

Medicaid “Buy-in” Q&A

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Medicaid “buy-in” allows workers with disabilities access to Medicaid community-based services not available through other insurers. Nationally, workforce participation among people with disabilities is significantly lower than those without disabilities. Some individuals with disabilities who want to work face barriers achieving their employment and earnings potential because they need to choose between healthcare and work. Medicaid “buy-in” breaks down barriers to employment for people with disabilities. The Administration for Community Living (ACL), Centers for Medicare & Medicaid Services (CMS) and the Department of Labor’s Office of Disability Employment Policy (ODEP) are committed to policies and programs that promote and support successful employment outcomes for people with disabilities.

What is the Medicaid “buy-in” program?

The Medicaid “buy-in” program is the nickname used to collectively refer to the Medicaid eligibility groups that serve workers with disabilities who are earning income and against whom states may charge premiums as a condition of Medicaid eligibility.¹ The vast majority of states cover at least one of the “buy-in” groups.

Is the Medicaid “buy-in” program new?

No. The amendments to federal law that authorized these particular Medicaid eligibility groups were enacted in the late 1990s and early 2000s. These Medicaid eligibility groups promote and support employment for people with disabilities, and states often have a specific program name for their Medicaid coverage of these eligibility groups.

Is the Medicaid “buy-in” the only way workers with disabilities can access Medicaid?

There are multiple ways in which Medicaid beneficiaries with disabilities who work can preserve their Medicaid, some of which are independent of a state’s coverage of the “buy-in” eligibility groups. However, generally speaking,

there is a limit on how much earned income an individual may have for purposes of his or her Medicaid eligibility for non-Medicaid “buy-in” eligibility groups. The “buy-in” Medicaid eligibility groups typically have the most generous income and financial eligibility standards. This document will focus only on the Medicaid “buy-in.”

What if a person with a disability is on Medicaid and they want to work? Could they move to the Medicaid “buy-in” if they get a job?

Medicaid beneficiaries who have disabilities and are interested in working and maintaining access to Medicaid should contact their Medicaid agency to learn about their state’s Medicaid options for workers with disabilities.

What if a state doesn’t have a Medicaid “buy-in”? Could a state add a Medicaid “buy-in” to their Medicaid program?

Yes. The few states that do not presently cover one of the “buy-in” eligibility groups may adopt one of them at any time. State Medicaid agencies can work with the CMS to add or make changes to their Medicaid program.

¹ Premiums are not mandatory. Not all states require Medicaid “buy-in” beneficiaries to pay premiums.

What if an individual has private insurance or Medicare? Would they still need Medicaid “buy-in”?

Medicaid beneficiaries enrolled in the “buy-in” eligibility groups may still benefit significantly from their Medicaid coverage in spite of coverage they might have under Medicare or private insurance. Medicaid beneficiaries frequently are provided coverage for services that may not be available from private insurance or Medicare, such as personal care attendant services and other community-based long-term care services. Workers with disabilities may enroll in Medicaid to supplement Medicare and/or private insurance.

How do workers with disabilities and others interested in learning more about Medicaid “buy-in” find more information?

Each state that covers one of the Medicaid “buy-in” groups has its own rules about income, assets, and premiums. Some states have no income or asset limits for its “buy-in” eligibility groups in order to promote employment and earnings for beneficiaries. Some states charge premiums. There is also general information on the CMS website: [medicaid.gov/medicaid/ltss/employment/index.html](https://www.medicaid.gov/medicaid/ltss/employment/index.html)

What if my state has a lower income or asset limit? Could they change it to allow workers with disabilities to work and earn more?

Yes. States that presently cover one of the Medicaid “buy-in” eligibility groups can make changes to their income and asset rules² by submitting a request to the CMS. Like other proposed Medicaid changes, CMS reviews state requests for approval.

What happens if a person enrolled in the Medicaid “buy-in” gets a job in another state and wants to move there? Could they stay enrolled?

Each state covering a Medicaid “buy-in” eligibility group has its own specific eligibility rules. Individuals who move should contact their new state to find out if their new state covers one of the Medicaid “buy-in” eligibility groups and obtain information about eligibility rules. If an individual wants to remain enrolled in Medicaid they would need to apply within their new home state.

What if a worker enrolled in Medicaid “buy-in” is no longer employed but still needs Medicaid?

Individuals who experience a change in their Medicaid eligibility status must report their changes to their state Medicaid agency. The state Medicaid agency must determine if the change impacts the individual's Medicaid eligibility, and if it adversely impacts such eligibility, determine whether there are other Medicaid eligibility groups covered under the state's Medicaid plan that the individual might qualify under. An individual who loses eligibility under a Medicaid “buy-in” eligibility group due to the loss of earned income might still be eligible under a separate eligibility group covered under the state's plan.

How is the Medicaid “buy-in” good for employers?

When workers with disabilities don't need to suppress their income to ensure access to critical healthcare services, employers are able to attract and retain more workers. Employers can support employee skill development and promote high performers with less concern that a person's health care needs will impact their ongoing employment. This benefits the business community.

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For additional information you may contact Annette Shea at ACL at Annette.Shea@acl.hhs.gov. Special thanks to Gene Coffey at Centers for Medicare & Medicaid Services (CMS).

² Income and asset rules cannot be below federal minimum standards.