

Transmittal



Oregon Eligibility Partnership

Date Issued: 11/30/2022

Transmittal #: OEP-PT-22-037

Subject: Medical & SNAP: 2023 Annual Social Security Cost of Living Adjustment

Primary Audience:

<input checked="" type="checkbox"/> Eligibility	<input type="checkbox"/> Leadership
<input type="checkbox"/> Family Coach	<input checked="" type="checkbox"/> LTSS Case Management
<input type="checkbox"/> Support	<input checked="" type="checkbox"/> Other: Area Agencies on Aging: Type B; County DD program managers, ODDS Children's Residential Services; County Mental Health Directors; ODDS, ODDS CIIS

Effective Date: 11/15/2022

Transmittal Type: Policy

Impacted Area(s):

<input checked="" type="checkbox"/> New/Updated Policy/Rule	<input type="checkbox"/> Policy Clarification
<input type="checkbox"/> Reference Materials	<input checked="" type="checkbox"/> System(s)
<input type="checkbox"/> Other:	

Reference Material(s): 461-135-0780, 461-145-0220, 461-155-0250, 461-155-0270, 461-160-0420, 461-160-0580, 461-160-0400, 461-145-0490, and 461-160-0620 OPEN, DHS 5530

Summary:

This transmittal describes the 2023 Social Security Cost of Living Adjustment (COLA), ONE changes to support the COLA, and the impact on eligibility programs.

Details:

Effective January 1, 2023, the Social Security Administration (SSA) will implement an 8.7% Cost of Living Adjustment (COLA) for Social Security recipients. This includes Social Security payments under Title II of the Social Security Act (both SSB and SSDI) and Supplemental Security Income (SSI) under Title XVI of the Social Security Act. In addition, the 2023 Medicare Part B premium will change to \$164.90 for most Medicare

recipients and the Representative Payee Fee is increasing. Please see below for additional details.

ONE SYSTEM CHANGES:

Program Standards Update

The 2023 COLA related program standards were released to the states in two parts. Most of the COLA related program standards were released in October 2022 and were updated in ONE on 11/10/2022. The standards related to OSIPM Resource Assessment and Home Equity Exclusion were released by the Centers for Medicare and Medicaid Services (CMS) on 11/16/2022. These standards will be updated in ONE as soon as possible.

All updated standards will have a 1/1/2023 effective date. ONE will use the 2023 standards when evaluating eligibility for 1/1/2023. ONE will continue to use 2022 standards when evaluating 2022 eligibility months.

Automated Income and Medicare Part B Premium expense updates

ONE will automatically update income and Medicare Part B premium expense information to reflect COLA adjusted amounts.

For cases in Active/Approved status, ONE will automatically do the following:

- Apply the 8.7% COLA to SSI and SSB/SSDI income records.
- Update Medicare Part B Premium Expense amounts.
- Run eligibility and Authorize cases per current Mass Update processing logic.

At this time, automated processing is tentatively scheduled to begin on the evening of Friday, December 9th. ONE will first update SSI, SSB, SSDI income and Medicare Part B expense data on all cases. Once income/expense data has been updated, ONE will begin Mass Update processes to evaluate eligibility for all updated cases. The total processing time could extend beyond the weekend. Should processing extend beyond the weekend, local offices may continue to work on cases, but may see cases with income/expense updates, but no subsequent eligibility run. Workers should process as they would normally, running eligibility and authorizing when appropriate.

Special Considerations prior to the 2023 COLA income/Medicare updates

During the period between the ONE program standards updates on 11/10/2022 and the automated income/expense updates and eligibility evaluations, expected to begin on the weekend of 12/9/22, any cases on which eligibility is run for January 2023 will apply the 2023 Standards to 2022 income/expenses. This is because the program standards have been updated, but the income/expense changes won't be applied until the COLA income/expense update in December. If you are processing a renewal or other change

and ONE is running eligibility for January using 2022 SSA income and 2023 standards, please consider the following:

- If the case is updated in November, a system validation will prevent staff from updating income for January 2023. In these instances, the system will evaluate the January 2023 benefit using 2022 income and may arrive at an erroneous result. Please follow the instructions in the [COVID-19 Alternative Processes QRG](#) to restore the correct benefit(s).
- If the case is updated in December, look in SOLQi to find the 2023 SSA income (it may not show in BDX yet), update it in ONE effective 1/1/23, proceed with other actions, run eligibility, and authorize. A Benefit Decrease task will alert you of any duplicate income records. Confirm the income using SOLQi and update the income record as necessary.
- If the income is not updated and an invalid change is authorized as a result of this discrepancy (e.g. a QMBP-only recipient who was slightly over the OSIPM income limit in 2022 is incorrectly approved for OSIPM effective 1/1/2023), follow the instructions in the [COVID-19 Alternative Processes QRG](#) to restore the correct benefit(s).

