



MEDICAID WORKS

VIRGINIA'S MEDICAID WORK INCENTIVE PROGRAM FOR DISABLED INDIVIDUALS

MEDICAID WORKS is a work incentive opportunity offered by the Virginia Medicaid program for individuals with disabilities who are employed or who want to go to work. **MEDICAID WORKS** is a Medicaid plan option that will enable workers with disabilities to earn higher income and retain more in savings, or resources, while ensuring continued Medicaid coverage. This voluntary plan option will allow enrollees to earn up to \$75,000 and save up to \$59,755 (effective January 1, 2025) of their earnings.

MEDICAID WORKS is available to current and new Medicaid enrollees who are blind or disabled, have total countable income of no more than \$1,836 per month for an individual or \$2,489 for a couple and resources of no more than \$2,000 if single (\$3,000 if a couple).

Individuals with disabilities who meet the eligibility requirements for this work incentive plan may choose to enroll in **MEDICAID WORKS** if they:

- ✓ Complete the **MEDICAID WORKS Agreement**;
- ✓ Are employed or have documentation from an employer establishing the date when employment will begin;
- ✓ Are at least 16 years of age and less than 65 years of age;
- ✓ Establish a "Work Incentive" (WIN) account (a regular checking or savings account) at a bank or other financial institution to deposit earned income, which can be used as needed, and to keep financial resources in order to remain eligible for Medicaid;

To apply for **MEDICAID WORKS**, contact the local Department of Social Services in the city or county where you live.

This entity does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs and services.

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MEDICAID WORKS Agreement

I, _____, want to enroll in **MEDICAID WORKS**, the work incentive plan for individuals with disabilities through the Virginia Medicaid program. I understand that this is a voluntary option and that I may leave the program at any time and return to regular Medicaid coverage if I continue to meet the eligibility requirements for another Medicaid covered group. I further understand that while enrolled in **MEDICAID WORKS**, I will have a different health benefit plan, which includes all standard Medicaid benefits plus personal assistance services, instead of the standard Medicaid benefit plan usually provided to Medicaid enrollees that does not include personal assistance services without an additional medical screening. I may choose to discontinue the **MEDICAID WORKS** benefit plan at any time and return to the standard Medicaid benefit plan.

I know that I must be employed to be enrolled in **MEDICAID WORKS**. I understand that I must establish at least one Work Incentive (WIN) account (a regular checking or savings account) at a bank or other financial institution to be eligible for this work incentive plan. I must deposit all of my earned income into a WIN account, and I am able to use this income as needed. If I am going to save some of my earnings, I also must keep it in a WIN account, where I can accumulate up to \$59,755 (effective January 1, 2025).

I can have annual earnings of up to \$75,000 if I deposit my earned income into my WIN account. If I receive a monthly SSDI payment and the amount increases due to work and/or a cost-of-living adjustment (COLA), I understand that I must deposit the amount of this **increase** into my WIN account if the new SSDI payment amount exceeds the unearned income limit of 138% of the federal poverty level.

I agree to the above requirements for **MEDICAID WORKS** and to inform my eligibility worker about changes that may affect my coverage, including but not limited to, change of address, change in income, change in employment or loss of employment. I further agree to provide any required documentation regarding my employer, employment status, earned income and WIN account(s). If I choose to discontinue enrollment in **MEDICAID WORKS** or in the benefit plan provided in this program, I will inform my eligibility worker.

Print Full Name

Social Security Number

Signature

Date

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