

## Kansas Medical Assistance Standards

### A. Income 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

Medicaid Children and Pregnant Women Updated 4/1/22							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	1280	0	1688	0	1937	1280.01	1507
2	0	1725	0	2274	0	2610	1725.01	2030
3	0	2169	0	2860	0	3282	2169.01	2553
4	0	2614	0	3446	0	3955	2614.01	3076
5	0	3058	0	4032	0	4627	3058.01	3599
6	0	3503	0	4618	0	5300	3503.01	4122
7	0	3947	0	5204	0	5973	3947.01	4646
8	0	4391	0	5790	0	6645	4391.01	5169
Extra Person		445		587		673		524

CHIP Children Updated 7/1/22											
Household Size	134 - 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 0–18 \$30 premium		219 - 255%* Children 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	1507.01	1880	1688.01	1880	1937.01	1880.01	2164	2164.01	2469	2469.01	2888
2	2030.01	2533	2274.01	2533	2610.01	2533.01	2915	2915.01	3327	3327.01	3891
3	2553.01	3186	2860.01	3186	3282.01	3186.01	3666	3666.01	4184	4184.01	4894
4	3076.01	3839	3446.01	3839	3955.01	3839.01	4417	4417.01	5042	5042.01	5897
5	3599.01	4492	4032.01	4492	4627.01	4492.01	5169	5169.01	5899	5899.01	6900
6	4122.01	5145	4618.01	5145	5300.01	5145.01	5920	5920.01	6757	6757.01	7903
7	4646.01	5798	5204.01	5798	5973.01	5798.01	6671	6671.01	7614	7614.01	8906
8	5169.01	6451	5790.01	6451	6645.01	6451.01	7422	7422.01	8472	8472.01	9909
Extra Person		653		653			752		858		1003

\*Includes additional 5% for upper program limit

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<b>Caretaker Medical Income Standards Updated 4/1/22</b>	
<b>Household Size</b>	<b>38%* Caretakers and Children</b>
1	431
2	580
3	730
4	879
5	1029
6	1178
7	1328
8	1477
<b>Extra Person</b>	<b>150</b>

\*Includes additional 5% for upper program limit

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

<b>Annual MAGI Tax Filing Thresholds Updated 4/1/22</b>	
<b>Earned Income</b>	<b>12550</b>
<b>Unearned Income</b>	<b>1100</b>

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### 2. Non-MAGI Programs

Income Standards for QMB, LMB, and QWD Programs Updated 4/1/2022				
Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0 – 1133	1133.01 – 1359	1359.01 – 1529	0 – 2265
2	0 – 1526	1526.01 – 1831	1831.01 – 2060	0 – 3052
3	0 – 1919	1919.01 – 2303	2303.01 – 2591	0 – 3838
Extra Person	394	472	531	787

Income 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							

Income Standards for Long Term Care/HCBS/PACE			
Program	1 person	2 people	Month of update
300% Special Income Standard	\$2,742.00		Jan 2023
Institutional/PACE (IC) PIL	\$62.00	\$124.00	
HCBS/PACE (HCBS) PIL	\$2,742.00		Jan 2023

Note: See Medical KEESM 8160, 8260, and 8320.1 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 Medical KEESM 8113. The HCBS standard is applicable beginning the month eligibility staff take action to approve coverage, or as per Medical KEESM 8270.

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<b>Income Standards for Presumptive Medicaid Disability: SI-Related Updated 1/1/23</b>	
<b>Program</b>	<b>1 person</b>
Eligible individual In Own Home	\$914.00
Eligible Individual with eligible spouse in home	\$1,371.00
Eligible individual in household of another	\$609.33
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$914.00
To be eligible, the total countable income must not exceed the applicable SSI federal benefit rate for the appropriate size household.	

<b>Income Standards for MediKan</b>	
<b>Number of Persons in Plan</b>	<b>Monthly 300% Poverty Level Index</b>
1	\$250
2	\$325
The MediKan program shall include either a single adult or a married couple living together as noted in Medical KEESM 4310 and 7430 (6).	

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<b>Working Healthy Premiums Updated 4/1/2022</b>					
<b>1 person household</b>		<b>2 person household</b>		<b>3 person household</b>	
<b>Net Income</b>	<b>Monthly Premium</b>	<b>Net Income</b>	<b>Monthly Premium</b>	<b>Net Income</b>	<b>Monthly Premium</b>
0 - 1133	\$0	0 to 1526	\$0	0 to 1526	\$0
1133.01 to 1416	\$55	1526.01 to 1907	\$74	1526.01 to 1907	\$74
1416.01 to 1699	\$69	1907.01 to 2289	\$93	1907.01 to 2289	\$93
1699.01 to 1982	\$83	2289.01 to 2670	\$112	2289.01 to 2670	\$112
1982.01 to 2265	\$97	2670.01 to 3052	\$130	2670.01 to 3052	\$130
2265.01 to 2549	\$110	3052.01 to 3433	\$149	3052.01 to 3433	\$149
2549.01 to 2831	\$124	3433.01 to 3815	\$168	3433.01 to 3815	\$168
2831.01 to 3114	\$138	3815.01 to 4196	\$186	3815.01 to 4196	\$186
3114.01 to 3398	\$152	4196.01 to 4578	\$205	4196.01 to 4578	\$205
				4578.01 - 5758	\$205

