

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 4/1/23							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	1373	0	1810	0	2078	1373.01	1616
2	0	1857	0	2449	0	2810	1857.01	2186
3	0	2341	0	3087	0	3543	2341.01	2755
4	0	2825	0	3725	0	4275	2825.01	3325
5	0	3309	0	4363	0	5007	3309.01	3895
6	0	3793	0	5001	0	5740	3793.01	4464
7	0	4277	0	5640	0	6472	4277.01	5034
8	0	4761	0	6278	0	7205	4761.01	5604
Extra Person		484		638		732		570

CHIP Children Updated 4/1/23											
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	1616.01	2017	1810.01	2017	2078.01	2017.01	2321	2321.01	2649	2649.01	3098
2	2186.01	2728	2449.01	2728	2810.01	2728.01	3139	3139.01	3582	3582.01	4191
3	2755.01	3439	3087.01	3439	3543.01	3439.01	3957	3957.01	4516	4516.01	5283
4	3325.01	4150	3725.01	4150	4275.01	4150.01	4775	4775.01	5450	5450.01	6375
5	3895.01	4861	4363.01	4861	5007.01	4861.01	5593	5593.01	6384	6384.01	7467
6	4464.01	5572	5001.01	5572	5740.01	5572.01	6411	6411.01	7318	7318.01	8560
7	5034.01	6283	5640.01	6283	6472.01	6283.01	7229	7229.01	8251	8251.01	9652
8	5604.01	6994	6278.01	6994	7205.01	6994.01	8047	8047.01	9185	9185.01	10744
Extra Person		711		711			818		934		1092

*Includes additional 5% for upper program limit

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Caretaker Medical Income Standards Updated 4/1/23	
Household Size	38%* Caretakers and Children
1	462
2	624
3	787
4	950
5	1113
6	1276
7	1438
8	1601
Extra Person	163

*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 4/1/23	
Earned Income	12950
Unearned Income	1150

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2. Non-MAGI Programs

Income Standards for QMB, LMB, and QWD Programs Updated 4/1/2023				
Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0 – 1215	1215.01 – 1458	1458.01 – 1640	0 – 2430
2	0 – 1643	1643.01 – 1972	1972.01 – 2219	0 – 3287
3	0 – 2072	2072.01 – 2486	2486.01 – 2797	0 – 4143
Extra Person	428	514	578	857

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 - 2734	\$0	0 - 3698	\$0	0 - 3698	\$0
2734.01 to 3038	\$124	3698.01 to 4108	\$168	3698.01 to 4108	\$168
3038.01 to 3341	\$138	4108.01 to 4519	\$186	4108.01 to 4519	\$186
3341.01 to 3645	\$152	4519.01 to 4930	\$205	4519.01 to 4930	\$205
				4930.01 - 6215	\$205

Income Standards for Working Healthy Updated 4/1/2023	
Number of Persons in Plan	Monthly 300% Poverty Level Index
1	\$3,645
2	\$4,930
3	\$6,215
Extra Person	\$1,285
<p>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.</p>	

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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 04/01/2023	
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	\$645.83
IRA Deduction (Under Age 50)	\$541.67
IRA Deduction (Between Age 50 and 70.5)	\$625.00
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)	\$5,083.33
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	\$247.62	July 2023

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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	\$11,360	July 2023
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)	\$2,465	July 2023
Maximum Monthly Needs Allowance (Max MNA)	\$3,853.50	Jan 2024
Dependent Family Member Allowance	\$822	July 2023
Excess Shelter Deduction	\$277.50	Jan 2024
Maximum Excess Shelter Allowance	\$1,250.50	July 2023