



Date: November 26, 2019

DMS Operations Memo 19-43

Amended January 6, 2020

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff

Affected Programs:	
<input type="checkbox"/> BadgerCare Plus	<input type="checkbox"/> Caretaker Supplement
<input type="checkbox"/> FoodShare	<input type="checkbox"/> FoodShare Employment and Training
<input checked="" type="checkbox"/> Medicaid	
<input type="checkbox"/> SeniorCare	

From: Rebecca McAtee, Bureau Director
Bureau of Enrollment Policy and Systems
Division of Medicaid Services

2020 Cost-of-Living Adjustment (COLA) for Medicaid for the Elderly, Blind, or Disabled

CROSS REFERENCE

Medicaid Eligibility Handbook

EFFECTIVE DATE

January 1, 2020

PURPOSE

This operations memo announces this year's Social Security Cost-of-Living Adjustment (COLA) and the resulting increase in some Medicaid financial eligibility limits, effective January 1, 2020.

BACKGROUND

As announced by the Social Security Administration, the COLA for calendar year 2020 is 1.6% for the Social Security Administration (SSA) Old Age, Survivors and Disability Insurance (OASDI or Title II) Program and the Supplemental Security Income (SSI or Title XVI) Program.

The Medicare Part B costs are also updated based on the yearly amount set in federal law.

The federal COLA increase will result in changes to some of the Medicaid income levels, allowances, and deductions in CARES.

The Social Security auto-update process will update Social Security amounts as part of the annual CARES COLA mass change on the weekend of December 7, 2019. The monthly Social Security auto-update will be run prior to December adverse action. There is only one Social Security auto-update in December.

CARES eligibility redeterminations for January 2020 will occur as part of the annual mass change.

Note: SSI amounts will not be updated in CARES through the COLA mass change. SSI amounts will continue to be auto-updated on a weekly basis. The increase in federal SSI payments will appear as an auto update after adverse action in December 2019 and will impact February 2020 benefits. The regular SSI auto-update alerts will be generated when these amounts change.

There will not be a COLA increase in state SSI Supplement or Supplemental Security Income Exceptional Expense (SSI-E) payment amounts.

POLICY

NEW PROGRAM AMOUNTS FOR 2020

INSTITUTIONAL MEDICAID CATEGORICALLY NEEDY MONTHLY INCOME LIMIT

Cross Reference: Medicaid Eligibility Handbook, Section 39.4

Effective Date: January 1, 2020 unless otherwise noted

ITEM	NEW AMOUNT	OLD AMOUNT
Categorically needy monthly income limit for a person in a medical institution	\$2,349	\$2,313

ELDERLY, BLIND, AND DISABLED (EBD) MEDICAID MONTHLY INCOME LIMITS AND ASSET LIMIT CHANGES

Cross Reference: Medicaid Eligibility Handbook, Section 39.4

Effective Date: January 1, 2020

ITEM	NEW AMOUNT	OLD AMOUNT
Categorically Needy Monthly Income Limits Group Size of 1	\$605.78+ Actual Shelter up to \$261.00	\$597.78+ Actual Shelter up to \$257.00
Group Size of 2	\$915.38+ Actual Shelter up to \$391.67	\$903.38+ Actual Shelter up to \$385.67
Medically Needy Monthly Income Limits Group Size of 1	As of 9/1/2019 \$1,040.83	\$591.67
Group Size of 2	\$1,409.17	\$591.67
Categorically Needy Asset Limits Group Size of 1	No Change	\$2,000
Group Size of 2	No Change	\$3,000
Medically Needy Asset Limits Group Size of 1	No Change	\$2,000
Group Size of 2	No Change	\$3,000

MONTHLY EBD DEEMING AMOUNT TO AN INELIGIBLE MINOR

Cross Reference: Medicaid Eligibility Handbook, Sections 1.1.3.3, 15.1.2 and 39.4

Effective Date: January 1, 2020

ITEM	NEW AMOUNT	OLD AMOUNT
Monthly EBD Deeming Amount to an Ineligible Minor	\$392	\$386

