

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 4/1/21							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 Updated 4/1/21											
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 - 230% 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	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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Caretaker Medical Updated 4/1/21	
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

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

Income Standards for QMB, LMB, and QWD Programs Updated 4/1/2021				
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

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	\$2,382.00		Jan 2021
Institutional/PACE (IC) PIL	\$62.00	\$124.00	
HCBS/PACE (HCBS) PIL	\$2,382.00		July 2021
<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>			

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Income Standards for Presumptive Medicaid Disability: SI-Related Updated 1/1/21	
Program	1 person
Eligible individual In Own Home	\$794.00
Eligible Individual with eligible spouse in home	\$1,191.00
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
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 4/1/2021					
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

Income Standards for Working Healthy Updated 4/1/2021	
Number of Persons in Plan	Monthly 300% Poverty Level Index
1	\$3,220
2	\$4,355
3	\$5,490
Extra Person	\$1,135
<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. 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	\$31.78	Feb 2021

C. 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	\$221.96	July 2021

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D. 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 Long Term Care (NF/HCBS/PACE) SSI Medical (Where trusts are applicable)	\$2,000	\$3,000	
Medicare Savings Program	\$7,970	\$11,960	Jan 2021
Working Healthy Program	\$15,000		

Specific Resource Limits		
Type	Resource Limit	Month of Update
Statutory Funeral Service Cap - Irrevocable Services	\$10,000	July 2021
Substantial Home Equity	\$603,000	Jan 2021

Spousal Impoverishment Limits		
Type	Amount	Month of update
Resource Allowance Minimum	\$26,076	Jan 2021
Resource Allowance Maximum	\$130,380	Jan 2021
Income Allowance Minimum	\$2,178	July 2021
Income Allowance Maximum	\$3,259.50	Jan 2021
Dependent Family Member Allowance	\$726	July 2021
Excess Shelter Deduction	\$294.40	July 2021
Maximum Excess Shelter Allowance	\$1,081.50	July 2021