



Kansas Medical Assistance Fact Sheet: 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 non-citizen, 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.

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 screened for CHIP.

For detailed information about Income levels and programs, please refer to FS-1 Medical Coverage Basic Eligibility Requirements Fact Sheet and page one of [Kansas Medical Assistance Standards](#)

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.

A premium between \$20 and \$30 is required for families with income above 167% of the federal poverty level, a \$50 premium will be required for families with income above 219% to 255% of federal poverty level, and these premiums must be paid to keep coverage at review.

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](#).