

## **Nursing Facility Direct Care Program RY2018 Final Compliance Form Directions**

v.6-27-18

*This document provides instructions for nursing facilities to complete the RY2018 Direct Care Program Final Compliance Form. Please refer to 101 CMR 206.00: Standard Payments to Nursing Facilities and Administrative Bulletin 18-02 for Direct Care Program compliance requirements.*

**The deadline for submitting the Final Compliance Form is Tuesday, July 31, 2018. Failure to file the Final form by this deadline may result in a recoupment of the Direct Care Program revenue received plus a 25% penalty and inclusion of the facility's name in the list of noncomplying facilities in the SFY18 Final Report to the Massachusetts Legislature.**

### **Electronic submission of forms**

Forms must be filed electronically and can be accessed at the following website:

<https://www.uenter.org/NF/>.

Registered users will need to enter their userID and the password they received after registering. To register to receive a userID and password, please e-mail: [NFDirectCare@umassmed.edu](mailto:NFDirectCare@umassmed.edu).

Some tips on logging in:

- Make sure to use the full URL: <https://www.uenter.org/nf>
- Copy and paste the password from the e-mail (rather than retyping it)
- Try a different browser, such as Chrome.
- Try removing your domain name (your company's server node) from your UserID:
  - Click on Use Another Account.
  - Type in: \userid (e.g., \JSmith) --This will automatically remove the domain from the username.
  - Then enter your password.
- Add <https://www.uenter.org/nf> to "Trusted sites" or "Local Intranet" (if your IT department allows it)

### **Using the webform**

Once users have logged on, their homepage will show the various forms that are relevant to that user at that time, such as the Interim form when it is due, and the Final form when it is due. In the appropriate section (the Final form, in this case), users can select any of their nursing facilities from the drop-down list.

Once in the Final compliance form for a facility, users should enter values into each field as appropriate. Note that the webform auto-calculates totals and formulas. Users can hit the Save Only button to save the data already entered.

Once Save Only is selected, the users will be brought to a printer-friendly version of the report. Users will be able to return to their homepage to select a different nursing facility's webform to complete. Users are able to return to any webform that has not been submitted, in order to continue entering information at any time, until the submission deadline.

In order to submit the webform for a particular nursing facility, an Owner, Partner, or Officer authorizing the submission must review the webform and enter their name and title, as well as check off the box certifying that the submission is accurate. Owners, Partners and Officers do not need their own user accounts; they may use their staff members' accounts. However, facilities should retain documentation, such as an e-mail trail, as proof of the Owner, Partner, or Officer's approval.

**Note: Once a user submits this webform to MassHealth, no further changes may be made. To save without submitting, hit Save Only, as described above.**

Once users hit Submit to MassHealth, they will be brought to a print-screen version of the webform. **We recommend that users print out a copy of the submitted form as proof of submission and for their own reference**, since the website may not be available at times due to preparations for the next round of reporting. To print a report, users should go to their web browser's print feature. They may need to change the settings, such as between portrait and landscape, for the optimal printing.

After submitting a webform for a particular facility, users will then be able to return to their homepage and select a different facility to work on.

When work has been completed, close the browser to exit the webform.

## **Directions on filling out the form**

**These directions explain many of the error identification logic and error messages that exist in the webform, but may not contain all such logic/error messages. The logic in the actual webform is the final version of said calculations and error identification, other than any further calculations performed by MassHealth after webforms have been submitted. Information about potential errors/messages is provided here solely to benefit the user and is for informational purposes only.**

### **Facility name, provider ID and FACID:**

These values are pre-filled, based on registration submitted to MassHealth. To change the facility name or provider ID, contact NFDirectCare@umassmed.edu. The FACID remains constant for the facility, enabling Base Period data from prior owners to show on the webform for the facility's current owners.

### **Contact information:**

The user's name, e-mail, and phone number are auto-filled based on their registration for their user account. Users should enter their titles.

Primary contact person: users need to select the primary contact person name, from the drop-down list of all users registered for the selected facility.

Nursing Facility Administrator's name, e-mail address and phone number: The name and phone number of the facility's executive director or head administrator will be pre-filled from the Interim form, but can be changed. Please enter the administrator's e-mail address.

