

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 4/1/18

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	1144	0	1508	0	1730	1144.01	1346
2	0	1550	0	2044	0	2346	1550.01	1825
3	0	1957	0	2581	0	2962	1957.01	2304
4	0	2364	0	3117	0	3577	2364.01	2782
5	0	2771	0	3653	0	4193	2771.01	3261
6	0	3178	0	4190	0	4808	3178.01	3740
7	0	3584	0	4726	0	5424	3584.01	4219
8	0	3991	0	5263	0	6040	3991.01	4698
Extra Person		407		537		616		479

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 - 240% 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	1346.01	1680	1508.01	1680	1730.01	1680.01	1933	1933.01	2206	2206.01	2428
2	1825.01	2277	2044.01	2277	2346.01	2277.01	2620	2620.01	2991	2991.01	3292
3	2304.01	2875	2581.01	2875	2962.01	2875.01	3308	3308.01	3776	3776.01	4156
4	2782.01	3473	3117.01	3473	3577.01	3473.01	3996	3996.01	4560	4560.01	5020
5	3261.01	4070	3653.01	4070	4193.01	4070.01	4683	4683.01	5345	5345.01	5884
6	3740.01	4668	4190.01	4668	4808.01	4668.01	5371	5371.01	6130	6130.01	6748
7	4219.01	5265	4726.01	5265	5424.01	5265.01	6058	6058.01	6915	6915.01	7612
8	4698.01	5863	5263.01	5863	6040.01	5863.01	6746	6746.01	7700	7700.01	8476
Extra Person		598		598			688		785		864

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updated 4/1/18

Caretaker Medical	
Household Size	38% Caretakers and Children
1	385.00
2	522.00
3	659.00
4	795.00
5	932.00
6	1069.00
7	1206.00
8	1343.00
Extra Person	137.00

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 1/1/18****Standards in the QMB, LMB, and QWD Programs**

Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0-1012	1012.01-1214	1214.01-1366.00	2024
2	0-1372.00	1372.01-1646	1646.01-1852.00	2744
3	0-1732.00	1732.01-2078	2078.01-2338.00	
Extra Person	360	432	486	

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 (updated 1/1/18) 300% special income standard for 1 person:

Institutional/HCBS/MFP/PACE: \$2250.00

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

Kansas Medical Assistance Standards

Standards for Presumptive Medicaid Disability: SI-Related updated 1-1-18

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	\$750.00
Eligible Individual with eligible spouse in home	\$1125.00
Eligible individual in household of another	\$500
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$750

Standards in the Working Healthy Program updated 4/1/18

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	3035
2	4115
3	5195

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 – 1012	0	0 – 1372	0	0 – 1372	0
1012.01 – 1265	55	1372.01 – 1715	74	1372.01 – 1715	74
1265.01 – 1518	69	1715.01 – 2058	93	1715.01 – 2058	93
1518.01 – 1771	83	2058.01 – 2400	112	2058.01 – 2400	112
1771.01 – 2024	97	2400.01 – 2744	130	2400.01 – 2744	130
2024.01 – 2277	110	2744.01 – 3087	149	2744.01 – 3087	149
2277.01 – 2530	124	3087.01 – 3430	168	3087.01 – 3430	168
2530.01 – 2783	138	3430.01 – 3773	186	3430.01 – 3773	186
2783.01 – 3035	152	3773.01 – 4115	205	3773.01 – 4115	205
				4115.01 - 5195	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 1/1/18 or 7/1/18

Type	Amount	Month of update
Minimum Resource Allowance	\$24,720	Jan 2018
Maximum Resource Allowance	\$123,600	Jan 2018
Minimum Income Allowance	\$2058	July 2018
Maximum Income Allowance	\$3090	Jan 2018
Dependent Family Member Allowance	\$686	July 2018
Excess Shelter Deduction	\$226	July 2018
Maximum Excess Shelter Allowance	\$1032	July 2018