

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

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	1136	0	1498	0	1719	1136.01	1337
2	0	1530	0	2017	0	2315	1530.01	1800
3	0	1923	0	2536	0	2910	1923.01	2264
4	0	2317	0	3055	0	3506	2317.01	2727
5	0	2711	0	3574	0	4102	2711.01	3190
6	0	3104	0	4093	0	4697	3104.01	3654
7	0	3498	0	4612	0	5293	3498.01	4117
8	0	3891	0	5131	0	5889	3891.01	4580
Extra Person		394		520		596		464

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 - 241% 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	1337.01	1669	1498.01	1669	1719.01	1669.01	1920	1920.01	2191	2191.01	2423
2	1800.01	2247	2017.01	2247	2315.01	2247.01	2585	2585.01	2951	2951.01	3262
3	2264.01	2825	2536.01	2825	2910.01	2825.01	3251	3251.01	3710	3710.01	4102
4	2727.01	3403	3055.01	3403	3506.01	3403.01	3916	3916.01	4469	4469.01	4941
5	3190.01	3982	3574.01	3982	4102.01	3982.01	4581	4581.01	5229	5229.01	5780
6	3654.01	4560	4093.01	4560	4697.01	4560.01	5247	5247.01	5988	5988.01	6620
7	4117.01	5138	4612.01	5138	5293.01	5138.01	5912	5912.01	6748	6748.01	7459
8	4580.01	5716	5131.01	5716	5889.01	5716.01	6577	6577.01	7507	7507.01	8299
Extra Person		579		579			666		760		840

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Caretaker Medical	
Household Size	38% Caretakers and Children
1	382.00
2	515.00
3	647.00
4	779.00
5	912.00
6	1044.00
7	1177.00
8	1309.00
Extra Person	133.00

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

Standards in the QMB, LMB, and QWD Programs

Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0-1005	1005.01-1206	1206.01-1357.00	2010
2	0-1354.00	1354.01-1624	1624.01-1827.00	2707
3	0-1702.00	1702.01-2042	2042.01-2297.00	
Extra Person	349	418	470	

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							

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 300% special income standard for 1 person:

Institutional/HCBS/MFP/PACE: \$2205.00

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

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Standards for Presumptive Medicaid Disability: SI-Related

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	\$735.00
Eligible Individual with eligible spouse in home	\$1103.00
Eligible individual in household of another	\$490
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$735.34

Standards in the Working Healthy Program

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	3015
2	4060
3	5105

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 – 1005	0	0 – 1354	0	0 – 1354	0
1005.01 – 1257	55	1354.01 – 1692	74	1354.01 – 1692	74
1257.01 – 1508	69	1692.01 – 2030	93	1692.01 – 2030	93
1508.01 – 1759	83	2030.01 – 2369	112	2030.01 – 2369	112
1759.01 – 2010	97	2369.01 – 2707	130	2369.01 – 2707	130
2010.01 – 2262	110	2707.01 – 3045	149	2707.01 – 3045	149
2262.01 – 2512	124	3045.01 – 3384	168	3045.01 – 3384	168
2512.01 – 2764	138	3384.01 – 3722	186	3384.01 – 3722	186
2764.01 – 3015	152	3722.01 – 4060	205	3722.01 – 4060	205
				4060.01 – 5105	205

Standards in the MediKan Program

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