**For Parts A, C, D, and E, data from prior periods will be pre-filled based on data from prior years' webforms submitted for the facilities and cannot be changed.**

### **Part A: Direct Care Program Revenue and Uses**

**FY16 Base period: 1/1/2016-6/30/2016    FY18 Rate period: 7/1/17 –6/30/18**

**1a, 2a. Base Year Revenue and Spending:** These values are pre-filled from the facility's RY17 Final Direct Care Program compliance form and cannot be changed.

**1b. Rate year Revenue:** This value is pre-filled by MassHealth and cannot be changed.

**3. Uses of Rate Year Program Funding:** In columns (a) – (f), indicate how Direct Care Program funds were spent and on which employee types (RN, LPN, housekeeping aides, etc.) by marking, in the appropriate row, the applicable boxes (bonuses, wage increases, benefits increases, overtime, shift differentials, or other methods). Mark as many boxes as apply for each employee type.

If the facility used the funds in a manner not enumerated on the list, check the box marked "Other" and provide a brief description of the uses in the text box for question A.3a.

#### **Contract staff**

Contract staff must now be identified in question A.3, in column (g).

- If an employee type was Contracted Part of Rate Year or Contracted Entire Rate Year, then select the appropriate option from the drop-down list in column (g) for that row.
  - If an employee type was only contracted for part of the rate year, then explain the start or end date in the text box in question A.3b.
  - **If an employee type was contracted the entire year, then they cannot receive Direct Care funds, and cells for that employee type in Parts B, C, and D will be closed. Any values in those cells will be deleted.**
- If an employee type was employed the full year then leave the default value in column (g) of "Not contractor" as is.
- If temporary contractors were used in addition to employed staff for an employee type, then leave the selection as Not Contractor and only include the hours for the employed staff.

## **Part B: Bonuses paid to employees**

**Bonus period: 7/1/17 –6/30/18**

Part B should be completed only if the facility paid a bonus to employees.

Users will only be able to enter bonus information for Employee Types for whom the first column (Bonuses) in Part A, question 3 has been checked off. **Users will not be able to submit their webform if they marked an employee type in Question A.3 as receiving bonuses but did not fill out bonus information for that employee type in Part B.**

Do NOT include one-time bonuses paid in RY18 to comply with RY17 program requirements.

1. **Payroll date(s) that the bonus was paid.** Report the date or dates on which the bonuses were paid. Note that only bonuses paid between July 1, 2017 and June 30, 2018 may be counted toward compliance.
2. **Summary of bonuses paid.** Report by employee type the following:
  - a. *Total Bonus Salary Amount.* Report the total amount of salary and wages, excluding employer-related tax, paid to the employee as a bonus. If the payment of the bonus triggers an additional required payment, such as an employer match to a 403(b) or 401(k) plan, the facility may include the match amount in the Bonus Salary Amount.
  - b. *Total employer-related Tax Amount.* Report the total amount of mandatory payroll taxes paid on the Bonus Salary Amount reported in Part B, 2(a). **Users will be prompted to enter payroll taxes, but are not required to. Users will be alerted if the payroll tax entered is less than 5% of the bonus amount or more than 10% of the bonus amount, but are not required to change their entries.**
  - c. *Total Bonus Amount.* The form auto-calculates the sum of Total Bonus Salary Amount (Part B 2(a)) and the Total Employer-Related Tax Amount (Part B 2(b)).
  - d. *Number of employees receiving bonuses.* Report the total number of employees who received bonuses. An employee includes full and part time employees of the facility. It does not include employees of temporary nursing agencies. Users can round to whole integers (e.g., 2) or 2 decimal points (e.g., 1.5), as they prefer. **Users will be warned if the number of employees is less than the number of FTEs and will not be able to submit the webform without fixing one of the values.**
  - e. *Number of FTEs receiving bonuses.* Report the number of full-time equivalents (FTE) receiving bonuses. To determine the FTE amount, for each employee type, sum the total hours of service to the employees receiving bonuses and divide by 2,080. Users can round to whole integers (e.g., 2) or 2 decimal points (e.g., 2.25), as they prefer. Do not enter 0 if the total FTEs is less than one—either enter a decimal or enter 1. **Users will be warned if the number of FTEs is greater than the number of employees and will not be able to submit the webform without fixing one of the values.**

3. **Total bonuses given in RY18 to comply with RY17 Direct Care program.** This value will be pre-filled if the facility paid bonuses in RY18 to bring the facility into compliance with the RY17 Direct Care program. The EOHHS-approved amount will be pre-filled in that cell.
4. **Bonus Criteria for all bonuses.** Indicate the factors that were used to determine eligibility for the bonuses (Paid to all eligible employees; Paid to employees based months/years of service; Paid as performance bonus; Paid to certain job title). Mark all that apply. If the facility used a criterion that is not enumerated in the list, check “other” and provide a brief description in the box provided.

