



Date: November 23, 2021

DMS Operations Memo 21-23

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: Jonelle Brom, Bureau Director  
Bureau of Eligibility Operations & Training  
Division of Medicaid Services

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Bureau of Eligibility & Enrollment Policy  
Division of Medicaid Services

**2022 Cost-of-Living Adjustment (COLA) for Medicaid for the Elderly, Blind, or Disabled**

**CROSS REFERENCE**

Medicaid Eligibility Handbook

**EFFECTIVE DATE**

January 1, 2022

**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, 2022.

**BACKGROUND**

As announced by the Social Security Administration, the COLA for calendar year 2022 is 5.9% 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.

CARES eligibility redeterminations for January 2022 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 2021 and will impact February 2022 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**

### ***EBD DEDUCTIBLES***

Per MEH, 24.6.1, increases in Social Security benefits due to the COLA may not result in increases to the amount of met or unmet deductibles. However, any increases in Medicare Premiums must be used to adjust the amount of any remaining unmet deductibles.

### ***NEW PROGRAM AMOUNTS FOR 2022***

#### ***INSTITUTIONAL MEDICAID CATEGORICALLY NEEDY MONTHLY INCOME LIMIT***

*Cross Reference:* Medicaid Eligibility Handbook, Section 39.4

*Effective Date:* January 1, 2022 unless otherwise noted

<b>ITEM</b>	<b>NEW AMOUNT</b>	<b>OLD AMOUNT</b>
Categorically needy monthly income limit for a person in a medical institution	<b>\$2,523</b>	\$2,382

**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, 2022

ITEM	NEW AMOUNT	OLD AMOUNT
Categorically Needy Monthly Income Limits*		
Group Size of 1	<b>\$ 924.78</b>	\$877.78
Group Size of 2	<b>\$1,393.05</b>	\$1,323.05
Categorically Needy Asset Limits		
Group Size of 1	<b>No Change</b>	\$2,000
Group Size of 2	<b>No Change</b>	\$3,000
Medically Needy Asset Limits		
Group Size of 1	<b>No Change</b>	\$2,000
Group Size of 2	<b>No Change</b>	\$3,000

**Note:** The Medically Needy monthly income limits will be updated in early 2022 when the Federal Poverty Level income guidelines are updated.

**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, 2022

ITEM	NEW AMOUNT	OLD AMOUNT
Monthly EBD Deeming Amount to an Ineligible Minor	<b>\$420</b>	\$397

**MONTHLY PARENTAL LIVING ALLOWANCE**

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

*Effective Date:* January 1, 2022

ITEM	NEW AMOUNT	OLD AMOUNT
Monthly Parental Living Allowance – 1 Parent	<b>\$841</b>	\$794
Monthly Parental Living Allowance – 2 Parents	<b>\$1,261</b>	\$1,191

**SPOUSAL IMPOVERISHMENT INCOME ALLOCATION AND ASSET SHARE**

*Cross Reference:* Medicaid Eligibility Handbook, Chapters 18.6.2 and 18.4.3

*Effective Date:* January 1, 2022

**Income:**

ITEM	NEW AMOUNT	OLD AMOUNT
Community Spouse Asset Share (CSAS) maximum	<b>\$137,400</b>	\$130,380
Income allocation maximum (monthly)	<b>\$3,435.00</b>	\$3,259.50

**Assets:**

IF the total countable assets of the couple are:	THEN the CSAS is:	MA Eligibility Limit
\$274,800 or more	\$137,400	\$139,400
Less than \$274,800, 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:**

<b>Community Spouse Allocation</b>	The maximum allocation is the lesser of: <b>\$3,435</b> , or <b>\$2,903.34</b> 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 <b>\$871.00</b> . 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.)
<b>Dependent Family Member Allocation</b>	<b>\$725.84</b> 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.)
<b>Personal Needs Allowance</b>	<b>\$45</b> for institutionalized individuals (no change)
<b>Community Waivers Allowance</b>	<b>\$1,021 to \$2,523</b> 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](https://dhs.wisconsin.gov/library/P-10063.htm)

**2022 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 \$170.10.

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 2022
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 \$170.10).
5. Individuals whose modified adjusted gross income as reported on their IRS tax return from 2020 is above a certain amount.

