

Kansas Medical Assistance Standards

Standards in the Kansas Medical Assistance Programs – To be financially eligible, the total countable income must not exceed the income limit for the specified program. Income limits are based on the number of individuals included in the household size of the determination. Unless otherwise specified, all standards are monthly amounts.

1. MAGI programs

The following chart outlines the income limits for the MAGI Poverty Level programs.

Medicaid Children and Pregnant Women							M-CHIP	
Household Size	113% Children ages 6 – 18		149% Children ages 1-5		171% PW & Infants under age 1		113 - 133% Children ages 6–18	
	Lower Limit	Upper Limit	Lower Limit	Upper Limit	Lower Limit	Upper Limit	Lower Limit	Upper Limit
1	0	1109	0	1462	0	1678	1,109	1,305
2	0	1501	0	1978	0	2271	1,501	1,766
3	0	1892	0	2495	0	2863	1,892	2,227
4	0	2284	0	3012	0	3456	2,284	2,688
5	0	2676	0	3528	0	4049	2,676	3,149
6	0	3068	0	4045	0	4642	3,068	3,610
7	0	3459	0	4561	0	5235	3,459	4,071
8	0	3851	0	5078	0	5827	3,851	4,532
Extra Person		392		517		593	392	462

CHIP Children											
Household Size	114 - 166% Children ages 6–18 No premium		150 - 166% Children ages 1–5 No premiums		167 - 191% Children ages 0–18 \$20 premium			192 - 218% Children ages 0–18 \$30 premium		219 - 244% Children ages 0-18 \$50 premium	
	Lower Limit	Upper Limit	Lower Limit	Upper Limit	Lower Limit		Upper Limit	Lower Limit	Upper Limit	Lower Limit	Upper Limit
					Infants under 1	Children 1-18					
1	1109.01	1629	1462.01	1629	1678.01	1629.01	1874	1874.01	2139	2139.01	2393
2	1501.01	2204	1978.01	2204	2271.01	2204.01	2536	2536.01	2894	2894.01	3239
3	1892.01	2780	2495.01	2780	2863.01	2780.01	3198	3198.01	3650	3650.01	4085
4	2284.01	3355	3012.01	3355	3456.01	3355.01	3860	3860.01	4406	4406.01	4931
5	2676.01	3931	3528.01	3931	4049.01	3931.01	4522	4522.01	5162	5162.01	5777
6	3068.01	4506	4045.01	4506	4642.01	4506.01	5185	5185.01	5917	5917.01	6623
7	3459.01	5081	4561.01	5081	5235.01	5081.01	5847	5847.01	6673	6673.01	7469
8	3851.01	5657	5078.01	5657	5827.01	5657.01	6509	6509.01	7429	7429.01	8314
Extra Person		576		576			663		756		846

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Caretaker Medical	
Household Size	38% Caretakers and Children
1	373
2	505
3	637
4	768
5	900
6	1032
7	1164
8	1295
Extra Person	132

Medically Needy – PW and Children	
Household Size	
1	475
2	475
3	480
4	497
5	558
6	619
7	680
8	741
Extra Person	61

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2. Non-MAGI Programs

Standards in the QMB, LMB, and QWD Programs

Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0 – 981	981.01 – 1177	1177.01 – 1325	0 – 1962
2	0 – 1328	1328.01 – 1593	1593.01 – 1793	0 – 2655
3	0 – 1675	1675.01 – 2009	2009.01 – 2261	
Extra Person	347	416	468	

Standards for Independent Living

Number of Months	Number of Persons in Independent Living							
	1	2	3	4	5	6	7	8
1 mo.	475	475	480	497	558	619	680	741
2 mos.	950	950	960	994	1116	1238	1360	1482
3 mos.	1425	1425	1440	1491	1674	1857	2040	2223
4 mos.	1900	1900	1920	1988	2232	2476	2720	2964
5 mos.	2375	2375	2400	2485	2790	3095	3400	3705
6 mos.	2850	2850	2880	2982	3348	3714	4080	4446
Extra Person	For each additional person, add \$61							

Standards for Long Term Care/HCBS

See section 8160 and 8260 for application of the standards. The Institutional standard is applicable in determining eligibility in either the month the care begins or the following month as specified in 8113. The HCBS standard is applicable beginning the month the choice form is signed, or as per 8270.

The current monthly 300% special income standard for 1 person:

Institutional/HCBS/MFP/PACE: \$2199.00

The current monthly standards for 1 person:

Institutional/PACE: \$ 62.00

HCBS/MFP/PACE: \$727.00

The current monthly standards for 2 people:

Institutional/PACE: \$ 124.00

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Standards for Presumptive Medicaid Disability: SI-Related

To be eligible, the total countable income must not exceed the applicable SSI federal benefit rate for the appropriate size household:

Eligible individual In Own Home	\$733.00
Eligible Individual with eligible spouse in home	\$1100.00
Eligible individual in household of another	\$488.67
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$733.34

Standards in the Working Healthy Program

To be eligible, total countable income must not exceed the monthly 300% poverty level standard for the number of persons in the assistance plan.

Number of Persons in Plan	Monthly 300% Poverty Level Index
1	2943
2	3983
3	5023

For premium purposes, the following standards apply:

1 person household		2 person household		3 person household	
Net Income	Monthly Premium	Net Income	Monthly Premium	Net Income	Monthly Premium
0 – 981	0	0 – 1328	0	0 – 1328	0
981.01 – 1227	55	1328.01 – 1660	74	1328.01 – 1660	74
1227.01 – 1472	69	1660.01 – 1992	93	1660.01 – 1992	93
1472.01 – 1717	83	1992.01 – 2324	112	1992.01 – 2324	112
1717.01 – 1962	97	2324.01 – 2655	130	2324.01 – 2655	130
1962.01 – 2207	110	2655.01 – 2987	149	2655.01 – 2987	149
2207.01 – 2453	124	2987.01 – 3319	168	2987.01 – 3319	168
2453.01 – 2698	138	3319.01 – 3651	186	3319.01 – 3651	186
2698.01 – 2943	152	3651.01 – 3983	205	3651.01 – 3983	205
				3983.01 – 5023	205

Standards in the MediKan Program

The MediKan program shall include either a single adult or a married couple living together as noted in 7430 (5).

The current monthly standard for 1 person:

\$250.00

The current monthly standard for 2 people:

\$325.00