Welcome!

CardinalCare
Virginia's Medicaid Program

Medicaid Works

Virginia's Medicaid Buy-In Program

Supporting Work & Independence

Established by the Appropriations Act of 2006

VIRGINIA'S MEDICAID PROGRAM
DMAS

Policy Overview

- The Medicaid Works program allows disabled, (including blind) individuals to work and maintain Medicaid coverage.
- Individuals between the ages of 16 and 64 may participate
- Participants must have countable income less than or equal to 138% of the Federal Poverty Level (FPL).
- For initial determination, countable resources cannot exceed $2,000 for an individual or $3,000 for a couple.
- Participants must be employed or have a documented employment start date.

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Disability & Participation

- Disability is verified by the Social Security Administration (SSA). Participation in SSI or SSDI satisfies the disability requirement for eligibility.
- If an applicant does not have SSA documentation, they must be evaluated by Disability Determination Services.
- Individuals can keep Medicaid if income and resources remain below limits and they are still considered disabled according to SSA criteria.
- If an applicant has not been determined disabled by SSA, they must be evaluated by the Disability Determination Services (DDS).

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Relationship with 1619(b)

- SSI or Qualified Severely Impaired Individuals (1619(b)) must meet the 138% FPL entry requirement.
  - $1801 for an individual
  - $2434 for a couple
- These individuals are not automatically enrolled in Medicaid Works and must apply separately.
- Medicaid Works offers higher resource limits than 1619(b), which can make participation more beneficial.
- Even if SSA payments stop due to earnings, individuals are still considered disabled for Medicaid Works if no medical improvement was determined.

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Nonfinancial Eligibility

- Participants must be competitively employed in an integrated setting alongside people without disabilities.
- Employment must pay at least minimum wage or the prevailing community wage with taxes withheld.
- Each participant must establish a Work Incentive (WIN) Account to deposit their earnings.
- Individuals must also sign the Medicaid Works Agreement, outlining their responsibilities as enrollees.

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Financial Eligibility – Initial

- Eligibility is determined using the policy and procedures for ABD non-institutionalized Medicaid.
- Initial total countable income ≤ 138% FPL (2025)
  - $1,801/month individual
  - $2,434 for ABD couple
- Non-applicant spouse or parental income is not counted.
- Applicants must have resources within $2,000 for an individual or $3,000 for a couple.
- WIN Accounts and other excluded resources are not counted in the determination.

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Financial Eligibility – Ongoing

- Once enrolled, the participant is treated as a unit of one for eligibility purposes.
- Spousal and parental income and resources are disregarded after enrollment.
- Resources in WIN Accounts or IRS-approved accounts are excluded from ongoing evaluations.
- Social Security increases from COLA or employment are excluded if deposited into WIN.
  Participants must keep earned income below $6,250 per month and unearned income under 138% FPL.
- Unearned income limit remains ≤ 138% FPL.

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Safety Net

- Resources in WIN Accounts are disregarded up to the 1619(b) threshold.
  - 2025- $59,755
- Participants who stop working may keep resources for up to one year as a safety net.
- If employment resumes within the one-year safety net period, WIN account balance remains excluded.
- **IRS-approved WIN Accounts remain excluded in all future Medicaid determinations.**

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Benefit Package

- Medicaid Works enrollees are entitled to the full Medicaid benefit package
- They cannot be enrolled in DD or CCC Plus waivers, but DD slots may be held for six months if transitioning.
  - Note: Developmental Disability Waivers include Community Living Waiver, Family and Individual Supports Waiver, Building Independence Waiver.
- Participants can access personal care services through their managed care plan.
- No patient pay or medical screening is required for participation.

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Entitlement & Enrollment

- Coverage in Medicaid Works begins the month after all requirements are met .
- There is no retroactive coverage available under Medicaid Works.
- Aid Category 059 is used for Medicaid Works
- Eligibility workers provide documentation to DMAS including the signed agreement, WIN Account details, and proof of employment for tracking purposes only.

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Continuing Eligibility

- Eligibility continues as long as participants remain employed and meet disability, age, income, and resource rules.
- Disability status is maintained unless SSA finds medical improvement during a review.
- Eligibility is re-evaluated at least every 12 months.
- If no longer eligible, participants are assessed for other Medicaid categories, and safety net rules may apply.

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Questions?

Submit questions to:
MedicaidWORKS@dmas.virginia.gov

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Thank you for your participation!