



Policy Memo	
KDHE-DHCF POLICY NO: 2019-02-01	From: Jeanine Schieferecke, Senior Manager
Date: February 21, 2019	KEESM/KFMAM Reference:
RE: Implementation of Federal Poverty Levels	Program(s): All Medical Programs

This memo provides instructions for implementation of new federal poverty level standards. The new levels take effect April 1, 2019

1. FEDERAL POVERTY LEVEL CHANGES

The change provides new income standards for CHIP, Caretaker Medical, Medicaid Pregnant Women and Children, the Medicare Savings Programs and Working Healthy. It also impacts Presumptive Eligibility determinations for Pregnant Women, Children and Caretakers. The Kansas Medical Assistance Standards (KEESM Appendix Item F-8) has been updated with the new standards. The updated form is included with this memo.

A. Medical Assistance Updates

The poverty level standards have been updated in the KEES system and are effective for any determinations for the benefit month of April 2019 or later. There will not be an exclusive automated KEES mass change to implement these changes. For ongoing cases, the new level will be considered the next time eligibility is redetermined. This is accomplished when EDBC is executed, accepted and saved for the specific benefit month. The new levels were loaded into KEES with the January release on January 27, 2019. However, because the new levels are not effective until April 2019, the values and calculations won't be available for worker-executed EDBC's until 02-19-19, when the month of April 2019 is available. However, the values are available for system-executed EDBC's occurring on after this date.

B. Special Processes

Although no automatic updates were processed in the KEES system to implement the FPL change, other processes, such as the batch review process, will use the new FPL levels when executing a determination. This could result in an eligibility change for some individuals even though no other changes were reported.

a. Reviews

Reviews expiring 03-31-19 will run on or about 02-14-19. The outcome will be based on the new limits. It is not necessary to reprocess Super Passive or Passive reviews unless there is a change reported that requires a new EDBC. All pre-populated reviews will be processed using the new values, so special instructions are not necessary.

b. New Applications

New requests for coverage that fail eligibility due to excess income in a month prior to April will require a second determination for the month of April if the initial determination placed the applicant within 5% percentage points of the applicable poverty level. The results of both determinations shall be documented in the journal. Please note that an EDBC for April may be required even through the EDBC for March was high dated.

c. Presumptive Eligibility

The new income levels are also implemented for Presumptive Eligibility determinations. Income limits in the PE tool are adjusted beginning April 1, 2019. The new levels will be used for any determination on or after this date. The information is being shared with the PE Qualified Entities, but no additional action is necessary to implement the changes.

D. Self Service Portal Eligibility Check

The high-level eligibility check feature available to the public will also be updated with the new income levels. The updates to the CSSP will also be available to any screening executed on or after April 1, 2019. Consumers using the self-check feature prior to April 1 will be presented a result using the old values.

2. FORMS AND FACT SHEETS

Forms:

- ES-3104.5 Determination of Need (Medical Assistance)
- ES-3165 Working Healthy Premiums
- F-8 KS Medical Standard

Brochures:

- KC-2110 Helpful Hints for Families and KC-2110S Spanish version
- KC-2700 Medicare Savings Programs and KC-2700S Spanish version

Fact Sheets:

- Medical Coverage for Children
- Medical Coverage for Parents or Caregivers of Children
- Medical Coverage for Pregnant Women
- Overview of Programs for Elderly and Persons with Disabilities

3. QUESTIONS

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

Erin Petitjean, Elderly and Disabled Program Manager- Erin.Petitjean@ks.gov

Jerri Camargo, Family Medical Program Manager Jerri.Camargo@KS.GOV

Jeanine Schieferecke, Senior Manager – Jeanine.Schieferecke@ks.gov

Questions regarding any KEES issues are directed to the KEES Help Desk at KEES.HelpDesk@ks.gov



DETERMINATION OF NEED (Medical Assistance)

