

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 4/1/21 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	1213	0	1600	0	1836	1213.01	1428
2	0	1641	0	2163	0	2483	1641.01	1931
3	0	2068	0	2727	0	3130	2068.01	2434
4	0	2496	0	3291	0	3777	2496.01	2938
5	0	2923	0	3855	0	4424	2923.01	3441
6	0	3351	0	4418	0	5071	3351.01	3944
7	0	3778	0	4982	0	5718	3778.01	4447
8	0	4206	0	5546	0	6365	4206.01	4950
Extra Person		428		564		647		504

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 - 230% 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	1428.01	1782	1600.01	1782	1836.01	1782.01	2051	2051.01	2340	2340.01	2469
2	1931.01	2410	2163.01	2410	2483.01	2410.01	2773	2773.01	3165	3165.01	3339
3	2434.01	3038	2727.01	3038	3130.01	3038.01	3496	3496.01	3990	3990.01	4209
4	2938.01	3666	3291.01	3666	3777.01	3666.01	4218	4218.01	4815	4815.01	5080
5	3441.01	4294	3855.01	4294	4424.01	4294.01	4941	4941.01	5639	5639.01	5950
6	3944.01	4922	4418.01	4922	5071.01	4922.01	5664	5664.01	6464	6464.01	6820
7	4447.01	5550	4982.01	5550	5718.01	5550.01	6386	6386.01	7289	7289.01	7690
8	4950.01	6178	5546.01	6178	6365.01	6178.01	7109	7109.01	8114	8114.01	8560
Extra Person		629		629			723		825		871

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Updated 4/1/21

Caretaker Medical	
Household Size	38% Caretakers and Children
1	409
2	552
3	696
4	840
5	983
6	1127
7	1271
8	1415
Extra Person	144

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 4/1/21

Standards in the QMB, LMB, and QWD Programs

Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0 – 1074	1074.01 – 1288	1288.01 – 1449	0 – 2147
2	0 – 1452	1452.01 – 1742	1742.01 – 1960	0 – 2904
3	0 – 1830	1830.01 – 2196	2196.01 – 2471	0 – 3660
Extra Person	378	454	511	757

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 Medical KEESM 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 Medical KEESM 8113. The HCBS standard is applicable beginning the month eligibility staff take action to approve coverage, or as per Medical KEESM 8270.

The current monthly (updated 1/1/21) 300% special income standard for 1 person:

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	\$529.00
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 4/1/21

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	3,220
2	4,355
3	5,490
Extra Person	1,135

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 – 1074	\$0	0 – 1452	\$0	0 – 1452	\$0
1074.01 – 1342	\$55	1452.01 – 1815	\$74	1452.01 – 1815	\$74
1342.01 – 1610	\$69	1815.01 – 2178	\$93	1815.01 – 2178	\$93
1610.01 – 1879	\$83	2178.01 – 2541	\$112	2178.01 – 2541	\$112
1879.01 – 2147	\$97	2541.01 – 2904	\$130	2541.01 – 2904	\$130
2147.01 – 2415	\$110	2904.01 – 3267	\$149	2904.01 – 3267	\$149
2415.01 – 2684	\$124	3267.01 – 3630	\$168	3267.01 – 3630	\$168
2684.01 – 2952	\$138	3630.01 – 3993	\$186	3630.01 – 3993	\$186
2952.01 - 3220	\$152	3993.01 – 4355	\$205	3993.01 – 4355	\$205
				4355.01 – 5490	\$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 Medical KEESM 4310 and 7430 (6).

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 1/1/21 or 7/1/20

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