NEW YORK STATE
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Informational Letter

Section 1

Transmittal:	14-INF-07
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	June 12, 2014
Subject:	Personal Needs Allowance (PNA) in Non-Medical and Medical Facilities Desk Aid
Suggested Distribution:	Temporary Assistance Directors SNAP Directors 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 Chart Attachment 2: Personal Needs Allowance in Medical Facilities Chart Attachment 3: Personal Needs Allowance in Non-Medical Facility Descriptions Attachment 4: Certifying State Agency and Funding Source Definitions
Attachment Available On – Line:	☒

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 09 INF-14 12 INF-04		Section 352.8 (c)(1) Section 900.17 (a)	SSL131-o(7) SSL 159(10)		ABEL Transmittal 13-4 MBL Transmittal 13-6

Section 2

I. Purpose

This Informational Letter (INF) provides Social Services Districts (SSDs) with revised charts that represent the monthly Personal Needs Allowances (PNA) for Residents of Non-Medical Facilities (Attachment 1) and the PNA in Medical Facilities (Attachment 2). For informational purposes, this release includes two additional attachments "Personal Needs Allowances in Non-Medical Facility-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 incidentals. The type of facility 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. The PNA amounts normally increase 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

Temporary Assistance 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 will generate the correct PNA. There is no need to re-budget these cases because the increased PNA amounts were updated automatically with the annual Automated Budgeting and Eligibility Logic (ABEL) mass re-budget completed in January 2014. ABEL Transmittal 13-4, "General Introduction to WMS Support for the January 1, 2014 Mass Changes," describes the mass re-budget.

Attached for informational purposes are the PNA charts (Attachments 1 and 2) Facility Definitions (Attachment 3) and Certifying State Agency and Funding Source Definitions (Attachment 4).

Medicaid Implications

For Medicaid purposes, the PNA amount is a deduction from the income for an individual who is in permanent absence status in a medical facility. **PNAs for Medicaid-only recipients in permanent absence status in medical facilities have not increased.**

Please note that for an "institutionalized spouse" who is residing in the community and participates in certain Home and Community Based waivers or who is enrolled in a managed long term care plan, the PNA deduction from his/her income is equal to the difference between the Medicaid income level for one-person and two-person households. **Effective January 1, 2014, the PNA is $383.**

For an SSI related individual who resides in a Congregate Care Level 1, 2 or 3 facility, the PNA is part of the standard of need/SSI benefit level that is used to determine Medicaid eligibility. 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 re-budgeting (See GIS message 13 MA/022) for additional information.

Issued By
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