Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
Long Term Care Facility Bulletin 76
March 2001

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

FROM: Wendy E. Warring, Commissioner

RE: **Annual Accounting for Personal Needs Allowance Funds**

Accounting Requirement

The Division's regulations at 130 CMR 456.615 require that long-term-care facilities make an accounting to the Division of the balances of the personal needs allowance (PNA) funds for each MassHealth member for whom the facility handles funds. This accounting must be made as of April 30 of each year, and is due to the Division by June 1 of each year.

June 1 Deadline for PNA-1 Submissions

To comply with these regulations, long-term-care facilities must use the PNA-1. This form must be dated and signed by the facility administrator and sent to the following address by June 1, 2001.

Division of Medical Assistance
ATTN: Cynthia Brown
Office of Financial Compliance
600 Washington Street
Boston, MA 02111

On the PNA-1, state the PNA balance for each MassHealth member as of April 30, 2001. Attach to the form a copy of the bank statement and reconciliation for the aggregate trustee bank account as of April 30, 2001, and submit the documents to the Division at the above address.

If a facility does not handle PNA funds for any members, the facility must state this on the PNA-1. The form must then be dated and signed by the facility administrator, and sent to the above address. **(The PNA-1 must be used. Substitute forms will not be accepted.)**

June 1 Deadline for PNA-1 Submissions *(cont.)*

If a facility does not submit the PNA-1 by June 1, 2001, or if the form is incomplete, the facility may be subject to administrative sanction by the Division.

A copy of the PNA-1 is enclosed with this bulletin. This form may be photocopied as needed.

Questions

If you have any questions about this bulletin, contact Cynthia Brown at (617) 210-5182.

Statement of Members' Personal Needs Account

(Attach copy of bank statement for aggregate trustee bank account.)

Name of Facility	Provider Number	Business Phone ( )	Fax ( )	
Address	City/Town		State	Zip

Is a copy of the aggregate trustee bank statement and reconciliation attached? ☐ yes ☐ no

If not, why not? ______________________________

I hereby certify under penalty of perjury that the information in this report is true and correct to the best of my knowledge and belief.

______________________ Administrator's Name (please print) ______________________ Administrator's Signature / / Date

Member's Name	Social Security Number	PNA Balance	Name of Bank	Bank Book Number and/or Aggregate Trustee Bank Account Number	For Division Use Only

Total This Page: ________

Grand Total All Pages: ________ Date of PNA Balance: / /

Return to: Division of Medical Assistance, ATTN: Cynthia Brown, Office of Financial Compliance, 600 Washington Street, Boston, MA 02111.