### **Editing RY16 base period data in Parts C and D**

The webform only has the fields for RY18 open in Parts C and D. However, users can edit RY16 base period data by clicking the button “Edit RY16 data”, which will open the RY16 fields. Once a user clicks on this button, they cannot “unclick” it, and the last value they entered for any field will be the final value. If a user did not change a value, then the original value will stand. Note, overtime hours and wage fields will not open; **users should include overtime values in the regular hour and regular salary fields.**

Users must then provide in the “Explanation of why you are editing RY16 data” text box an explanation for the reason they are making changes. **This text field is required and users will not be able to submit their form without entering an explanation.**

Clicking the dial button will open the following fields for editing:

Part C hours: regular hours only (not overtime): 4a,5a,6a,7a,8a,9a,10a,11a

Part D expenses: regular wages (not overtime) and benefits: 1a,2-6;7a,8-12;13a,14-18;19a,20-24; 25a,26-30; 31a,32-36; 37a,38-42; 43a,44-48

The straight totals in Parts C and D (C12,D49a,D50,D53) will reflect any changes users make.

Note, new values entered for RY16 in Parts C and D are subject to EOHHS' review, comparison to previous values, and approval; EOHHS' approval may thus change the compliance calculation and final compliance status.

The final totals (C13, D54) will reflect the user’s choices in question A.3, regarding which employee types received FY18 Direct Care funds; if any option (bonuses, raises, shift differentials, etc.) is selected for an employee type, that type’s hours and expenses will be included in C.13 and D.54 respectively. Note, this is true even if a user does not edit FY16 data.

*Note, the overtime hours for the base period and prior rate year will be empty (\$0), as users did not fill out that information at that time. The breakout in the base period is not necessary because Part E*

*calculations are based on a comparison of total expenses (salaries and benefits) for the base vs. rate periods.*

## **Part C: Statistical and Rate Data**

**Base period: 1/1/16-6/30/16    Rate period: 7/1/17 –6/30/18**

Users can only enter data for RY18. Data for the base period and RY17 is pre-filled based on prior submissions. **To edit Base period data, see directions on “Editing FY16 base period data in Parts C and D”**

1. **Medicaid Non-Managed Care Patient Days.** Report the number of Medicaid bed days for the specified time period paid by MassHealth and the Massachusetts Commission for the Blind. Do not include residential care (“level IV”) days, non-Massachusetts Medicaid days, or Medicaid Managed Care, Senior Care Options, or OneCare days. **Users will be warned if the number of Medicaid days is greater than the number of total patient days; users will not be able to submit the form without correcting one of the values.**
2. **Total Patient Days.** Report the facility’s total nursing facility patient days, including Medicaid bed hold days. Do not include residential care (level IV) days. **Users will be warned if the number of total patient days is less than the number of Medicaid days; users will not be able to submit the form without correcting one of the values.**
3. **Mean number of beds.** Report the number of licensed operating beds, excluding residential care (level IV) beds. If the facility had a change in its bed licensure during the base or rate period, the facility must report the weighted average number of beds. The formula for the weighted average number of beds is  $((\text{total beds} * \text{days in effect}) + (\text{total beds} * \text{days in effect})...) / \text{total days in the period}$ .

### **Employee hours**

4. **a. Total Registered Nurse (RN) hours.** Report the number of regular paid hours for Registered Nurses employed by the facility. Do not include hours for temporary nursing agency staff. Hours include paid leave hours.  
**b. Total Registered Nurse (RN) Overtime hours.** Report the number of paid overtime hours for Registered Nurses employed by the facility. Do not include hours for temporary nursing agency staff.
5. **a. Total Licensed Practical Nurse (LPN) hours.** Report the number of regular paid hours for Licensed Practical Nurses employed by the facility. Do not include hours for temporary nursing agency staff. Hours include paid leave hours.  
**b. Total Licensed Practical Nurse (LPN) Overtime hours.** Report the number of paid overtime hours for LPNs employed by the facility. Do not include hours for temporary nursing agency staff.
6. **a. Total Certified Nurse Aide (CNA) hours.** Report the number of regular paid hours for Certified Nurse Aides employed by the facility. Do not include hours for temporary nursing agency staff. Hours include paid leave hours.  
**b. Total CNA Overtime hours.** Report the number of paid overtime hours for CNAs employed by the facility. Do not include hours for temporary nursing agency staff.

