



Kansas Medical Assistance Fact Sheet: Overview of Programs for the Elderly and Persons 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 non-citizen, you may be eligible for a program called SOBRA. SOBRA may provide coverage of emergency services, including labor and delivery.

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

Estate Recovery

The estate recovery program recovers assets from some estates of deceased Medicaid consumers. This may include estates of persons aged 55 or older or of persons who received long term care services. Estate recovery does not recover funds for Medicare Savings plans. [Click here to see the Estate Recovery fact sheet for more information.](#)

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. Persons who receive SSI benefits usually qualify for medical assistance.

Medicare Savings Plan: These pay Medicare out-of-pocket expenses such as premiums and co-payments. A single person must have assets below \$9,430 and a couple must have assets below \$14,130 for QMB, LMB, and ELMB.

Qualified Medicare Beneficiary (QMB): Single persons must have a monthly income below \$1,255. Couples must have a monthly income below \$1,704. This program pays for the Medicare Part B (or Part B-ID) 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 \$1,506 and for couples below \$2,044. For ELMB, single persons

must have a monthly income below \$1,695 and for couples below \$2,300. This program pays for the Medicare Part B (or Part B-ID) 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 \$2,510, 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 at or below \$3,765 countable income. A couple's income must be at or below \$5,110. The asset limit is \$15,000. Some persons must pay a premium. Premiums start at \$124.00 per month; under 226% 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 \$2,000 in assets. Married couples must have less than \$3,000 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 a 12-month lifetime limit known as the "Coverage Period". This Coverage Period runs for 12 months consecutively from the first month eligibility begins. MediKan has limited services. Services do include prescription drugs and medical.

SOBRA: This plan is for persons who do not meet citizenship (or eligible non-citizenship) rules. It covers life-threatening emergency care costs and labor/delivery services. The program may also cover families with children, elderly, and persons with disabilities. Individuals 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 other approved facility. Single persons must have countable assets below \$2,000. 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 \$2,000 for single persons. Persons with income more than \$2,829 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. We also have income allocation where income received by the spouse receiving long term care can be allocated to the community spouse.

How to Apply for Medical Coverage: You must complete and submit an application to receive medical coverage.

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

- Apply Online- Apply for all programs at the [Medical Consumer Self-Service Portal](#).
- Call the KanCare Clearinghouse at 1-800-792-4884 to request an application be sent to you. Interpreter services are available.
- If you or your family currently have an open KanCare case that has been reviewed in the last year, you can call to request coverage for an additional family member at 1-800-792-4884. We will contact you if any additional information is needed to complete the request.
- Paper applications can be downloaded for printing at [Apply for KanCare](#).
- You can also report changes or submit your review at the [Medical Consumer Self-Service Portal](#).