BENDEX and SDX daily updates will not occur from 11/18/22 until the time the COLA income/expense update processes run in December. This is because daily SSA records received during this timeframe contain 2023 COLA adjusted income/Medicare information. In past years, these daily updates were applied to ONE with a December 1st effective date, erroneously updating the case prematurely with COLA adjusted income and expense data.

Application of Income Disregards for MSP and EPD programs

The Medicare Savings Program (MSP) and OSIPM Employed Persons with Disabilities (EPD) income standards are based upon the Federal Poverty Level (FPL). The annual FPL increase is generally announced in January or February each year and normally implemented in March. Each year, from Jan. 1 until the updated FPL related program income standards are put into effect, these programs have protected eligibility for ongoing recipients from the annual SSA COLA, including those requiring a renewal.

To ensure that the January COLA increase does not render current MSP recipients ineligible or cause increases to the EPD participant fee pending the FPL increase, ONE will apply income disregards when evaluating MSP and EPD participant fee for an existing MSP or EPD eligible individual. Applicants with a date of request of 1/1/2023, or later, will be evaluated for MSP and EPD with no income disregards applied.

Automated Medical Related Payments Updates

The following recurring Medical Related Payments (MRP) authorized in the Other Payments Module will be automatically updated if the authorization date range includes 2023 dates. The existing authorization, reflecting the 2022 amount, will be end dated 12/31/2022. A new authorization, reflecting the 2023 amount, will be created for 1/1/2023. The new authorization will copy all other data from the original authorization record.

- MRP-002 B8 – MAGI APD CBC Room and Board
- MRP-006 H1 – Title IV-E Room and Board/Incidentals
- MRP-007 H2 – Title IV-E Room and Board/Incidentals Supplement
- MRP-018 13 – CBC Room and Board
- MRP-033 H7 – Children’s Room and Board

Representative Payee Fee Changes – SSP programs

As of 1/1/2023, the Representative Payee Standard fee is increasing from \$48 to \$52, and the Alcohol and Drug fee is increasing from \$89 to \$97. ONE will update the standards to reflect the 2023 amounts. A mass update will run to adjust benefits of affected cases.

MEDICAL PROGRAM CHANGES:

The following Medical program standards will change effective 1/1/2023

SSI and OSIPM Related Standards Changes:

OSIPM Adjusted Income Standards		
Number in Need Group	One	Two
AB/AD/OAA	914.00	1,371.00

**The Long-Term Care
Countable Income
Standard (300% of SSI):
\$2,742.00**

Community-Based Care Maintenance Standard: \$914.00

In-Home Services Maintenance Standard: \$1,414.00

The Home Equity Exclusion Limit: \$688,000.00

Allocating and Deeming: The maximum allocation rate for non-applying children in OSIPM will increase to \$457.00 per month.

Room and Board and PIF: For Community-Based Care (CBC) cases other than Behavioral Health (BH) residential treatment, the COLA adjusted Room and Board and Personal Incidental amounts are as follows:

- CBC Room and Board: \$711.00
- CBC PIF: Remaining funds after R&B and service liability are deducted. This amount will be \$203.00 for most.

Nursing Facility PIF: The PIF for NF and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) residents who are not receiving VA aid and attendance benefits is increasing to \$74.75.

Residential BH Treatment: For individuals in 24-hour residential BH settings, the R&B rate will be \$711.00

Children's Room and Board amount: \$914.00

Title IV-E Children's Room and Board Allowance:

- 4ER – Title IV-E funded Room and Board: \$711.00
- 4ES – Title IV-E Room and Board Supplement: \$203.00

Resource Assessment Standards:

- The maximum Community Spouse Monthly income allowance in OAR 461-160-0620 (3)(d)(A) will be \$3715.50.
- The Community Spouse's maximum share of the couple's combined countable resources in OAR 461-160-0580 (2)(c)(A) and (2)(f)(A) will be \$148,620.00.
- The Community Spouse's minimum share of the couple's combined countable resources in OAR 461-160-0580 (2)(c)(B) and (2)(f)(B) will be \$29,724.00

Medicare Part B Premium Change for 2023

The Medicare Part B premium will be \$164.90 for most Medicaid recipients. Please note that this figure is lower than the 2022 Medicare Part B premium. Those coded with Client Buy-In (CBI) who became Medicare eligible prior to 2023 may have a lower Medicare Part B premium amount. This can happen when individuals are covered by certain Medicare Advantage Plans and the plans negotiate lower premiums. Everyone who begins receiving Medicare in 2023 will be charged the rate of \$164.90.

- CBI and ONE: The CBI medical expense amount will be updated in ONE automatically as part of the SSA BENDEX interface COLA update process. The existing expense record will be retained; however, the current expense amount will be end-dated 12/31/22 and a new expense amount will be added with a start date of 1/1/23.

- **Note:** If you are processing a renewal or other change after January and notice that the premium amount did not automatically change from \$170.10 to \$164.90, update the premium amount as needed. This can happen if a case was in override status during the ONE COLA mass update.
- There are no Legacy cases affected by the change to the Part B premium.