Case Name	Prior Medical Period	From	_____	Through	_____
	Redetermination Period	From	_____	Through	_____
Case Number	Eligibility Base Period	From	_____	Through	_____
		From	_____	Through	_____
		1	2	3	4
		5	6	7	
	From:	_____	_____	_____	_____
	Through:	_____	_____	_____	_____

A. MONTHLY EARNED INCOME

1. Gross Income	_____	_____	_____	_____	_____	_____
2. IRWE/BWE Dependent Care exp.	-	-	-	-	-	-
3. Adjusted Gross Earned Income	=	=	=	=	=	=

B. MONTHLY UNEARNED INCOME

4. OASDI-RR	_____	_____	_____	_____	_____	_____
5. Other	+	+	+	+	+	+
6. Other	+	+	+	+	+	+
7. Gross Unearned Income	=	=	=	=	=	=

C. FINAL COMPUTATION

8. Total Income (3+7)	_____	_____	_____	_____	_____	_____
9. MS Disregard	-	-	-	-	-	-
10. Allocated Income/Child Support	-	-	-	-	-	-
11. Countable Income	=	=	=	=	=	=
12. Number of months	X	X	X	X	X	X
13. Income for Period	=	=	=	=	=	=
14. Irregular Income in Period	+	+	+	+	+	+
15. Total Countable Income	=	=	=	=	=	=
16. Protected Income (or Poverty Level Standard)	-	-	-	-	-	-
17. Total Spenddown	=	=	=	=	=	=
18. Medical Insurance and Other	-	-	-	-	-	-
19. Client Obligation or Adjusted Spenddown	=	=	=	=	=	=

Approved-Suspended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligible No Spenddown or Spenddown Met, Including LTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Initial Date</u>	<u>Initial Date</u>	<u>Initial Date</u>	<u>Initial Date</u>	<u>Initial Date</u>	<u>Initial Date</u>	<u>Initial Date</u>

PROTECTED INCOME TABLE					POVERTY LEVEL STANDARDS			Computation and Documentation		
Persons in LTC, except for HCBS, have \$62 monthly protected needs allowance. Persons in HCBS have a \$727 monthly income standard.					No of Persons Income Counted	Mo. 100% Level	Mo. 120% Level		Mo. 135% Level	Mo. 200% Level
No. Mos	Persons in independent Living								\$	
	1	2	3	4	1	\$1041	\$1249	\$1406	2082	\$3123
1	\$475	\$475	\$480	\$497	2	\$1410	\$1691	\$1930	\$2819	\$4228
2	\$950	\$950	\$960	\$994	3	\$1778	\$2133	\$2400		\$5333
3	\$1425	\$1425	\$1440	\$1491	4	\$2147	\$2575	\$2897		
4	\$1900	\$1900	\$1920	\$1988	For each additional person, add:					
5	\$2375	\$2375	\$2400	\$2485		\$369	\$442	\$498		
6	\$2850	\$2850	\$2880	\$2982						
For each additional person, add \$61										



KanCare Clearinghouse
P.O. Box 3599
Topeka, KS 66601-9738
Fax: 1-844-264-6285

WORKING HEALTHY AND PREMIUM INFORMATION

PLEASE READ – INFORMATION ABOUT THE WORKING HEALTHY PROGRAM AND PREMIUMS

Working Healthy is a Medicaid program that provides healthcare coverage for people with disabilities. It does not cover other family members. To qualify, a person:

- Must have a disability determined by Social Security;
- Must be at least 16 years of age but no older than 64;
- Must have total house hold income less than 300% of the Federal Poverty Level;
- Must not be receiving Home and Community Based Services or living in a nursing facility;
- Must have resources that are less than \$15,000.

We charge a monthly premium for Working Healthy when adjusted net income is over 100% of the federal poverty level. The premium ranges are listed below.

