

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

Kansas Medical Assistance Standards

| 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 |

Kansas Medical Assistance Standards

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 |
| <p>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.</p> | | | |

Kansas Medical Assistance Standards

| 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). | |

Kansas Medical Assistance Standards

| 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 |
| <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> | |

Kansas Medical Assistance Standards

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 | Not currently allowable except for some active military |
| 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 | Not currently allowable |
| <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> | |

Kansas Medical Assistance Standards

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 |

Kansas Medical Assistance Standards

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 |

Kansas Medical Assistance Standards

| 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 |