

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** updated 4/1/20 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	1202	0	1585	0	1819	1202.01	1415
2	0	1624	0	2141	0	2457	1624.01	1911
3	0	2046	0	2697	0	3096	2046.01	2408
4	0	2468	0	3254	0	3734	2468.01	2904
5	0	2890	0	3810	0	4372	2890.01	3401
6	0	3311	0	4366	0	5011	3311.01	3897
7	0	3733	0	4922	0	5649	3733.01	4394
8	0	4155	0	5479	0	6288	4155.01	4890
Extra Person		422		557		639		497

CHIP Children											
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 ages 0–18 \$30 premium		219 - 232% 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	1415.01	1766	1585.01	1766	1819.01	1766.01	2031	2031.01	2319	2319.01	2467
2	1911.01	2385	2141.01	2385	2457.01	2385.01	2745	2745.01	3132	3132.01	3334
3	2408.01	3005	2697.01	3005	3096.01	3005.01	3458	3458.01	3946	3946.01	4200
4	2904.01	3625	3254.01	3625	3734.01	3625.01	4171	4171.01	4760	4760.01	5066
5	3401.01	4245	3810.01	4245	4372.01	4245.01	4884	4884.01	5574	5574.01	5932
6	3897.01	4864	4366.01	4864	5011.01	4864.01	5597	5597.01	6388	6388.01	6798
7	4394.01	5484	4922.01	5484	5649.01	5484.01	6310	6310.01	7202	7202.01	7664
8	4890.01	6104	5479.01	6104	6288.01	6104.01	7023	7023.01	8016	8016.01	8530
Extra Person		620		620			714		814		867

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Updated 4/1/20

Caretaker Medical	
Household Size	38% Caretakers and Children
1	405.00
2	546.00
3	688.00
4	830.00
5	972.00
6	1114.00
7	1256.00
8	1398.00
Extra Person	142.00

Undefined update

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 updated 4/1/20

Standards in the QMB, LMB, and QWD Programs

Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0 – 1064	1064.01 – 1276	1276.01 – 1436	1436.01 – 2127
2	0 – 1437	1437.01 – 1724	1724.01 – 1940	1940.01 – 2874
3	0 – 1810	1810.01 – 2172	2172.01 – 2444	
Extra Person	374	448	504	

Standards for Independent Living Undefined update

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 eligibility staff take action to approve coverage, or as per 8270.

The current monthly 300% special income standard for 1 person (updated 1/1/2021):

Institutional/HCBS/PACE: \$2382

The current monthly standards for 1 person:

Institutional/PACE: \$ 62.00

HCBS/PACE: \$1157.00

The current monthly standard for 2 people:

Institutional/PACE: \$ 124.00

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Standards for Presumptive Medicaid Disability: SI-Related updated 1-1-21

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	\$794.00
Eligible Individual with eligible spouse in home	\$1191.00
Eligible individual in household of another	\$529
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$794.00

Standards in the Working Healthy Program updated 4/1/20

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	3,190
2	4,310
3	5,430
Extra Person	1,120

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 – 1064	\$0	0 – 1437	\$0	0 – 1437	\$0
1064.01 – 1330	\$55	1437.01 – 1796	\$74	1437.01 – 1796	\$74
1330.01 – 1595	\$69	1796.01 – 2155	\$93	1796.01 – 2155	\$93
1595.01 – 1861	\$83	2155.01 – 2515	\$112	2155.01 – 2515	\$112
1861.01 – 2127	\$97	2515.01 – 2874	\$130	2515.01 – 2874	\$130
2127.01 – 2393	\$110	2874.01 – 3233	\$149	2874.01 – 3233	\$149
2393.01 – 2659	\$124	3233.01 – 3592	\$168	3233.01 – 3592	168
2659.01 – 2925	\$138	3592.01 – 3951	\$186	3592.01 – 3951	186
2925.01 - 3190	\$152	3951.01 – 4310	\$205	3951.01 – 4310	\$205
				4310.01 – 5430	\$205

Standards in the MediKan Program undefined update

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

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Spousal Impoverishment Limits updated 1/1/2021 or 7/1/2020

Type	Amount	Month of update
Minimum Resource Allowance	\$26,076	Jan 2021
Maximum Resource Allowance	\$130,380	Jan 2021
Minimum Income Allowance	\$2,155	July 2020
Maximum Income Allowance	\$3,259.50	Jan 2021
Dependent Family Member Allowance	\$719	July 2020
Excess Shelter Deduction	\$287.50	Jan 2021
Maximum Excess Shelter Allowance	\$1,061	July 2020