



Date: February 20, 2024

To: Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) Providers  
Nursing Facilities (NF) Providers

Subject: Information Letter No. 2024-03  
Personal Needs Allowance (PNA) Overpayment Error

## Overview

This information letter provides additional information on the Personal Needs Allowance (PNA) supplemental payments benefit and instructions for NF and ICF/IID providers regarding the disposition of incorrect PNA warrants.

As provided in Information Letter No. 2023-45, effective January 1, 2024, the state PNA supplemental payment for individuals residing in nursing facilities (NF) and Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), increased to \$45 per person.

Individuals who receive a reduced Supplemental Security Income (SSI) payment of \$30 a month, also receive a supplemental PNA payment of \$30 from the Health and Human Services Commission (HHSC). Starting January 2024, the state PNA supplemental payment has increased from \$30 to \$45 per person.

**Note:** *The state PNA supplemental payment is issued based on the previous month's eligibility. The increased state supplemental payment for January 2024 will be issued in February 2024.*

HHSC has identified an error with retroactive PNA supplemental payments which resulted in incorrect PNA amounts. Due to a system issue when processing the PNA supplemental payments for months prior to January 2024, some PNA warrants included supplemental payments of \$45 per month instead of \$30.

## **Provider Responsibilities**

NF and ICF/IID providers who manage a resident's personal funds (i.e., a resident trust fund) are reminded of their roles and responsibilities in the disposition of the PNA supplemental payment under the following circumstances.

### **Incorrect PNA supplemental payment for months prior to January 2024.**

If a facility receives a PNA supplemental payment for a resident for a month prior to January 2024, the facility must:

- Review the month the PNA warrant covers by looking at the invoice number on the warrant stub (the last four digits of this number represent the benefit month);
- Verify the PNA warrant represents the correct supplemental payment amount for the month; and
- If the warrant represents an incorrect supplemental payment amount, calculate the amount of the PNA overpayment and return the amount of the overpayment to HHSC within 30 days;
- Include "PNA Overpayment" and the resident's tax identification number (TIN) or Social Security Number (SSN) on the memo line of the money order or check and send to:

Texas Health and Human Services Commission  
Accounts Receivable  
Mail Code 1470  
P.O. Box 149055  
Austin, Texas 78714

## **Resources**

- [Information Letter No. 2023-45 Personal Needs Allowance \(PNA\) Adjustment \(Replaces IL 2022-16\)](#)

## Contact Information

For ICF/IID questions, contact [ICFIID.Questions@hhsc.state.tx.us](mailto:ICFIID.Questions@hhsc.state.tx.us).

For NF questions, contact [Managed\\_Care\\_Initiatives@hhs.texas.gov](mailto:Managed_Care_Initiatives@hhs.texas.gov).

For PNA questions, contact [pna.notifications@hhsc.state.tx.us](mailto:pna.notifications@hhsc.state.tx.us).

Sincerely,

*[Signature on File]*

Michelle Erwin  
Deputy Associate Commissioner  
Medicaid and CHIP Services