



**COLORADO**  
Department of Health Care  
Policy & Financing

Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203

## AGENCY LETTER

---

**AGENCY LETTER NUMBER: HCPF 15-010**

**SUPRECEDES NUMBER: HCPF 14-014**

**DATE: 12/15/2015**

**DIVISION OR OFFICE: HEALTH INFORMATION OFFICE**

**SUBJECT AREA: FINANCIAL MEDICAID ELIGIBILITY – LONG-TERM CARE**

**SUBJECT: APPROVED INCREASE TO THE PERSONAL NEEDS ALLOWANCE FOR RESIDENTS OF NURSING FACILITIES OR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES FOR 2016**

**TYPE: I – INFORMATION**

**CROSS REFERENCE: HCPF 14-016**

**APPROVED BY: CHRIS UNDERWOOD**

---

*HCPF Agency Letters can be accessed online: [>> Partners & Researchers >> County and Medical Assistance Site >> Agency Letters](http://www.colorado.gov/hcpf)*

### **Purpose:**

The purpose of this Agency Letter is to advise the eligibility sites of the 2016 annual increase to the Personal Needs Allowance (PNA) 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:**

The Personal Needs Allowance (PNA) is a monthly sum that persons who are residents of nursing facilities or intermediate care facilities for individuals with intellectual disabilities may keep and use for clothing and other personal needs. C.R.S. 25.5-6-206-(2) (a), requires an annual adjustment to the monthly PNA.

The annual adjustment 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).

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

**Procedure or Information:**

An adjustment of 3% will be applied to the \$77.25 PNA Base Amount which will set the 2016 PNA amount at \$79.57.

The Annual PNA Base Amount and percent adjustment for 2016 will also be included in the annual Cost Of Living Adjustment (COLA) Agency Letter that the Department issued in December 2015.

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, 2016

**Contact:**

[Medicaid.eligibility@hcpf.state.co.us](mailto:Medicaid.eligibility@hcpf.state.co.us)