

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	1082	0	1427	0	1638
2	0	1461	0	1926	0	2211
3	0	1840	0	2425	0	2784
4	0	2218	0	2925	0	3356
5	0	2597	0	3424	0	3929
6	0	2975	0	3923	0	4502
7	0	3354	0	4422	0	5075
8	0	3732	0	4921	0	5648
Extra Person		379		500		573

CHIP Children											
Household Size	114 - 166%		150 - 166%		167 - 191%			192 - 218%		219 - 250%	
	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	1082.01	1590	1427.01	1590	1638.01	1590.01	1829	1829.01	2088	2088.01	2394
2	1461.01	2146	1926.01	2146	2211.01	2146.01	2469	2469.01	2818	2818.01	3232
3	1840.01	2702	2425.01	2702	2784.01	2702.01	3109	3109.01	3548	3548.01	4069
4	2218.01	3258	2925.01	3258	3356.01	3258.01	3749	3749.01	4279	4279.01	4907
5	2597.01	3814	3424.01	3814	3929.01	3814.01	4389	4389.01	5009	5009.01	5744
6	2975.01	4370	3923.01	4370	4502.01	4370.01	5029	5029.01	5739	5739.01	6582
7	3354.01	4927	4422.01	4927	5075.01	4927.01	5668	5668.01	6470	6470.01	7419
8	3732.01	5483	4921.01	5483	5648.01	5483.01	6308	6308.01	7200	7200.01	8257
Extra Person		557		557			640		731		838

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Caretaker Medical	
Household Size	38% Caretakers and Children
1	364
2	492
3	619
4	746
5	874
6	1001
Extra Person	128

Medically Needy – PW and Children	
Household Size	
1	475
2	475
3	480
4	497
5	558
6	619
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 – 958	958.01 – 1149	1149.01 – 1293	0 – 1915
2	0 – 1293	1293.01 – 1551	1551.01 – 1745	0 – 2585
3	0 – 1628	1628.01 – 1953	1953.01 – 2198	
Extra Person	335	402	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: \$2163.00

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	\$721.00
Eligible Individual with eligible spouse in home	\$1082.00
Eligible individual in household of another	\$480.67
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$721.34

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 – 958	0	0 – 1293	0	0 – 1293	0
958.01 – 1197	55	1293.01 – 1616	74	1293.01 – 1616	74
1197.01 – 1437	69	1616.01 – 1939	93	1616.01 – 1939	93
1437.01 – 1676	83	1939.01 – 2262	112	1939.01 – 2262	112
1676.01 – 1915	97	2262.01 – 2585	130	2262.01 – 2585	130
1915.01 – 2155	110	2585.01 – 2909	149	2585.01 – 2909	149
2155.01 – 2394	124	2909.01 – 3232	168	2909.01 – 3232	168
2394.01 – 2634	138	3232.01 – 3555	186	3232.01 – 3555	186
2634.01 – 2873	152	3555.01 – 3878	205	3555.01 – 3878	205
				3878.01 – 4883	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