7. **a. Total Dietary Aide hours.** Report the number of regular paid hours for the Dietary Aides employed by the facility. Do not include hours for contracted or purchased service staff, management, or Dietitians. Hours include paid leave hours.  
**b. Total Dietary Aide Overtime hours.** Report the number of paid overtime hours for Dietary Aides employed by the facility. Do not include hours for temporary nursing agency staff.
8. **a. Total Housekeeping Aide hours.** Report the total number of regular paid hours for Housekeeping Aides. Do not include hours for contracted or purchased service staff or management positions. Hours include paid leave hours.  
**b. Total Housekeeping Aide Overtime hours.** Report the number of paid overtime hours for Housekeeping Aides employed by the facility. Do not include hours for temporary nursing agency staff.
9. **a. Total Laundry Aide hours.** Report the total number of regular paid hours for Laundry Aides. Do not include hours for contracted or purchased service staff or management positions. Hours include paid leave hours.  
**b. Total Laundry Aide Overtime hours.** Report the number of paid overtime hours for Laundry Aides employed by the facility. Do not include hours for temporary nursing agency staff.
10. **a. Total Activity Staff hours.** Report the total number of regular paid hours for Activities Staff. Do not include hours for contracted or purchased service staff. Hours include paid leave hours.  
**b. Total Activity Staff Overtime hours.** Report the number of paid overtime hours for Activity Staff employed by the facility. Do not include hours for temporary nursing agency staff.
11. **a. Total Social Worker hours.** Report the total number of regular paid hours for Social Worker staff. Do not include hours for contracted or purchased service staff or management positions. Hours include paid leave hours.  
**b. Total Social Worker Overtime hours.** Report the number of paid overtime hours for Social Workers employed by the facility. Do not include hours for temporary nursing agency staff.

Note, for RY16 hours, include overtime hours with the regular hours; the overtime fields will not open.

### Error checking

**The webform will warn users of the following issues and users will not be able to submit their forms until the issues have been corrected:**

- User entered hours in Part C for an employee type but not salaries in Part D, or vice versa. User must correct the issue. Note the cells in Parts C and D will become highlighted, but then both will turn white once the missing value is entered.
- The hourly wage for an employee type, based on regular salary in Part D divided by regular (non-overtime) hours listed in Part C, is more than \$100/hr. Users must correct hours or salary.
- The hourly wage for an employee type, based on regular salaries in Part D divided by regular (non-overtime) hours listed in Part C, is less than the minimum wage of \$11/hr. Users must correct hours or salary.

- For an employee type, user selected Overtime in question A.3 (how Direct Care funds were spent), but did not enter overtime hours in Part C or overtime wages in Part D. User must correct the issue.

12. **a. Total Direct Care Hours:** The webform auto-sums lines 4a through 11a.
- b. Total Direct Care Overtime Hours:** The webform auto-sums lines 4b through 11b.
- c. Total Direct Care Hours:** The webform sums 12a + 12b.

The total for both the current Rate Period (RY18) and the base period (RY16) will update per any changes in rows 4-11. There are no overtime hours for RY16, so 12b will always be 0 for RY16.

13. **a. Direct Care regular hours for employee types that were paid an increase as part of the Direct Care Program:** For employee types that were paid funds as part of the Direct Care Program. Based on the facility's response to Part A question 3, the webform auto-calculates the total **RY16 and RY18** direct care regular hours for only those employee categories that were eligible to receive funds for the Direct Care Program.

Note: the base period RY16 value will be updated based on this year's identification of which employee types received Direct Care funds per A.3.

**b. Direct Care overtime hours for employee types that were paid an increase as part of the Direct Care Program:** For employee types that were paid funds as part of the Direct Care Program. Based on the facility's response to Part A question 3, the webform auto-calculates the total direct care overtime hours for only those employee categories that were eligible to receive funds for the Direct Care Program. RY16 total base period overtime hours are not calculated since overtime was not distinguished last year.

