



**NEW YORK STATE
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ASSISTANCE
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Informational Letter

Section 1

Transmittal:	09-INF-14
To:	Local Department of Social Services Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	June 25, 2009
Subject:	Personal Needs Allowance (PNA) in Non-Medical Facilities and Medical Facilities Desk Aids
Suggested Distribution:	Temporary Assistance Directors Food Stamp Directors TOP/CAP Coordinators Medical Assistance Directors Staff Development Coordinators Employment Coordinators
Contact Person(s):	Temporary Assistance: 1-800-343-8859, Temporary Assistance Bureau, extension 4-9344 Medicaid Local District Liaison: Upstate, (518) 474-8887; NYC, (212) 417-4500
Attachments:	Attachment 1: Personal Needs Allowance in Non-Medical Facilities – Desk Aid Attachment 2: Personal Needs Allowance in Medical Facilities – Desk Aid Attachment 3: Personal Needs Allowance in Non-Medical Facilities – Facility Descriptions Attachment 4: Certifying State Agency and Funding Source Definitions
Attachment Available On – Line:	Yes

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	08 INF-04 07 INF-07 06 INF-08	Section 352.8(c)(1) Section 900.17(a)			ABEL Transmittal 08-3 GIS Message 08 MA/035

Section 2

I. Purpose

The purpose of this Informational Letter (INF) is to provide social services districts (SSDs) with updated charts that represent the monthly Personal Needs Allowances (PNAs) for residents of non-medical facilities (Attachment 1) and the PNAs in medical facilities (Attachment 2). For informational purposes, this release includes two additional attachments, “Personal Needs Allowance in Non-Medical Facilities – Facility Descriptions” (Attachment 3) and “Certifying State Agency and Funding Source Definitions” (Attachment 4).

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 incidental expenses. 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 congregate care facility in which they reside. The PNA amounts normally increase every year when the Social Security Administration (SSA) adjusts federal Supplemental Security Income (SSI) benefits to reflect the increase in the cost of living.

III. Program Implications

Increased PNA amounts result in a higher TA standard of need and higher PNAs for TA recipients residing in Congregate Care Level 1, 2 or 3 facilities. Use of the correct shelter type code will generate the correct PNA. There is no need to re-budget these cases because of a January 2009 update to the Automatic Budgeting and Eligibility Logic (ABEL) subsystem. The October 30, 2008 ABEL Transmittal 08-3, “General Instructions to WMS Support for January 2009 Mass Changes” describes the mass re-budget that eliminates the need to re-budget these cases.

Attached for informational purposes are the PNA desk aid charts (Attachments 1 and 2), facility definitions (Attachment 3), and “Certifying State Agency and Funding Source Definitions” (Attachment 4).

IV. 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 enrolled in certain Home and Community-Based program waivers or who participates 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 individual receiving SSI 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 will be automatically updated in Phase II of Medicaid mass rebudgeting (See GIS message 08 MA/035 for additional information).

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