

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						
Household Size	113%		149%		171%	
	Children ages 6 – 18		Children ages 1-5		PW & Infants under age 1	
	Lower Limit	Upper Limit	Lower Limit	Upper Limit	Lower Limit	Upper Limit
1	0	1099	0	1450	0	1663
2	0	1482	0	1954	0	2242
3	0	1865	0	2459	0	2822
4	0	2247	0	2963	0	3400
5	0	2629	0	3466	0	3978
6	0	3012	0	3971	0	4558
7	0	3394	0	4475	0	5136
8	0	3776	0	4979	0	5714
Extra Person		384		506		580

CHIP Children											
Household Size	114 - 166%		150 - 166%		167 - 191%			192 - 218%		219 - 247%	
	Children ages 6–18 No premium		Children ages 1–5 No premiums		Children ages 0–18 \$20 premium			Children ages 0–18 \$30 premium		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	1099.01	1615	1450.01	1615	1663.01	1615.01	1858	1858.01	2121	2121.01	2403
2	1482.01	2177	1954.01	2177	2242.01	2177.01	2505	2505.01	2858	2858.01	3239
3	1865.01	2739	2459.01	2739	2822.01	2739.01	3152	3152.01	3597	3597.01	4076
4	2247.01	3301	2963.01	3301	3400.01	3301.01	3798	3798.01	4334	4334.01	4911
5	2629.01	3862	3466.01	3862	3978.01	3862.01	4443	4443.01	5071	5071.01	5746
6	3012.01	4424	3971.01	4424	4558.01	4424.01	5091	5091.01	5810	5810.01	6583
7	3394.01	4985	4475.01	4985	5136.01	4985.01	5736	5736.01	6547	6547.01	7418
8	3776.01	5547	4979.01	5547	5714.01	5547.01	6382	6382.01	7284	7284.01	8253
Extra Person		563		563			648		740		838

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Caretaker Medical	
Household Size	38% Caretakers and Children
1	370
2	499
3	627
4	756
5	884
6	1013
7	1142
8	1270
Extra Person	129

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 – 973	973.01 – 1167	1167.01 – 1313	0 – 1945
2	0 – 1311	1311.01 – 1573	1573.01 – 1770	0 – 2622
3	0 – 1650	1650.01 – 1979	1979.01 – 2227	
Extra Person	339	406	453	

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	2873
2	3878
3	4883

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 – 973	0	0 – 1311	0	0 – 1311	0
973.01 – 1216	55	1311.01 – 1639	74	1311.01 – 1639	74
1216.01 – 1459	69	1639.01 – 1967	93	1639.01 – 1967	93
1459.01 – 1702	83	1967.01 – 2294	112	1967.01 – 2294	112
1702.01 – 1945	97	2294.01 – 2622	130	2294.01 – 2622	130
1945.01 – 2189	110	2622.01 – 2950	149	2622.01 – 2950	149
2189.01 – 2432	124	2950.01 – 3278	168	2950.01 – 3278	168
2432.01 – 2675	138	3278.01 – 3605	186	3278.01 – 3605	186
2675.01 – 2918	152	3605.01 – 3933	205	3605.01 – 3933	205
				3933.01 – 4948	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