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May 2, 2024

MEDWorks FAQ

1. What is MEDWorks?

MEDWorks, or Medicaid for Employees with Disabilities, allows individuals aged 16-64 who have a disability and are working to potentially qualify for Medicaid. While there are income and asset limits, the limits are more generous in MEDWorks than for standard disability Medicaid.

2. How/why was MEDWorks created?

MEDWorks was implemented in 2002 and is based on the Social Security Administration's "Ticket to Work" program. MEDWorks is referred to in Indiana Code (IC 12-15-41) as the "Medicaid Buy-In Program for Working Individuals With Disabilities," because it allows qualified individuals who would otherwise be over the income limit for Medicaid to pay a monthly premium and receive services.

3. How is MEDWorks differ from Ticket to Work?

MEDWorks is an Indiana Medicaid program which provides health coverage. Ticket to Work is a program administered by the Social Security Administration for individuals receiving disability payments who are employed. MEDWorks was created in response to the Ticket to Work program, but they are separate programs.

4. Who is eligible for MEDWorks?

- Age 16-64
- Indiana resident with eligible United States citizenship status
- Is employed and earning a monthly minimum of \$290 (this is calculated by multiplying the federal minimum wage of \$7.25 times 40).
- Have an active approval, application, or appeal of disability status with the Social Security Administration when beginning the program.
- Have countable income under 350% of the Federal Poverty Level (FPL) for the applicable year (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>).



- Spouse income is not counted in the initial eligibility determination (but will be added in for premium calculation)
- Income and assets of parents or children of the applicant are not counted
- Countable monthly earned income is determined by subtracting \$65 from gross earnings, deducting any Impairment Related Work Expenses and dividing by two
- Unearned income receives a \$20 monthly deduction
- Have countable assets (resources) under \$2000; if married, spouse assets are counted and the limit is \$3,000
 - Retirement accounts are exempted from the asset test, as is the home the individual lives in (as long as it is valued under \$713,000), and one car of any value
 - An approved Independence and Self-Sufficiency Account (funds used to purchase goods or services that will increase the employability of the individual) are exempt
 - Achieving a Better Life Experience (ABLE) accounts are exempt (<https://www.ssa.gov/ssi/spotlights/spot-able.html>). These accounts are currently available for individuals who became disabled before age 26, but in January 2026 this age will increase to age 46

5. Will going on MEDWorks change the Medicaid services/coverage I receive?

The benefit package for MEDWorks is identical to the benefits received in standard aged, blind, or disabled categories and covers full “state plan” benefits.

6. What is a premium?

A premium is a monthly amount, based on your countable income, that you pay to keep your MEDWorks coverage open. MEDWorks members whose income is between 101% and 149% of the current Federal Poverty Level (FPL) do not have to pay a premium for their MEDWorks coverage.

7. How/ when do I pay my premium?

You will receive a monthly invoice from our premium vendor. The premium can be paid by mailing a check, completing a payment over the phone, or paying online using the premium vendor’s portal. See <https://www.in.gov/medicaid/members/member-programs/hhw-package-c-MEDWorks-premium/> for more information on how to make payments.

8. How do I know what my premium will be?

Your eligibility notice from the Indiana Family and Social Services Administration will include the amount you need to pay. It will also be listed on your monthly invoice from the premium vendor.

PERCENTAGE OF FPL	SINGLE	MARRIED
150-175	\$48.00	\$65.00
176-200	\$69.00	\$93.00

201-250	\$107.00	\$145.00
251-300	\$134.00	\$182.00
301-350	\$161.00	\$218.00
*351-	N/A	\$254.00

***Note:** Spouse income does not count in the base eligibility determination but is added back in for premium calculation. There is not an upper limit for the spouse income that can be counted in premium calculation for a person who qualified for MEDWorks based on their income meeting the under 350% requirement.

9. How much can I earn and still be on MEDWorks?

To qualify for MEDWorks, your unearned income (Social Security or other paid benefits) plus your earned income (from employment) must be under 350% of the Federal Poverty Level (FPL) for the applicable year (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>).

- Spouse income is not counted in the initial eligibility determination (but will be added in for premium calculation)
- Income of parents or children of the applicant are not counted
- Countable monthly earned income is determined by subtracting \$65 from gross earnings, deducting any Impairment Related Work Expenses and dividing by two
- Unearned income receives a \$20 monthly deduction

10. Why do I have to pay a premium?

The premium requirement was set as part of the law that established the MEDWorks program.

11. If I must pay for my Medicaid, is it really worth me working?

This is a decision that each individual would have to make based on their own circumstances. Having ongoing health coverage to cover preventive care and health maintenance can avoid costly and dangerous emergencies and provide peace of mind.

12. If I'm in MEDWorks, do I still receive the Medicare Savings Program?

Indiana has more generous income limits for the Medicare Savings Program (MSP) than federal minimums. The income limit for Qualified Medicare Beneficiary (QMB) coverage, which covers Medicare Part A/B premiums, coinsurance, and deductibles is 150% of the Federal Poverty Level (FPL). If you are on MEDWorks and do not financially qualify for QMB, Indiana will automatically pay your Medicare Part B premiums (but not coinsurance and deductibles). The asset limit for MSPs can be found here: <https://www.medicare.gov/medicare-savings-programs>

13. Can I be on MEDWorks and on a waiver?

Yes, MEDWorks is a Home and Community-Based (HCBS) waiver-compatible category as long as all of the eligibility criteria for MEDWorks are met.