WORKING HEALTHY PREMIUM LEVELS

1 Person Household		2-3 Person Household	
Net Income	Monthly premium	Net Income	Monthly Premium
0 - \$1041	0	\$1410	0
\$1041.01 – 1302	\$55	\$1410.01 – 1762	\$74
\$1302.01 – 1562	\$69	\$1762.01 – 2114	\$93
\$1562.01 – 1822.	\$83	\$2114.01 – 2467	\$112
\$1822.01 – 2082	\$97	\$2467.01 – 2819	\$130
\$2082.01 – 2342	\$110	\$2819.01 – 3171	\$149
\$2342.01 – 2603	\$124	\$3171.01 – 3523	\$168
\$2603.01 – 2863	\$138	\$3523.01 – 3876	\$186
\$2863.01 – 3123	\$152	\$3876.01 – 4228	\$205
3 person Household ONLY level		\$4228.01 - \$5333	\$205

To find out your income for the program, use the following steps (Note: Use Monthly Amounts!)

If you're single:

- Step 1: Add up your gross earnings (amount before taxes). Divide the total by 2.
- Step 2: Add this amount to your monthly unearned income (like Social Security or VA)
- Step 3: Match the total to the amounts in the chart above.

If you are single and over 18, use the "1 Person Household" column.

If you are living with a spouse:

His or her income must also count towards the total net income.

- Step 1: Do step 1 and step 2 above for his or her income also.
- Step 2: Add this amount to your net income.
- Step 3: Match the total to the amounts in the chart above.

If you are living with a spouse, use the "2 Person Household" column.

If you are 16 or 17 and living with parents, use the "3 Person Household" column.

If your income shows you may have a premium, please see the back of this letter for more information. If you think you might qualify, turn in an application to KanCare for a full determination.

NAME: _____

PREMIUMS FOR MEDICAL COVERAGE

If your income shows you may have a premium for Working Healthy, you must know more about your coverage options. Please review this information carefully. Then, tell us your choices by completing, signing and returning the form to KanCare.

COVERAGE PERIODS

A premium must be paid for each month you get Working Healthy coverage. If you qualify, coverage begins in the month of application. Tell us if you want coverage to start in the future.

Prior Coverage: We also offer prior medical coverage for the three prior months. Accepting prior coverage will give you a medical card for these months, but you may have to pay a premium for each month. Your medical card can be used for expenses incurred in these months and will usually cover your Medicare Part B premium. People on Working Healthy also get Medicare Part D Subsidy. To help you decide to ask for prior medical coverage, look at unpaid medical bills for these months. If medical costs are more than your premium charge, it is wise to explore this option. Some people are not eligible for prior coverage and do not have the option.

PREMIUM PAYMENTS

When you are first approved for coverage, we will send you a single premium bill. The bill will include several months of premiums. You should be prepared to pay this bill.

Example: You apply in June for prior medical and current coverage. We process your case in July. The prior period covers March, April and May. Your income shows a premium of \$55.00/month since March. If you select prior coverage, you will be billed for all three months, plus June and July. You will have an initial bill of \$275.00 and future bills of \$55.00/month. You will also get a medical card for these months.

Once you are enrolled in Working Healthy, you must pay the premium for each month of Working Healthy coverage. Tell us the amount you are willing to pay by completing the following chart:

1 st Prior Month	_____	Estimated Premium	_____	I will pay this premium:	Yes	No
2 nd Prior Month	_____	Estimated Premium	_____	I will pay this premium:	Yes	No
3 rd Prior Month	_____	Estimated Premium	_____	I will pay this premium:	Yes	No
Application Month	_____	Estimated Premium	_____	I will pay this premium:	Yes	No
2 nd Month	_____	Estimated Premium	_____	I will pay this premium:	Yes	No

What month do you want Working Healthy to begin: _____

Signature: _____ Date: _____

Please return this form to your Working Healthy Benefits Specialist within 12 days:

Your Benefits Specialist: _____ Phone: _____

Address _____

If you have additional questions, we want to help you!