**c. Total Direct care hours for employee types that were paid an increase as part of the direct care Program:** The webform auto-sums **RY16 and RY18** regular and overtime hours for employee types who received Direct Care funds (13a+13b). (RY16 has no overtime values in 13b.)

The question C.13 totals for RY16 will update based on the user's selection in question A.3 for how RY18 funds were spent. If any employee type is marked in A.3 as receiving funds via any distribution method (bonuses, raises, overtime, etc.), then that employee type's hours and expenses will be included in C.13 for RY16.

## **Part D: Expense data**

**Base period: 1/1/16-6/30/16 Rate period: 7/1/17 –6/30/18**

Users can only enter data for RY18. Data for the base period and RY17 is pre-filled based on prior submissions. **To edit Base period data, see directions on "Editing FY16 base period data in Parts C and D"**



### **Expenses**

For each employee type, users must report the expenses for the items specified on Part D, lines 1-48. Except for overtime for some employee types, the account numbers listed are the corresponding account on the HCF-1 Nursing Facility Cost Report that is filed annually with the Center for Health Information and Analysis (CHIA). Facilities should report expenses for each line item in accordance with the HCF-1 cost report definitions, except:

- expenses for management expenses or other ineligible positions should be excluded
- overtime wages should be subtracted from “regular” salaries listed in the Cost Report and listed in the separate Overtime wages row for each employee type.

Only amounts that would be claimed as allowable expenses on the HCF-1 should be reported. Expenses that are not related to the provision of patient care or that would normally be reported on the HCF-1 as “self-disallowed” should not be reported in Part D.

1. **a. Salaries (example: 6030.1 - RN salaries; 5205.1 - Dietary Aide Salaries):** When reporting salaries, facilities should include salary expenses, **including bonuses and shift differential, but excluding overtime wages** (which are captured in the next field). For RNs, LPNs, and CNAs, report the applicable salary amount. For remaining employee types, subtract the overtime wage amount, if any, from the salaries value before entering a value in row (a) for each employee type. Do not include amounts paid for services provided to temporary nursing agencies. Do not include Employer Medical Assistance Contribution (EMAC) costs.

**This field is required (unless employee type is contracted entire rate year); users will not be able to submit form without entering a value in this field.** Also, this field will become highlighted when users enter hours in Part C for this employee type; the highlight will disappear once both salaries and hours are filled in for the employee type.

Note, for RY16 edits, users must enter overtime wages in the regular salaries field; the overtime fields will not open for editing.

**b. Overtime wages (example: 7846.2 – RN overtime wages; 5205.x - Dietary Aide overtime wages):** Report overtime wages for each employee type as applicable, using the value that was deducted from the Salaries value in 1.a.

Include total wages for all overtime hours. For example, an RN makes \$25/hour and has 100 overtime hours at time and one half and another RN makes \$20/hour and has 20 overtime hours at double time. The total RN Overtime Wages equal \$4,550.

**Users must enter a value here if they selected Overtime as a method of disbursing Direct Care funds to this employee type in question A.3; users will not be able to submit the form without both overtime hours and wages entered for every employee type for which Overtime was selected in question A.3.** In addition, users should also enter overtime hours and wages for employees who worked overtime but did not receive Direct Care Program funds through their overtime wages.

*Note, the overtime hours for the base period and prior rate year will be empty, as users did not fill out that information at that time. The breakout is not necessary because Part E calculations are based on a comparison of total expenses (salaries and benefits) for the base vs. rate periods.*

