

Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 14-014
DIVISION OR OFFICE: Health Information Office	CROSS REFERENCE: HCPF 14-016 HCPF 14-018
SUBJECT AREA: Financial Medicaid Eligibility- Long Term Care	DATE: 12/01/2014
SUBJECT: Approved increase to the Personal Needs Allowance for Residents of Nursing Facilities or Intermediate Care Facilities for Individuals with Intellectual Disabilities TYPE: 1-Information and P- Procedure	APPROVED BY: Chris Underwood

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Purpose:

The purpose of this Agency Letter is to advise the eligibility sites of the increase to the personal needs allowance of Medicaid eligible persons who are residents of nursing facilities or intermediate care facilities for individuals with intellectual disabilities. Please share this letter with all eligibility technicians, supervisors and administrators that manage nursing facilities, Home and Community Based Services (HCBS), the Program of All Inclusive Care for the Elderly (PACE), and other outside agencies, as appropriate.

Background:

SB 14-130 amends C.R.S. 25.5-6-206-(2) (a), to increase the Base Amount and implement an annual adjustment to the monthly Personal Needs Allowance (PNA) for persons who are residents of nursing facilities or intermediate care facilities for individuals with intellectual disabilities.

Beginning January 1, 2015 the PNA Base Amount increases from \$50 to \$75. The annual adjustment to the PNA Base Amount is at the same percentage applied to the aggregate state-wide average per diem rate net of patient payment which is described at C.R.S. 25.5-6-202 (9) (b) (I).

The adjustment sets a new PNA Base Amount, to which the annual adjustment will be applied.

An immediate adjustment of 3% will be applied to the \$75 PNA Base Amount which will set **the 2015 PNA Base Amount at \$77.25.**

To implement this change, the rules at 10 C.C.R. 2505-10, Section 8.100.7.v.3.d and .f have been amended.

Procedure or Information:

The Annual PNA Base Amount and percent adjustment will be included in the annual Cost Of Living Adjustment (COLA) Agency Letter.

The procedure on how to update the change in the patient payment is included on Agency Letter HCPF 14-016 Cost of Living Adjustment and/or Personal Needs Allowance Change-5615

Effective Date:

January 1, 2015

Contact information:

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