




**MassHealth**  
**Long-Term-Care Facility Bulletin 111**  
**April 2017**

**TO:** Nursing Facilities and Chronic Disease and Rehabilitation Inpatient Hospitals  
Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth 

**RE:** **Annual Review of Personal Needs Allowance Account**

### **Background**

MassHealth requires that nursing facilities and chronic disease and rehabilitation inpatient hospitals account for the balances of personal needs allowance (PNA) account funds (see [130 CMR 456.615: Annual Accounting to the Division of PNA Balance](#)).

Providers submit PNA forms to indicate whether they maintain MassHealth members' PNA funds.

### **PNA Submissions Process**

To facilitate fulfillment of this annual filing requirement, PNA forms are available to providers online. To access the forms and instructions, go to <https://secure.chcf-umms.org> and perform the following steps.

1. Enter your MassHealth provider number and location code as the Login ID.
2. Enter the default password "1Welcome."
3. Click the Login button. Follow the prompts to change your password at the first login. Your new password must contain at least eight characters, which must include at least one alphabetical character, one capital letter, and one number. The initial screen will display an instruction file containing details for filing. Please refer to these instructions when filing your PNA accounting.

### **Deadline for Submissions**

The PNA form requests information about PNA funds managed by the provider, including members' names and MassHealth ID numbers, amount of petty cash held in the facility for the members, amount held in individual bank accounts for the members, balance held in the trustee account for the members, and information about any other money being held for the members by the facility as of January 31, 2017. These forms must be submitted by **Wednesday, May 31, 2017**.

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### **Other Submission Requirements**

Providers also must electronically submit copies of bank statements and a reconciliation of the trustee account (if one is used).

**The reconciled bank balance must agree with the total PNA balance** on the PNA form. Providers who do not handle PNA funds for any members must state this on the PNA form.

All PNA filings must be dated and signed (electronically) by the administrator and submitted via the secure website.

### **Penalties**

If a provider does not submit the PNA form by May 31, 2017, or if the filing is incomplete and not reconciled to the bank statement, the provider may be subject to administrative sanction.

### **Questions**

If you have any questions about the information in this bulletin or have difficulty accessing the website, please contact the MassHealth Financial Compliance Unit at [PNAReview@umassmed.edu](mailto:PNAReview@umassmed.edu).