MONTHLY PARENTAL LIVING ALLOWANCE

Cross Reference: Medicaid Eligibility Handbook, Sections 1.1.3.3, 15.1.2, and 39.4

Effective Date: January 1, 2020

ITEM	NEW AMOUNT	OLD AMOUNT
Monthly Parental Living Allowance – 1 Parent	\$783	\$771
Monthly Parental Living Allowance – 2 Parents	\$1,175	\$1,157

SPOUSAL IMPOVERISHMENT INCOME ALLOCATION AND ASSET SHARE

Cross Reference: Medicaid Eligibility Handbook, Chapters 18.6.2 and 18.4.3

Effective Date: January 1, 2020

Income:

ITEM	NEW AMOUNT	OLD AMOUNT
Community Spouse Asset Share (CSAS) maximum	\$128,580 \$128,640	\$126,420
Income allocation maximum (monthly)	\$3,214.50 3,216.00	\$3,160.50

Assets:

IF the total countable assets of the couple are:	THEN the CSAS is:	MA Eligibility Limit
\$257,160 \$257,160 or more	\$128,580 \$128,640	\$130,580 \$130,640
Less than \$257,160 \$257,160 \$257,280 , but greater than \$100,000	half the total countable assets of the couple	½ + \$2,000
\$100,000 or less	\$50,000	\$52,000

Income Allocation and Allowance:

Community Spouse Allocation	The maximum allocation is the lesser of: \$3,214.50 \$3,214.50 \$3,216.00 , or \$2,818.34 plus excess shelter allowance. (The lower allocation limit does not change with the COLA increases. This amount will be updated on July 1.) “Excess shelter allowance” means shelter expenses above \$845.50 . Shelter expenses are mortgage, rent, taxes, maintenance fees, and a utility allowance. (The excess shelter allowance does not change with the COLA increases. This amount will be updated on July 1.)
Dependent Family Member Allocation	\$704.58 per dependent family member living with the community spouse. (This amount does not change with the COLA increases. This amount will be updated on July 1.)
Personal Needs Allowance	\$45 for institutionalized individuals (no change)
Community Waivers Allowance	\$963 to \$2,349 for a person in community waivers

NOTE: The dollar amounts for income allocation and allowance are monthly amounts.

SPOUSAL IMPOVERISHMENT FACT SHEET

IM workers and members can access the Wisconsin Medicaid Spousal Impoverishment Protection fact sheet, P-10063, in the publications library: dhs.wisconsin.gov/library/P-10063.htm

2020 MEDICARE PART B PREMIUM AMOUNT BASED ON INCOME

Some people who get Social Security benefits will pay less than the standard monthly premium amount of \$144.60.

The people who pay the standard monthly premium or higher amounts shown in the chart below are those who fall into one of the following groups:

1. Individuals enrolled in Part B for the first time in 2020
2. Individuals who do not receive Social Security benefits.
3. Individuals who are directly billed for Part B premiums.
4. Individuals who have Medicare and Medicaid, and Medicaid pays their premiums (the state of Wisconsin will pay the standard premium amount of \$144.60).
5. Individuals whose modified adjusted gross income as reported on their IRS tax return from 2018 is above a certain amount.

Cross Reference: None

Effective Date: January 1, 2020

Yearly Income (as Reported on the 2018 IRS Tax Return)			
Single	Married (Filing Jointly)	Married (Filing Separately)	Monthly Premium
\$87,000 or less	\$174,000 or less	\$87,000 or less	\$144.60
\$87,001 – \$109,000	\$174,001 - \$218,000		\$202.40
\$109,001 – \$136,000	\$218,001 - \$272,000		\$289.20
\$136,001 – \$163,000	\$272,001 - \$326,000		\$376.00
\$163,001 – \$499,999	\$326,001 – \$749,999	\$87,001 – \$412,999	\$462.70
\$500,000 and above	\$750,000 and above	\$413,000 and above	\$491.60

More information on Part B premiums is available at the following Medicare website:

<https://www.cms.gov/newsroom/fact-sheets/2020-medicare-parts-b-premiums-and-deductibles>