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 4/1/19** 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	1177	0	1551	0	1780	1177.01	1385
2	0	1593	0	2100	0	2410	1593.01	1875
3	0	2009	0	2649	0	3040	2009.01	2365
4	0	2425	0	3198	0	3670	2425.01	2854
5	0	2842	0	3747	0	4300	2842.01	3344
6	0	3258	0	4295	0	4930	3258.01	3834
7	0	3674	0	4844	0	5559	3674.01	4324
8	0	4090	0	5393	0	6189	4090.01	4814
Extra Person		417		549		630		490

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 - 225% 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	1385.01	1728	1551.01	1728	1780.01	1728.01	1988	1988.01	2270	2270.01	2446
2	1875.01	2340	2100.01	2340	2410.01	2340.01	2692	2692.01	3072	3072.01	3312
3	2365.01	2951	2649.01	2951	3040.01	2951.01	3396	3396.01	3875	3875.01	4178
4	2854.01	3563	3198.01	3563	3670.01	3563.01	4099	4099.01	4678	4678.01	5043
5	3344.01	4174	3747.01	4174	4300.01	4174.01	4803	4803.01	5481	5481.01	5909
6	3834.01	4785	4295.01	4785	4930.01	4785.01	5506	5506.01	6284	6284.01	6774
7	4324.01	5397	4844.01	5397	5559.01	5397.01	6210	6210.01	7087	7087.01	7640
8	4814.01	6008	5393.01	6008	6189.01	6008.01	6913	6913.01	7890	7890.01	8506
Extra Person		612		612			704		803		866

Kansas Medical Assistance Standards

updated 4/1/19

Caretaker Medical	
Household Size	38% Caretakers and Children
1	396.00
2	536.00
3	676.00
4	816.00
5	956.00
6	1096.00
7	1236.00
8	1376.00
Extra Person	140.00

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

Kansas Medical Assistance Standards

2. Non-MAGI Programs updated 4/1/19

Standards in the QMB, LMB, and QWD Programs

Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0 -1041	1041.01-1249	1249.01- 1385	2082
2	0-1410	1410.01-1691	1691.01- 1875	2819
3	0- 1778	1778.01-2133	2133.01- 2365	
Extra Person	369	442	490	

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 the choice form is signed, or as per 8270.

The current monthly (updated 1/1/19) 300% special income standard for 1 person:

Institutional/HCBS/MFP/PACE: \$2313

The current monthly standards for 1 person:

Institutional/PACE: \$ 62.00
 HCBS/MFP/PACE: \$727.00

The current monthly standards for 2 people:

Institutional/PACE: \$ 124.00

Kansas Medical Assistance Standards

Standards for Presumptive Medicaid Disability: SI-Related updated 1-1-19

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	\$771.00
Eligible Individual with eligible spouse in home	\$1157.00
Eligible individual in household of another	\$514
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$771

Standards in the Working Healthy Program updated 4/1/19

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	3123
2	4228
3	5333

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 – 1041	0	0 – 1410	0	0 – 1410	0
1041.01 – 1302	55	1410.01 - 1762	74	1410.01 - 1762	74
1302.01 – 1562	69	1762.01 – 2114	93	1762.01 - 2114	93
1562.01 – 1822	83	2114.01 – 2467	112	2114.01 - 2467	112
1822.01 – 2082	97	2467.01 – 2819	130	2467.01 - 2819	130
2082.01 – 2342	110	2819.01 – 3171	149	2819.01 - 3171	149
2342.01 – 2603	124	3171.01 – 3523	168	3171.01 - 3523	168
2603.01 – 2863	138	3523.01 – 3876	186	3523.01 - 3876	186
2863.01 – 3123	152	3876.01 – 4228	205	3876.01 - 4228	205
				4228.01 - 5333	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

Kansas Medical Assistance Standards

Spousal Impoverishment Limits updated 1/1/19 or 7/1/18

Type	Amount	Month of update
Minimum Resource Allowance	\$25,284	Jan 2019
Maximum Resource Allowance	\$126,420	Jan 2019
Minimum Income Allowance	\$2058	July 2018
Maximum Income Allowance	\$3160	Jan 2019
Dependent Family Member Allowance	\$686	July 2018
Excess Shelter Deduction	\$260	Jan 2019
Maximum Excess Shelter Allowance	\$1102	Jan 2019



Medical Coverage for Children

GENERAL REQUIREMENTS

This program is available to children. To be eligible, the child must be a Kansas resident. He or she must also be a U.S. citizen or an eligible non-citizen. If the child is not an eligible noncitizen he or she may be eligible for a program called SOBRA. SOBRA may provide coverage of emergency services.

