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Informational Letter

Section 1

Transmittal:	07-INF-07
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	June 18, 2007
Subject:	Personal Needs Allowance (PNA) in Non-Medical Facilities and Medical Facilities Desk Aid
Suggested Distribution:	Temporary Assistance Directors Food Stamp Directors TOP Coordinators Medical Assistance Directors Staff Development Coordinators Child Assistance Program Coordinators Employment Coordinators
Contact Person(s):	Temporary Assistance: 1-800-343-8859, Temporary Assistance Bureau, extension 4-9344, Medicaid Local District Liaison: Upstate (518) 474-8216, NYC (212) 268-6855
Attachments:	Attachment 1: Personal Needs Allowance in Non-Medical Facilities Chart Attachment 2: Personal Needs Allowances in Medical Facilities Chart Attachment 3: Personal Needs Allowances in Non-Medical Facility-Facility Descriptions Attachment 4: Certifying State Agency and Funding Source Definitions
Attachment Available On – Line:	X

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
06-INF-08 06 ADM-03 06 INF-33	06-INF-08	Section 352.8 (c)(1) Section 900.17 (a)			ABEL Transmittal 06-4 MBL Transmittal 06-5

Section 2

I. Purpose

The purpose of this Informational Letter (INF) is to provide social services districts (SSDs) with updated charts that depict the monthly Personal Needs Allowances (PNA) for Residents of Non-Medical Facilities (Attachment 1) and PNA in Medical Facilities (Attachment 2). In addition, this INF informs districts that DOH-certified residences for adults (serving frail, elderly, and mentally ill) have changed from the Congregate Care Level 2 to a newly-defined Congregate Care Level 3 category. The change is reflected on the PNAs in Non-Medical Facilities - Facility Descriptions Chart (Attachment 3).

II. Background

When recipients of Temporary Assistance (TA) reside in non-medical facilities or medical facilities, SSDs must provide a monthly PNA for clothing and incidentals. The type of facility that the individual resides in determines the amount of the PNA.

Individuals who reside in Congregate Care Level 1, 2 or 3 facilities receive a PNA based on the type of facility in which they reside. The amounts of these PNAs are normally increased every year when the Social Security Administration (SSA) adjusts federal SSI (Supplemental Security Income) benefits to reflect the increase in the cost of living.

III. Program Implications

Increased PNA amounts will result in a higher TA standard of need and higher PNAs for TA recipients residing in Congregate Care Level 1, 2 and 3 facilities. Use of the correct shelter type will generate the correct PNA. There is no need to rebudget cases because the increased PNA amounts were updated automatically with the annual Automatic Budgeting and Eligibility Logic (ABEL) in January 2007. The mass rebudget is described in the October 25, 2006 ABEL Transmittal 06-4 "Benefit Increases to SSI Congregate Care Facilities." The PNA charts (Attachments 1, 2, and 3) and Certifying State Agency and Funding Source Definitions (Attachment 4) are provided as a resource for informational purposes.

Medicaid Implications

For Medicaid purposes, the PNA amount is a deduction from income for an individual who is in permanent absence status in a medical facility. Please note that for an "institutionalized spouse" residing in the community, who is receiving a waiver service or participation in a Program of All-inclusive Care for the Elderly (PACE), the PNA deduction from his/her income is equal to the difference between the Medicaid income level for one-person and two-person households.

For an SSI-related individual, who resides in a Congregate Care Level 1, 2 or 3 facility, the PNA is part of the TA standard of need/SSI benefit level that is used to determine Medicaid eligibility. PNAs for Medicaid-only recipients in permanent absence status in medical facilities have not been increased. The TA standard of need/SSI benefit level for recipients residing in Congregate Care Level 1, 2, and 3 facilities is updated automatically with the annual mass rebudgeting on Medicaid Budget Logic (MBL). (See MBL Transmittal 06-5 for additional information.)

Issued By _____

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