SSI-E MONTHLY PAYMENT LEVEL

Cross Reference: Medicaid Eligibility Handbook, Section 39.4

Effective Date: No change

ITEM	NEW AMOUNT	OLD AMOUNT
State SSI-E Supplement monthly payment	No Change	\$95.99

MONTHLY SSI PAYMENT LEVEL+ SUPPLEMENT (HOME MAINTENANCE MAXIMUM ALLOWANCES)

Cross Reference: Medicaid Eligibility Handbook, Sections 15.7.1 and 39.4
Effective Date: January 1, 2020

ITEM	NEW AMOUNT	OLD AMOUNT
Monthly SSI Payment Level + E Supplement	\$962.77	\$950.77

COMMUNITY WAIVERS MONTHLY BASIC NEEDS ALLOWANCE

Cross Reference: Medicaid Eligibility Handbook, Sections 28.8.3 and 39.4
Effective Date: January 1, 2020

ITEM	NEW AMOUNT	OLD AMOUNT
Monthly Basic Needs Allowance	\$963	\$951
EBD Maximum Monthly Personal Maintenance Allowance	\$2,349	\$2,313

COMMUNITY WAIVERS SPECIAL INCOME LIMIT (GROUP B)

Cross Reference: Medicaid Eligibility Handbook, Sections 28.8.3 and 39.4
Effective Date: January 1, 2020

ITEM	NEW AMOUNT	OLD AMOUNT
Monthly income limit for a single person or spouse not applying	\$2,349	\$2,313

MEDICAID PURCHASE PLAN (MAPP) STANDARD LIVING ALLOWANCE

Cross Reference: Medicaid Eligibility Handbook, Sections 26.5.1 and 39.4
Effective Date: January 1, 2020

ITEM	NEW AMOUNT	OLD AMOUNT
MAPP Monthly Standard Living Allowance (SLA)	\$886	\$874

TUBERCULOSIS BENEFIT MONTHLY INCOME LIMIT

Cross Reference: BadgerCare Plus Eligibility Handbook, Chapter 43.2
Effective Date: January 1, 2020

ITEM	NEW AMOUNT	OLD AMOUNT
Monthly income limit for one person	\$1,651	\$1,627
Monthly income limit for a married couple	\$2,435	\$2,399

MEDICARE SAVINGS PROGRAM ASSET LIMITS

Cross Reference: Medicaid Eligibility Handbook, Section 25.7.2

Effective Date: January 1, 2020

ITEM	NEW AMOUNT	OLD AMOUNT
Asset limit for one person	\$7,860	\$7,730
Asset limit for two persons	\$11,800	\$11,600

Applies only to Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Specified Low-Income Medicare Beneficiary Plus (SLMB+); does not apply to Qualified Disabled and Working Individuals (QDWI).

COST-OF-LIVING ADJUSTMENT

Cross Reference: Medicaid Eligibility Handbook, Section 39.6

Effective Date: January 1, 2020

COLA Disregard Amount	
January to December 2019	0.015748
January to December 2018	0.042556
January to December 2017	0.061330
January to December 2016	0.064137
January to December 2015	0.064137
January to December 2014	0.079781
January to December 2013	0.093380
January to December 2012	0.108535
January to December 2011	0.139513
January to December 2010	0.139513
January to December 2009	0.139513
January to December 2008	0.186685
January to December 2007	0.204971
January to December 2006	0.230369
January to December 2005	0.260681
January to December 2004	0.280118
January to December 2003	0.294924
January to December 2002	0.304659
January to December 2001	0.322280
January to December 2000	0.345198
January to December 1999	0.360545
January to December 1998	0.368751
January to December 1997	0.381734
January to December 1996	0.399159
January to December 1995	0.414385
January to December 1994	0.430335

COLA Disregard Amount	
January to December 1993	0.444771
January to December 1992	0.460943
January to December 1991	0.480177
January to December 1990	0.506809
January to December 1989	0.528948
January to December 1988	0.547066
January to December 1987	0.565322
January to December 1986	0.570900
January to December 1985	0.583803
January to December 1984	0.597877

CONTACTS

BEPS CARES Information and Problem Resolution Center

DHS/DMS/BEPS/MF