

Kansas Medical Assistance

Overview of Programs for Elderly and Person 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 noncitizen you may be eligible for a program called SOBRA. SOBRA may provide coverage of emergency services, including labor and delivery.

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

Estate Recovery

The estate recovery program recovers assets from some estates. They recover from the estates of certain deceased Medicaid consumers. This may include estates of persons age 55 or older. It also may include estates of persons who received long term care services. Estate recovery does not recover funds for Medicare Savings plan.

For people who have Medicare, the cost of the Medicare Part B premium is paid for most people who qualify for medical coverage.

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. It is for seniors age 65 and older. It is also for persons with disabilities, including children. Persons who receive SSI benefits usually qualify for medical assistance.

Medicare Savings Plan: These pay Medicare out-of-pocket expenses. This includes premiums and co-payments. A single person must have assets below \$7,970 and a couple must have assets below \$11,970 for QMB and LMB. There are two different programs:

Qualified Medicare Beneficiary (QMB): Single persons must have a monthly income below \$1,064. Couples must have a monthly income below \$1,437. This program pays for the Medicare Part B 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 \$1,276 and for couples below \$1,724. For ELMB, single persons must have a monthly income below \$1,436 and for couples below \$1,940. This program pays for the Medicare Part B 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 \$2127, 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 below \$3,190 countable income. Couple's income must be below \$4,310. The asset limit is \$15,000. Some persons must pay a premium. Premiums start at \$55.00 per month; under 100% 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 \$2000 in assets. Married couples must have less than \$3000 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 12 months. MediKan has limited services. Services do include prescription drugs and medical.

SOBRA: This plan is for persons who do not meet citizenship rules. It covers life-threatening emergency care costs and birth/delivery services. The program may also cover families with children, elders, and persons with disabilities. Persons 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 similar facility. Single persons must have assets below \$2000. 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 \$2000 for single persons. People on HCBS must also share in the cost of care. Persons with income more than \$1157.00 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. See the Division of Assets fact sheet for more information.

HOW TO APPLY

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

- Apply Online, [Apply online for KanCare](#)
- Call the KanCare Clearinghouse at 1-800-792-4884 to request an application. Interpreter services are available.
- Applications can be downloaded from the [Apply for KanCare](#)