AGE

The child must be under the age of 19.

FAMILY SIZE

Your family size is usually determined by your income tax unit. The application should list each person who is living in the home. The agency will decide who must be counted in the household. For most people the household is the same as your income tax unit.

ASSETS

We don't count resources or assets for this program.

INCOME

The income of all individuals in the family size is counted. This includes wages from a job, self-employment, unemployment benefits, and Social Security (except SSI).

INCOME STANDARDS

The monthly countable income is compared to the appropriate standards listed in the chart below.

The income standards vary depending on the age of the child. There are two levels of coverage:

- KanCare under the Medicaid plan, which has lower income levels
- KanCare under the CHIP plan; if a child doesn't qualify for Medicaid, they are then screened for CHIP.

Monthly Income Standards

Number of Persons Included in household	KanCare under the Medicaid plan Pregnant Women and Children Under 19			KanCare under the CHIP plan Children Under 19
	113% of federal poverty level (ages 6 thru 18)	149% of federal poverty level (ages 1 thru 5)	171% of federal poverty level (pregnant women & ages under 1)	225% of federal poverty level (ages 0 thru 19 & income exceeds Medicaid)
1	\$1,177	\$1,551	\$1,780	\$2,446
2	\$1,593	\$2,100	\$2,410	\$3,312
3	\$2,009	\$2,649	\$3,040	\$4,178
4	\$2,425	\$3,198	\$3,670	\$5,043
5	\$2,842	\$3,747	\$4,300	\$5,909
6	\$3,258	\$4,295	\$4,930	\$6,774

Specific KanCare CHIP Requirements

If the family's income is at the KanCare CHIP level, additional rules apply.

- Children must not already be covered by other health insurance.
- Some families have a waiting period if they have voluntarily dropped comprehensive health insurance
- A premium between \$20 and \$50 is required for families with income above 166% of the federal poverty level and these premiums must be paid to keep coverage.

HOW TO APPLY

To apply for medical coverage, use any of the following choices:

- Apply Online - [Apply online for KanCare](#)
- Call the KanCare Clearinghouse at 1-800-792-4884 to request an application. Interpreter services are available.
- Paper Applications can be downloaded from the [Apply for KanCare](#)



Medical Coverage for Parents or Caregivers of Children

GENERAL REQUIREMENTS

This program is available to families with children. There must be children in the home under the age of 19. This program may cover the children and their parents who live together. Or, if the children are living with other relatives or legal guardians this program may cover the children and the other relatives or legal guardians.

To be eligible, a household member must be a Kansas resident and a U.S. citizen or an eligible non-citizen. Verification of citizenship and identity or immigration status is required. See the [Citizenship and Identity Requirements](#) fact sheet for more information.

RESOURCES

No resource test is applicable.

INCOME

The earned and unearned income of the child and the adults they are living with must be considered. This includes wages, unemployment benefits, Social Security (except SSI), VA benefits, and child support to name a few.

The application should list each person who is living in the home. The eligibility worker will decide who has to be counted in the household.

INCOME STANDARDS

The income standard varies depending on the family size. Your family size is usually determined by your income tax unit. Your unborn child is also included. Your family size may also include your parents if you are a minor or they claim you as a tax dependent.

If the family income exceeds the maximum income limit for this program, the children can then be considered for coverage under the children’s medical program (See fact sheet for additional [Medical Coverage for Children](#) information.)

