete save the file for your reference and upload the document to the provider portal by selecting **Upload Files**.

By October 1, please complete the Annual Cash Reserve Report and Attestation by selecting the following hyperlink: [annual cash reserve report and attestation](#).

After selecting the hyperlink you will see a screen with an icon that states 'preview unavailable xls'. From that screen, select the 'download' button in the bottom left hand corner. Once downloaded, complete all fields in yellow and save the template. Once completed, attach the file to the location below by clicking 'Upload Files'.

If a line of credit is being used to to meet the cash reserve requirement, please upload line of credit documentation from your financial institution below.

Notes & Attachments (0)  [Upload Files](#)





7. If additional documents require uploading select the **Upload Files** in the Right Hand Corner

By October 1, please complete the Annual Cash Reserve Report and Attestation by selecting the following hyperlink: [annual cash reserve report and attestation](#).

After selecting the hyperlink you will see a screen with an icon that states 'preview unavailable xls'. From that screen, select the 'download' button in the bottom left hand corner. Once downloaded, complete all fields in yellow and save the template. Once completed, attach the file to the location below by clicking 'Upload Files'.

If a line of credit is being used to to meet the cash reserve requirement, please upload line of credit documentation from your financial institution below.

Notes & Attachments (1)  [Upload Files](#)


 AFC_Fiscal_Soundness_FINAL_test c...
Aug 31, 2018 • 53KB • xls



[View All](#)

By October 1, please complete the Annual Cash Reserve Report and Attestation by selecting the following hyperlink: [annual cash reserve report and attestation](#).

After selecting the hyperlink you will see a screen with an icon that states 'preview unavailable xls'. From that screen, select the 'download' button in the bottom left hand corner. Once downloaded, complete all fields in yellow and save the template. Once completed, attach the file to the location below by clicking 'Upload Files'.

If a line of credit is being used to meet the cash reserve requirement, please upload line of credit documentation from your financial institution below.

 **Notes & Attachments (2)** [Upload Files](#)

 AFC Fiscal Soundness Aug 31, 2018 • 7KB • pdf	 AFC_Fiscal_Soundness_FINAL_test c... Aug 31, 2018 • 53KB • xls
---	--


[View All](#)



8. Once all documents are uploaded select the **Submit** button

By October 1, please complete the Annual Cash Reserve Report and Attestation by selecting the following hyperlink: [annual cash reserve report and attestation](#).

After selecting the hyperlink you will see a screen with an icon that states 'preview unavailable xls'. From that screen, select the 'download' button in the bottom left hand corner. Once downloaded, complete all fields in yellow and save the template. Once completed, attach the file to the location below by clicking 'Upload Files'.

If a line of credit is being used to meet the cash reserve requirement, please upload line of credit documentation from your financial institution below.

 **Notes & Attachments (2)** [Upload Files](#)

 AFC Fiscal Soundness Aug 31, 2018 • 7KB • pdf	 AFC_Fiscal_Soundness_FINAL_test c... Aug 31, 2018 • 53KB • xls
---	--

[View All](#)

After attaching relevant documentation, click submit below to submit the documents for processing.

[Submit](#) 