

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 4/1/24							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	1419	0	1870	0	2147	1419.01	1670
2	0	1925	0	2538	0	2913	1925.01	2266
3	0	2432	0	3206	0	3680	2432.01	2862
4	0	2938	0	3874	0	4446	2938.01	3458
5	0	3445	0	4543	0	5213	3445.01	4055
6	0	3952	0	5211	0	5980	3952.01	4651
7	0	4458	0	5879	0	6746	4458.01	5247
8	0	4965	0	6547	0	7513	4965.01	5844
Extra Person		507		669		767		597

CHIP Children Updated 4/1/24											
Household Size	134 - 166% Children ages 6–18 No premium		150 - 166% Children ages 1–5 No premium		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	1670.01	2084	1870.01	2084	2147.01	2084.01	2398	2398.01	2736	2736.01	3201
2	2266.01	2828	2538.01	2828	2913.01	2828.01	3254	3254.01	3714	3714.01	4344
3	2862.01	3572	3206.01	3572	3680.01	3572.01	4110	4110.01	4691	4691.01	5487
4	3458.01	4316	3874.01	4316	4446.01	4316.01	4966	4966.01	5668	5668.01	6630
5	4055.01	5061	4543.01	5061	5213.01	5061.01	5823	5823.01	6646	6646.01	7774
6	4651.01	5805	5211.01	5805	5980.01	5805.01	6679	6679.01	7623	7623.01	8917
7	5247.01	6549	5879.01	6549	6746.01	6549.01	7535	7535.01	8601	8601.01	10060
8	5844.01	7293	6547.01	7293	7513.01	7293.01	8392	8392.01	9578	9578.01	11203
Extra Person		745		745			857		978		1144

*Includes additional 5% for upper program limit

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Caretaker Medical Income Standards Updated 4/1/24	
Household Size	38%* Caretakers and Children
1	477
2	648
3	818
4	988
5	1159
6	1329
7	1500
8	1670
Extra Person	171

*Includes additional 5% for upper program limit

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

Annual MAGI Tax Filing Thresholds Updated 4/1/24	
Earned Income	13850
Unearned Income	1250

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2. Non-MAGI Programs

Income Standards for QMB, LMB, and QWD Programs Updated 4/1/2024				
Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0 – 1255	1255.01 – 1506	1506.01 – 1695	0 – 2510
2	0 – 1704	1704.01 – 2044	2044.01 – 2300	0 – 3407
3	0 – 2152	2152.01 – 2582	2582.01 – 2905	0 – 4304
Extra Person	449	538	606	897

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	\$2,829.00		Jan 2024
Institutional/PACE (IC) PIL	\$62.00	\$124.00	
HCBS/PACE (HCBS) PIL	\$2,829.00		Jan 2024

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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Income Standards for Presumptive Medicaid Disability: SI-Related Updated 1/1/24	
Program	1 person
Eligible individual In Own Home	\$943.00
Eligible Individual with eligible spouse in home	\$1,415.00
Eligible individual in household of another	\$628.67
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$943.33
To be eligible, the total countable income must not exceed the applicable SSI federal benefit rate for the appropriate size household.	

Income Standards for MediKan	
Number of Persons in Plan	Monthly 300% Poverty Level Index
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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Working Healthy Premiums Updated 5/1/2023					
1 person household		2 person household		3 person household	
Net Income	Monthly Premium	Net Income	Monthly Premium	Net Income	Monthly Premium
0 - 2824	\$0	0 - 3833	\$0	0 - 3833	\$0
2824.01 to 3138	\$124	3833.01 to 4259	\$168	3833.01 to 4259	\$168
3138.01 to 3452	\$138	4259.01 to 4685	\$186	4259.01 to 4685	\$186
3452.01 to 3765	\$152	4685.01 to 5110	\$205	4685.01 to 5110	\$205
				5110.01 - 6455	\$205

Income Standards for Working Healthy Updated 4/1/2024	
Number of Persons in Plan	Monthly 300% Poverty Level Index
1	\$3,765
2	\$5,110
3	\$6,455
Extra Person	\$1,345

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.

Federal Tax Deduction Limits Updated 04/01/2024	
Federal Tax Deduction	Monthly Limit
Alimony Paid	N/A*
Business Expense	N/A*
Domestic Production Activity	N/A*
Educator Expenses	\$25.00
The Health Savings Account Deduction	\$691.67
IRA Deduction (Under Age 50)	\$583.33
IRA Deduction (Between Age 50 and 70.5)	\$666.67
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)	\$5666.67
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	\$43.31	Jan 2024

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	\$264.41	July 2024

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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	\$9,430	\$14,130	Jan 2024
Working Healthy Program	\$15,000		

Specific Resource Limits		
Type	Resource Limit	Month of Update
Statutory Funeral Service Cap - Irrevocable Services	\$11,670	July 2024
Substantial Home Equity	\$713,000	Jan 2024

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Spousal Impoverishment Limits		
Type	Amount	Month of update
Resource Allowance Minimum	\$30,828	Jan 2024
Resource Allowance Maximum	\$154,140	Jan 2024
Minimum Monthly Needs Allowance (Min MNA)	\$2,555	July 2024
Maximum Monthly Needs Allowance (Max MNA)	\$3,853.50	Jan 2024
Dependent Family Member Allowance	\$852	July 2024
Excess Shelter Deduction	\$304.50	July 2024
Maximum Excess Shelter Allowance	\$1,298.50	July 2024