*Cross Reference:* None

*Effective Date:* January 1, 2022

<b>Yearly Income (as Reported on the 2020 IRS Tax Return)</b>			
<b>Single</b>	<b>Married (Filing Jointly)</b>	<b>Married (Filing Separately)</b>	<b>Monthly Premium</b>
\$88,000 or less	\$176,000 or less	\$88,000 or less	\$170.10
\$88,001 – \$111,000	\$176,001 – \$222,000		\$238.10
\$111,001 – \$138,000	\$222,001 – \$276,000		\$340.20
\$138,001 – \$165,000	\$276,001 – \$330,000		\$442.30
\$165,001 – \$499,999	\$330,000 – \$750,000	\$88,001 – \$411,999	\$544.30
\$500,000 and above	\$750,000 and above	\$412,000 and above	\$578.30

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

<https://www.cms.gov/newsroom/fact-sheets/2021-medicare-parts-b-premiums-and-deductibles>

**SSI-E MONTHLY PAYMENT LEVEL**

*Cross Reference:* Medicaid Eligibility Handbook, Section 39.4

*Effective Date:* No change

<b>ITEM</b>	<b>NEW AMOUNT</b>	<b>OLD AMOUNT</b>
State SSI-E Supplement monthly payment	<b>No Change</b>	\$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, 2022

<b>ITEM</b>	<b>NEW AMOUNT</b>	<b>OLD AMOUNT</b>
Monthly SSI Payment Level + E Supplement	<b>\$1,020.77</b>	\$973.77

**COMMUNITY WAIVERS MONTHLY BASIC NEEDS ALLOWANCE**

*Cross Reference:* Medicaid Eligibility Handbook, Sections 28.6.4 and 39.4

*Effective Date:* January 1, 2022

<b>ITEM</b>	<b>NEW AMOUNT</b>	<b>OLD AMOUNT</b>
Monthly Basic Needs Allowance	<b>\$1,021</b>	\$974
EBD Maximum Monthly Personal Maintenance Allowance	<b>\$2,523</b>	\$2,382

**COMMUNITY WAIVERS SPECIAL INCOME LIMIT (GROUP B)**

*Cross Reference:* Medicaid Eligibility Handbook, Sections 28.6.4 and 39.4

*Effective Date:* January 1, 2022

<b>ITEM</b>	<b>NEW AMOUNT</b>	<b>OLD AMOUNT</b>
Monthly income limit for a single person or spouse not applying	<b>\$2,523</b>	\$2,382

**TUBERCULOSIS BENEFIT MONTHLY INCOME LIMIT**

*Cross Reference:* BadgerCare Plus Eligibility Handbook, Chapter 43.2

*Effective Date:* January 1, 2022

<b>ITEM</b>	<b>NEW AMOUNT</b>	<b>OLD AMOUNT</b>
Monthly income limit for one person	<b>\$1,767</b>	\$1,673
Monthly income limit for a married couple	<b>\$2,607</b>	\$2,467

**MEDICARE SAVINGS PROGRAM ASSET LIMITS**

*Cross Reference:* Medicaid Eligibility Handbook, Section 32.6 and 39.4

*Effective Date:* January 1, 2022

ITEM	NEW AMOUNT	OLD AMOUNT
Asset limit for one person	<b>\$8,400</b>	\$7,970
Asset limit for two persons	<b>\$12,600</b>	\$11,960

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

**COST-OF-LIVING ADJUSTMENT DISREGARD AMOUNTS**

*Cross Reference:* Medicaid Eligibility Handbook, Section 39.6

*Effective Date:* January 1, 2022

COLA Disregard Amount	
January - December 2021	0.055713
January - December 2020	0.067831
January - December 2019	0.082511
January - December 2018	0.107501
January - December 2017	0.125001
January - December 2016	0.127618
January - December 2015	0.127618
January - December 2014	0.142201
January - December 2013	0.154877
January - December 2012	0.169004
January - December 2011	0.197881
January - December 2010	0.197881
January - December 2009	0.197881
January - December 2008	0.241853
January - December 2007	0.258899
January - December 2006	0.282574
January - December 2005	0.310830
January - December 2004	0.328948
January - December 2003	0.342750
January - December 2002	0.351825
January - December 2001	0.368250
January - December 2000	0.389614
January - December 1999	0.403920
January - December 1998	0.411569
January - December 1997	0.423672
January - December 1996	0.439915

<b>COLA Disregard Amount</b>	
January - December 1995	0.454108
January - December 1994	0.468976
January - December 1993	0.482433
January - December 1992	0.497508
January - December 1991	0.515437
January - December 1990	0.540263
January - December 1989	0.560900
January - December 1988	0.577789
January - December 1987	0.594807
January - December 1986	0.600007
January - December 1985	0.612034
January - December 1984	0.625153
July 1983 - December 1983	0.637829
July 1982 - June 1983	0.662783
July 1981 - June 1982	0.696748
July 1980 - June 1981	0.734687
July 1979 - June 1980	0.758587
July 1978 - June 1979	0.773321
July 1977 - June 1978	0.785950
July 1976 - June 1977	0.798825
July 1975 - June 1976	0.813727

**CONTACTS**

BEOT CARES Information and Problem Resolution Center

DHS/DMS/BEEP/JL