

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	1119	0	1475	0	1693	1119.01	1,317
2	0	1509	0	1989	0	2283	1509.01	1,776
3	0	1899	0	2503	0	2873	1899.01	2,235
4	0	2289	0	3017	0	3463	2289.01	2,694
5	0	2679	0	3531	0	4053	2679.01	3,153
6	0	3068	0	4045	0	4643	3068.01	3,611
7	0	3459	0	4561	0	5235	3459.01	4,071
8	0	3851	0	5077	0	5827	3851.01	4,532
Extra Person		392		517		593	392	462

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 - 243% 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	1,317.01	1644	1475.01	1644	1693.01	1644.01	1891	1891.01	2159	2159.01	2406
2	1,776.01	2217	1989.01	2217	2283.01	2217.01	2550	2550.01	2911	2911.01	3245
3	2,235.01	2789	2503.01	2789	2873.01	2789.01	3209	3209.01	3663	3663.01	4083
4	2,694.01	3362	3017.01	3362	3463.01	3362.01	3868	3868.01	4415	4415.01	4921
5	3,153.01	3935	3531.01	3935	4053.01	3935.01	4527	4527.01	5167	5167.01	5760
6	3,611.01	4507	4045.01	4507	4643.01	4507.01	5186	5186.01	5919	5919.01	6598
7	4,071.01	5081	4561.01	5081	5235.01	5081.01	5847	5847.01	6673	6673.01	7438
8	4,532.01	5657	5077.01	5657	5827.01	5657.01	6509	6509.01	7429	7429.01	8281
Extra Person		576		576			663		756		843

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Caretaker Medical	
Household Size	38% Caretakers and Children
1	377
2	508
3	639
4	770
5	901
6	1032
7	1164
8	1295
Extra Person	132

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 – 990	990.01 – 1188	1188.01 – 1337	0 – 1980
2	0 – 1335	1335.01 – 1602	1602.01 – 1803	0 – 2670
3	0 – 1680	1680.01 – 2016	2016.01 – 2268	
Extra Person	347	417	468	

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: \$2199.00

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	\$733.00
Eligible Individual with eligible spouse in home	\$1100.00
Eligible individual in household of another	\$488.67
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$733.34

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	2970
2	4005
3	5040

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 – 990	0	0 – 1335	0	0 – 1335	0
990.01 – 1238	55	1335.01 – 1669	74	1335.01 – 1669	74
1238.01 – 1485	69	1669.01 – 2003	93	1669.01 – 2003	93
1485.01 – 1733	83	2003.01 – 2366	112	2003.01 – 2366	112
1733.01 – 1980	97	2366.01 – 2670	130	2366.01 – 2670	130
1980.01 – 2228	110	2670.01 – 3004	149	2670.01 – 3004	149
2228.01 – 2475	124	3004.01 – 3338	168	3004.01 – 3338	168
2475.01 – 2723	138	3338.01 – 3672	186	3338.01 – 3672	186
2723.01 – 2970	152	3672.01 – 4005	205	3672.01 – 4005	205
				4005.01 – 5040	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