2. **Payroll taxes:** **This field is required (unless employee type is contracted entire rate year); users will not be able to submit form without entering a value in this field.** To remind users, a warning will prompt users to enter a value here if they entered salaries for the employee type.
3. **Group Life/Health Insurance:** Enter the amount of group life and health insurance if applicable.
4. **Pension:** Enter the amount spent on pension contributions, if applicable.
5. **Worker's Compensation:** Enter the amount spent on worker's compensation insurance, if applicable.
6. **Benefits Other:** Enter the amount spent on other benefits, if applicable.
7. **Line 49a. Total regular wages:** For the current rate year, the webform auto-fills the sum of 1a,7a,13a,19a,25a,31a,37a, and 43a.  
**Line 49b. Total overtime wages:** For the current rate year, the webform auto-fills the sum of 1b,7b,13b,19b,25b,31b,37b, and 43b.
8. **Line 50. Total spending:** For the current rate year, the webform auto-fills the sum of lines 1-48.
9. **Line 51. Total bonus amount:** For the current rate year, the webform auto-fills the total amount of bonuses paid to employees, as reported in Part B 2(c).
10. **Line 52. RY2016 Direct Care Program Offset.** For the base period, the webform auto-fills the amount spent by the facility during the period January 1, 2016 – June 30, 2016 to comply with the RY16 Direct Care Program, from Part A, line 2.
11. **Line 53, Total Direct Care Expenses.** For the current rate year, the webform subtracts line 51 from line 50.
12. **Line 54, Total Direct Care Expenses for Employee Types for whom Direct Care Program funds were spent:** Based on the facility's response to Part A question 3, the webform auto-sums the total RY16 and RY18 expenses for only those employee categories that received Direct Care Program funds in RY18, per question A.3. In calculating this amount, the webform subtracts the corresponding RY18 bonus amounts for those employee types from line 51 since the bonuses should have also been included in the Salaries entered for those employee types.

## **Part E: Compliance Calculation**

**Base period: 1/1/16-6/30/16    Rate period: 7/1/17 –6/30/18**

*The webform automatically calculates all the values in this section, based on values in Parts A – D and using the formulas indicated. Base period data is newly calculated in C.13 and D.54 based on the facility's answers in question A.3 regarding which employee types received Direct Care funds in RY18. Calculations for the prior rate year are not included in Part E.*

*Compliance is determined by first adding two values:*

- *(hourly wage difference between Base Period and Rate Period) x (the number of hours in Rate Period)*
- *bonuses given in Rate Period*

*If the sum of these two values is greater or equal to the revenue received, the facility is in apparent compliance. If the sum of these two values is less than the revenue received, then the facility is not in apparent compliance.*

1. **Total Direct Care Expenses: eligible employee types:** The webform auto-fills with the total direct care expenses from Part D, line 54 for RY16 and RY18.
2. **Total Direct Care Hours: eligible employee types:** The webform auto-fills with the total direct care hours from Part C, line 13c, for RY16 and RY18.
3. **Average hourly wage and benefit rate:** The webform divides the Direct Care Expenses from Part E, line 1 by the Direct Care Hours from Part E, line 2, for RY16 and RY18.
4. **Change in average hourly wage and benefit rate:** The webform calculates the difference in the average hourly wage and benefit rate by subtracting the base period Part E, line 3 from the rate period Part E, line 3. If the amount is negative, the webform enters zero.
5. **Total direct care hours eligible categories, rate period:** The webform auto-fills with the total direct care hours in the rate period from Part C, line 13c.
6. **Rate period wage increase:** The webform multiplies the change in average hourly wage and benefit rate from Part E, line 4 and the total direct care hours from the rate period, Part E, line 5.
7. **Total paid and bonuses:** The bonus amounts paid by the facility, from Part B, line 2, column (c) total.
8. **Total amount credited toward compliance:** The webform auto-sums the rate period wage increase from Part E, line 6 and the amount paid as bonuses from Part E, line 7.
9. **RY18 Direct Care Program funding:** The webform auto-fills the amount of revenue the facility received as Direct Care Program funding from Part A, line 1, column (b).
10. **Direct Care Program funds not spent (or impermissibly spent):** The webform calculates the Direct Care Program funding from Part E, line 9 minus the amount credited toward compliance from Part E, line 8. If spending was greater than revenue, then the negative value will be represented by zero and the facility is in apparent compliance.\* If spending was less than revenue, the difference is shown as a positive number and the facility is not in apparent compliance.\*  
**\*Note, final compliance determination is made by MassHealth and may differ from results on the webform due to changes in accepted values.**
11. **Penalty:** If spending was less than revenue, the webform calculates the penalty amount by multiplying the Direct Care Program funds not spent (or impermissibly spent) in Part E, line 10 by 25%.
12. **Amount to be recovered:** The webform calculates the sum of the Direct Care Program revenue not spent in line 10 and the penalty in line 11. This sum is the amount that may be subject to recovery by EOHHS as described in section 4 of Administrative Bulletin 18-02.

Comment: Space is available for any additional information or explanation the facility wishes to report to MassHealth.

Certification: A facility owner, partner, or officer must certify the accuracy of the reported data before the Compliance Form can be submitted to MassHealth.