Persons in Plan	Monthly Income
1	\$0 - \$396
2	\$39.016-\$536
3	\$536.01-\$676
4	\$676.01-\$816

*Add \$140.00 for each additional person

COOPERATION WITH CHILD SUPPORT ENFORCEMENT (CSE)

Parents and caretakers approved for the family medical program are required to cooperate with Child Support Services department of DCF to obtain child support for the children in the home. If you are afraid to seek child support because there is a fear that the absent parent will harm you or the child, you should tell your eligibility worker when you apply.

HOW TO APPLY

To apply for medical coverage for children, pregnant women, or families with children, use any of the following choices:

- [Apply online](#)
- Call the KanCare Clearinghouse at 1-800-792-4884 to request an application.
- Download an English or Spanish application to print [Apply for KanCare](#)



Kansas Medical Assistance

Medical Coverage for Pregnant Women

GENERAL REQUIREMENTS

This program is available to pregnant women. To be eligible, you must be a Kansas resident. You also must be a US citizen or eligible non-citizen. If you are an ineligible non-citizen, you may be eligible for a program called SOBRA. SOBRA may provide coverage of emergency services, including labor and delivery. If applying for SOBRA – labor and delivery, apply after your baby has been born.

FAMILY SIZE

Your family size is usually determined by your income tax unit. Your unborn child is also included. Your family size may also include your parents if you are a minor or they claim you as a tax dependent.

ASSETS

We don't count resources or assets for this program.

INCOME

The income of all individuals in your family size is counted. This includes wages from a job, self-employment, unemployment benefits, and Social Security (except SSI). This may also include your parents if you are a minor or if they claim you as a tax dependent.

INCOME STANDARDS

The monthly countable income of your family is compared to the monthly income standards listed below, which are based on family size. If the income is below the appropriate standard, you would qualify for medical coverage.

Family Size	Monthly Income Standard
2	\$2,410
3	\$3,040
4	\$3,670
5	\$4,300
Add per additional person in HH	\$630

HOW TO APPLY

To apply for medical coverage, use any of the following choices:

- Apply Online – [How to Apply for KanCare](#)
- Call 1-800-792-4884 to request an application. Interpreter services are available.
- Paper applications can be downloaded from the KanCare website: [KanCareApplications](#).



Kansas Medical Assistance

Overview of Programs for Elderly and Person with Disabilities

KDHE offers many plans to assist with health care costs. This page gives information about medical assistance for the Elderly and Persons with Disabilities.

General Requirements

To be eligible, you must be a Kansas resident. You also must be a U.S. citizen or an eligible non-citizen. If you are not an eligible noncitizen you may be eligible for a program called SOBRA. SOBRA may provide coverage of emergency services, including labor and delivery.

Most plans have asset limits. We may not count some assets. We do not count the home where you live, one car, some burial plans, and furniture and household items. We do count other assets. We count bank accounts, most life insurance policies, stocks and bonds.

Estate Recovery

The estate recovery program recovers assets from some estates. They recover from the estates of certain deceased Medicaid consumers. This may include estates of persons age 55 or older. It also may include estates of persons who received long term care services. Estate recovery does not recover funds for Medicare Savings plan. For people who have Medicare, the cost of the Medicare Part B premium is paid for most people who qualify for medical coverage.

We offer health care under the following programs:

SSI: Supplemental Security Income (SSI) is a cash program from Social Security. This program helps meet the basic needs for food, clothing and shelter. It is for people with little or no income. It is for seniors age 65 and older. It is also for persons with disabilities, including children. Persons who receive SSI benefits usually qualify for medical assistance.

Medicare Savings Plan: These pay Medicare out-of-pocket expenses. This includes premiums and co-payments. A single person must have assets below \$7620 and a couple must have assets below \$11,430 for QMB and LMB. There are two different programs:

Qualified Medicare Beneficiary (QMB): Single persons must have a monthly income below \$1041. Couples must have a monthly income below \$1410. This program pays for the Medicare Part B premium. It also pays Medicare co-pays and deductibles.