<b>Income Standards for Working Healthy Updated 4/1/2022</b>	
<b>Number of Persons in Plan</b>	<b>Monthly 300% Poverty Level Index</b>
1	\$3,398
2	\$4,578
3	\$5,758
Extra Person	\$1,180

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

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### B. Federal Income Tax Deduction Standards

Federal Tax Deductions are amounts excluded from the gross income for MAGI-budgeted determinations. This includes Elderly and Disabled determinations that use reasonable compatibility to verify income. It is not applicable to Long Term Care, Working Healthy, or MediKan. Deductions up to the maximum amount that tax law allows can be deducted. This yearly cap is converted to a monthly amount in the chart below.

<b>Federal Tax Deduction Limits Updated 04/01/2022</b>	
<b>Federal Tax Deduction</b>	<b>Monthly Limit</b>
Alimony Paid	N/A*
Business Expense	N/A*
Domestic Production Activity	N/A*
Educator Expenses	\$20.83
The Health Savings Account Deduction	\$304.17
IRA Deduction (Under Age 50)	\$500.00
IRA Deduction (Between Age 50 and 70.5)	\$583.34
IRA Deduction (Over Age 70.5)	N/A*
Moving Expenses	N/A*
Penalty on Early Withdrawal of Savings	N/A*
Self-Employed SEP, SIMPLE and Qualified plans (self-employed and clergy)	\$5,083.34
Self-employed Health insurance	N/A*
Student Loan Interest	\$208.33
Tax Deduction Portion of the Self-Employment Tax	N/A*
Tuition and Fees	Tuition and Fees deductions are not allowable for tax years after 2017.
<p>Note: Federal tax deductions apply to both MAGI and Non-MAGI programs but do not apply to Long Term Care, Working Healthy, or MediKan. Federal Tax Deduction Limits are based on the tax law. Common Federal tax deductions are listed however, this list is subject to change.</p> <p>*N/A indicates that there is not currently a cap for this type of deduction though it is still allowable.</p>	

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### C. Benchmark Standard

Individuals with Medicare Part D may be eligible for CMS to pay part or all of their Part D premium. The amount covered by CMS is called the Medicare part D Benchmark and is updated annually. Any Medicare Part D premium above this amount is the responsibility of the consumer. [See Medical KEESM 2675.4]

Medicare Part D Benchmark		
Type	Amount	Month of Update
Medicare Part D Benchmark	\$32.96	Jan 2023

### D. Transfer of Property – Average Daily NF Rate

The divisor amount used to calculate a transfer of property (TOP) penalty amount is effective with any newly determined inappropriate transfer penalty period commencing on or after the first day of the month of update. There is no need to adjust an existing transfer penalty period properly computed and established prior to this change.

Transfer of Property		
Type	Daily NF Rate	Month of Update
Average Daily Nursing Facility Rate	\$234.27	July 2022

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### E. Resource Standards

A household's resources at the time the household applies, and any changes in resources reported prior to the processing of the application, shall be used to determine the household's eligibility. The chart below specifies the resource limits for each program. Additional items such as the Statutory Funeral Service Cap and Spousal Impoverishment Limits are also provided below.

Program Resource Limits			
Program	Resource Limit Individual	Resource Limit Couple	Month of Update
Medically Needy SSI Medical (Where trusts are applicable)	\$2,000	\$3,000	
Long Term Care (NF/HCBS/PACE)	\$2,000	Spousal Impoverishment Policies Apply	
Medicare Savings Program	\$9,090	\$13,630	Jan 2023
Working Healthy Program	\$15,000		

Specific Resource Limits		
Type	Resource Limit	Month of Update
Statutory Funeral Service Cap - Irrevocable Services	\$10,820	July 2022
Substantial Home Equity	\$688,000	Jan 2023



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Spousal Impoverishment Limits		
Type	Amount	Month of update
Resource Allowance Minimum	\$29,724	Jan 2023
Resource Allowance Maximum	\$148,620	Jan 2023
Minimum Monthly Needs Allowance (Min MNA)	\$2,288.75	July 2022
Maximum Monthly Needs Allowance (Max MNA)	\$3,715.50	Jan 2023
Dependent Family Member Allowance	\$763	July 2022
Excess Shelter Deduction	\$294.63	July 2022
Maximum Excess Shelter Allowance	\$1,146.25	July 2022