Medicare Savings Programs

The resource limits for the QMB, SMB, and SMF were eliminated effective 1/1/2016.

As stated above, MSP income standards are based upon the Federal Poverty Level (FPL). The annual FPL increase is generally announced in January or February each year and implemented in March. To ensure that the January COLA increase does not negatively impact MSP recipients pending the FPL increase, the following actions will be taken:

- For existing cases in ONE, the system will apply a disregard equal to the COLA amount to SSA income.
- For existing cases in Legacy, the income standards will be inflated by the COLA percentage.

Note: COVID-19 Public Health Emergency provisions will not prevent all MSP closures or reductions; for example, moving an OSIPM recipient from SLMB to SBI is currently allowed, as is moving from SLMB-only to QSMF; however, these changes are not allowed at any time between January and March per federal policy surrounding protection between COLA and FPL updates.

EPD Participant Fee

As stated above, to avoid the disruption of EPD participant fee calculations pending the implementation of the 2023 FPL standards, Central Office is taking the following action:

- For existing EPD cases in ONE, the system will apply disregards to countable income.
- For any EPD cases still in Legacy, the income and participant fee standards will be inflated by the COLA percentage.

Long Term Services and Supports (LTSS) Service Liability

LTSS Service Liability will be updated as follows:

Nursing Facilities: New liability amounts for January 2023 will be automatically calculated using the COLA adjusted income figures and the new PIF and applied to January service months. ONE will generate a Notice of Eligibility with the new liability amount. MMIS will be updated with the new amount.

Community Based Care Facilities: New liability amounts for January 2023 will be automatically calculated using the COLA adjusted income figures and applied to the January service month – 512s for the month of January will be generated and mailed by Central Office and ONE will generate a Notice of Eligibility with the new liability amount.

In-home Care Settings: Service Liability was eliminated for in-home service settings on 1/1/2022.

PACE: Service Liability was eliminated for all PACE service settings on 1/1/2022.

General APD LTSS Payment System Information

After the ONE COLA processes are completed, staff may make any necessary changes to the ONE record. This may include corrections to the COLA updated income/Medicare expense data, or other changes required on the case. Eligibility may be processed and authorized. The legacy APD payment systems will obtain this new information as follows:

- The Consumer Employed Provider (CEP) system periodically checks eligibility data before CEP authorizations are generated. If the individual is not eligible for the CEP service, based on the eligibility data, then the authorization will be voided.
- The Community Based Care (CBC) system will automatically reprocess 512s on December 27th. This process will draw in eligibility data from ONE when creating 512s for January 1, 2023.
 - **Note:** Any changes made in ONE after 12/27/22 will require the Case Manager to manually “touch” (Action Type 1) the 512 following normal processes.
- Updated information will be passed to MMIS at the time the changes in ONE are authorized for NF and in-home agency payment purposes

IMPORTANT REMINDER ABOUT COVID-19 PROVISIONS AND MEDICAL

Remember that certain adverse actions are prohibited during the COVID-19 emergency period. If you see that a closure or reduction of Non-MAGI medical benefits has occurred outside of the exceptions allowed in OAR [461-135-0880](#), please contact apd.medicaidpolicy@odhsoha.oregon.gov.

SSP PROGRAM CHANGES:

Representative Payee Fee Changes

When a participant is required by the Social Security Administration to receive payments through a representative payee, fees paid by a participant to a representative payee are excluded. This exclusion applies to ERDC, REF, REFM, SNAP, TA-DVS, and TANF programs. (See OAR 461-145-0490 and 461-145-0510)

Representative Payee Fee changes for 2023

As of 1/1/2023, the Standard fee is increasing from \$48 to \$52, and the Alcohol and Drug fee is increasing from \$89 to \$97.

Coding in ONE

On the Unearned Income source screen, the Representative Fee field displays when Income Type is 'Social Security Disability Insurance', 'Supplemental Security Income (SSI)' or 'Social Security Benefits (Survivor or Retirement)', The dollar amounts for the two values of "Standard" and "Alcohol and Drug" will be changed in ONE so the new amounts will be used in the benefit calculations. The date of this change is TBD.

Medicare Part B Premium Expense record update

The SSA interface with ONE will automatically update the Medicare Part B premium expense records to reflect the 2023 Medicare Part B premium amount as of 1/1/2023 on the Medical Expense screen for SNAP. The 2023 Medicare Part B Premium will be \$164.90 for most recipients which is lower than the 2022 amount (\$170.10 for most recipients). The Medicare Part B premium expense affects the SNAP program.

The change to the amount of the Medicare premium the individual is paying will be updated by the interface on the Medical Expenses screen for SNAP by adding a new record starting 1/1/2023.

Room and Board and PIF: For Community-Based Care (CBC)

Although this amount is used to determine the SNAP shelter expense for people in some group living arrangements, the amount is to be changed when a change is reported or at the next renewal.

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Questions?

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