



# Issue Brief

*Month Year*

Office and Division: Health Information Office	Brief Date: 12/22/2017
Program Area: Long Term Care	Effective Date: 11/24/2014
Title: Annual Cost of Living Adjustment (COLA) and/or Personal Needs Allowance (PNA) – 5615 Report	Pertinent State/Federal Statute/Rule/Process:

## Issue Type:

- Change in Process
- Change in Policy
- Proposed or New State Rule
- New Federal Rule
- Changed State Rule
- Changed Federal Rule

## Intended Recipients:

- All County Human Services/Social Services Directors
- Aging & Adult Sub-Committee
- Policy Advisory Committee
- Child Welfare Sub-PAC
- Economic Security Sub-PAC
- Finance Sub-PAC
- Early Childhood Sub-PAC

## Summary:

The purpose of this communication is to provide the policies and procedures to eligibility sites and nursing facilities for processing patient payment updates when a Cost of Living Adjustment (COLA) and/or a change to the Personal Needs Allowance (PNA) occurs as referenced in Agency Letter –

<https://www.colorado.gov/pacific/sites/default/files/2014%20Agency%20Letters%20number%2014-016%20COLA%20report.pdf> HCPF 14-016.



## Detailed Description:

When a COLA and/or PNA adjustment happens, it results in a change in the patient payment to the nursing facility, which needs to be updated. This has historically been done using the 5615 form. A report called the COLA5615 is generated each year to help expedite the process of notifying nursing facilities of the new patient payment amounts for their Medicaid residents. The COLA5615 report may be sent to the nursing facility in lieu of the 5615 form as long as the eligibility site has verified information within the report.

Since the COLA5615 report helps expedite the process, the Department strongly encourages using this report instead of the individual 5615 forms. Please continue to communicate and work with the nursing facilities on processing patient payment updates.

## Action:

To view the original agency letter, please click on the following link:

<https://www.colorado.gov/pacific/hcpf/2014-agency-letters>

Please share this agency letter with all affected Medical Assistance eligibility staff, supervisors, and outside agencies, as appropriate.

## Contact:

Questions regarding this communication may be directed to

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

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