14. I'm on a waiver, do I have to pay both my premium and my liability?

No, if you are on MEDWorks and a waiver, you will continue to have a monthly premium rather than a liability.

15. What happens to my Medicaid if I stop working?

An individual who is enrolled in the MEDWorks and who is unable to maintain employment for involuntary reasons, including temporary leave due to a health problem or involuntary termination, continues to be eligible for Medicaid coverage under the program if the individual meets the requirements for maintaining an attachment to the workforce listed in Indiana Code (IC 12-15-41-6) and meets all other financial and non-financial requirements.

16. If an individual establishes a Miller Trust in order to remain eligible for traditional Medicaid while working and over the waiver income limit, do they still have to change over to MEDWorks? Does an individual have to set up a Miller Trust while on MEDWorks?

Qualified Income Trusts (QIT) also known as Miller Trusts, may only be used for individuals who are receiving long-term services and supports (LTSS) Medicaid under the "Special Income Limit" or SIL type of budgeting. LTSS Medicaid is determined using different budgeting than MEDWorks.

A QIT will not reduce countable income for a person who is on MEDWorks.

For a person on LTSS Medicaid, it does not matter how much of the income is from employment and how much is unearned. A QIT can be used for any amount of excess income over the SIL.

17. Is the redetermination process the same each year for MEDWorks as it is for traditional Medicaid? Do individual's still have to turn in proof of resources since there is not the \$2,000 resource limit for MEDWorks?

There is a \$2000 asset (resource) limit for MEDWorks, but as noted in Question 3, there are additional assets which are exempted for MEDWorks members. Indiana uses an electronic Asset Verification System (AVS), and if the AVS is able to validate that assets are under the limit, you may be auto-renewed and will not be required to complete a redetermination. If there is asset information that we were unable to verify or have questions on, you will receive a mailer from FSSA that lists what information you need to provide. You will not need to provide updates on exempt assets such as ABLE accounts.

18. How does one go about asking to change their Medicaid aid category over to MEDWorks once they start working and are over the special income limit for the waiver?

Some individuals who have a disability and are working do not need to switch to MEDWorks. If total countable income is under 100% FPL, you can remain in standard disability Medicaid; or if you are on LTSS Medicaid, you will not move to MEDWorks for an increase in earned income.

For an individual with a disability who is not on LTSS Medicaid, and whose income increases over 100% FPL due to earned income (of at least \$290 per month), once this income change is reported to FSSA, the move to MEDWorks will be automatic. You should report any changes to FSSA within 10 days of when the change happens.

19. Is there a different Medicaid card associated with MEDWorks, or is it the same card as the individual had with Traditional Medicaid?

There are different Medicaid cards based on whether you have a health plan that coordinates your care and pays your claims, or you are in Traditional Medicaid status where each claim is paid fee-for-service. However, there is not a special Medicaid card for the MEDWorks category.

20. Will MEDWorks stay open while someone is going through the appeals process for a SSDI denial?

If Social Security disability status is terminated, FSSA will notify the member that they have 45 days to appeal the decision. If we receive notification that the appeal has been filed, coverage will continue as-is until the appeal is finalized. For a person who does not appeal or who loses their appeal, they can receive a disability determination from FSSA's Medical Review Team (MRT). If the MRT determines the individual meets their disability criteria, MEDWorks can continue as long as all other eligibility criteria continue to be met.

21. Will I be placed on MEDWorks while I am going through the Trial Work Period for SSDI?

MEDWorks determination is based on disability status, minimum earned income, and other Medicaid eligibility rules; while FSSA uses the disability status from SSA, we do not use other criteria from them to determine MEDWorks eligibility. If your income remains under 100% FPL, you will not move to MEDWorks but will retain the standard disability category. If you are on LTSS Medicaid, that will not change based on a Trial Work Period.

22. Does MEDWorks help pay for any Medicare premiums?

If you are on MEDWorks and have Medicare, Indiana will pay your Part B premium. You may be eligible for coverage for your coinsurance and deductibles if you have low income; see response to Question 11.

23. What happens when an individual receives SSDI payments and other unearned income (such as death benefits) as a Disabled Adult Child from death or retirement of a parent which puts them over the income limit for MA-D (standard disability Medicaid), but they are not working, so they are not eligible for MEDWorks? Is there a Medicaid aid category they are eligible for, or do they have to open a Miller Trust and have a waiver liability each month?

There is an employment requirement for MEDWorks and it would not apply to a person with a disability who does not have minimum earned income from a job.

If a person with a disability is on a Home and Community-Based Services (HCBS) waiver, then they can establish a Miller Trust for excess income. They will have a monthly waiver liability equal to their income which is above the Special Income Limit (the SIL equals three times the maximum SSI benefit for the current year).