Low Income Medicare Beneficiary (LMB) and Expanded Low Income Medicare Beneficiary (ELMB): For LMB, single persons must have a monthly income below \$1249 and for couples below \$1691. For ELMB, single persons must have a monthly income below \$1406 and for couples below \$1903. This program pays for the Medicare Part B premium.

Qualified Working Disabled (QWD): This program is for persons who lose Medicare Part A due to work. If a single person's income is below \$2082, this program may pay the premium.

Working Healthy: This offers medical assistance to employed persons with disabilities. It is for persons ages 16-64. The income and asset limits are higher than other programs. A single person's income must be below \$3123 countable income. Couple's income must be below \$4228. The asset limit is \$15,000. Some persons must pay a premium. Premiums start at \$55.00 per month; under 100% of Federal Poverty Level does not have a premium.

Medically Needy or Spenddown: Persons with higher income may qualify for Medically Needy coverage. This program is for the elderly or disabled, pregnant women or children under 19. Single persons must have less than \$2000 in assets. Married couples must have less than \$3000 in assets. There is no asset limit for children and pregnant women.

A spenddown works like an insurance deductible. Persons must incur medical costs equal to the spenddown before Medicaid will pay. When a person meets his or her spenddown, Medicaid will pay. The spenddown is usually for a six-month base period. The spenddown amount is based on income. Any person with income over \$475 will have a spenddown. Almost every person has a different spenddown amount.

MediKan: This plan is for persons with disabilities. Most persons have a pending application with Social Security. Persons may receive MediKan for 12 months. MediKan has limited services. Services do include prescription drugs and medical.

SOBRA: This plan is for persons who do not meet citizenship rules. It covers life-threatening emergency care costs and birth/delivery services. The program may also cover families with children, elders, and persons with disabilities. Persons must meet income and asset rules to qualify.

Breast and Cervical Cancer: This plan is for persons with breast or cervical cancer. The Early Detection Works program must diagnose the condition. The Early Detection Works program offers a free breast and cervical cancer screening to some women ages 40-65. For information on the Early Detection Works program, call toll free, 1-877-277-1368. A nurse with the Early Detection Works program will help women apply for the program.

Inpatient Tuberculosis Care: This plan covers tuberculosis treatment in a hospital setting.

Long Term Care: The following institutional and in-home services are available.

Nursing Facility Coverage: This is for persons in a nursing home or similar facility. Single persons must have assets below \$2000. We will not count the value of the home if the person intends to return home. There may be penalties when assets are sold or given away. We look at sales and gifts within the past five years. Persons with income more than \$62 a month help pay for their care. Allowance for private health insurance may be given.

Home and Community Based Services (HCBS): This offers services in the community instead of in the nursing home. HCBS is much like nursing home health care coverage. Persons must have a medical need for the special care. There must be an open space in the HCBS program. The asset limit is \$2000 for single persons. People on HCBS must also share in the cost of care. Persons with income more than \$747.00 a month help pay for their care. Allowance for private health insurance may be given.

Program of All-Inclusive Care for the Elderly (PACE): This is a program for persons ages 55 and older. They must live in Dickinson, Douglas, Ellsworth, Harvey, Jackson, Jefferson, Leavenworth, Lincoln, Lyon, Marion, Marshall, McPherson, Nemaha, Osage, Ottawa, Reno, Rice, Saline, Sedgwick, Shawnee, Pottawatomie, Wabaunsee, or Wyandotte Counties. It provides long term care through a managed care network. This only covers the medical expenses from providers in the managed care network. For people living in the community, the HCBS rules apply. For people who move to a nursing facility, the nursing facility rules apply.

There are special rules for married persons in a long term care arrangement. We call it Division of Assets or Spousal Impoverishment. See the Division of Assets fact sheet for more information.

HOW TO APPLY

To apply for medical coverage, use any of the following choices:

- Apply Online, [Apply online for KanCare](#)
- Call the KanCare Clearinghouse at 1-800-792-4884 to request an application. Interpreter services are available.
- Applications can be downloaded from the [Apply for KanCare](#)