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** **updated 4/1/19** The following chart outlines the income limits for the MAGI Poverty Level programs.

Household Size	Medicaid Children and Pregnant Women						M-CHIP	
	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	1177	0	1551	0	1780	1177.01	1385
2	0	1593	0	2100	0	2410	1593.01	1875
3	0	2009	0	2649	0	3040	2009.01	2365
4	0	2425	0	3198	0	3670	2425.01	2854
5	0	2842	0	3747	0	4300	2842.01	3344
6	0	3258	0	4295	0	4930	3258.01	3834
7	0	3674	0	4844	0	5559	3674.01	4324
8	0	4090	0	5393	0	6189	4090.01	4814
Extra Person		417		549		630		490

Household Size	CHIP Children										
	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 - 235% 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	1385.01	1728	1551.01	1728	1780.01	1728.01	1988	1988.01	2270	2270.01	2446
2	1875.01	2340	2100.01	2340	2410.01	2340.01	2692	2692.01	3072	3072.01	3312
3	2365.01	2951	2649.01	2951	3040.01	2951.01	3396	3396.01	3875	3875.01	4178
4	2854.01	3563	3198.01	3563	3670.01	3563.01	4099	4099.01	4678	4678.01	5043
5	3344.01	4174	3747.01	4174	4300.01	4174.01	4803	4803.01	5481	5481.01	5909
6	3834.01	4785	4295.01	4785	4930.01	4785.01	5506	5506.01	6284	6284.01	6774
7	4324.01	5397	4844.01	5397	5559.01	5397.01	6210	6210.01	7087	7087.01	7640
8	4814.01	6008	5393.01	6008	6189.01	6008.01	6913	6913.01	7890	7890.01	8506
Extra Person		612		612			704		803		866

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updated 4/1/19

Caretaker Medical	
Household Size	38% Caretakers and Children
1	396.00
2	536.00
3	676.00
4	816.00
5	956.00
6	1096.00
7	1236.00
8	1376.00
Extra Person	140.00

Undefined update

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

Kansas Medical Assistance Standards

2. Non-MAGI Programs updated 4/1/19

Standards in the QMB, LMB, and QWD Programs

Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0 -1041	1041.01-1249	1249.01- 1406	2082
2	0-1410	1410.01-1691	1691.01- 1903	2819
3	0- 1778	1778.01-2133	2133.01- 2400	
Extra Person	369	442	490	

Standards for Independent Living Undefined update

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 (updated 1/1/19) 300% special income standard for 1 person:

Institutional/HCBS/MFP/PACE: $2313

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

Kansas Medical Assistance Standards

Standards for Presumptive Medicaid Disability: SI-Related **updated 1-1-19**

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 $771.00
Eligible Individual with eligible spouse in home $1157.00
Eligible individual in household of another $514
Eligible individual in Medicaid funded LTC placement $30.00
Eligible individual with eligible spouse - both in household of another $771

Standards in the Working Healthy Program **updated 4/1/19**

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	3123
2	4228
3	5333

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 –1041	0	0 – 1410	0	0 – 1410	0
1041.01 – 1302	55	1410.01 - 1762	74	1410.01 - 1762	74
1302.01 – 1562	69	1762.01 – 2114	93	1762.01 - 2114	93
1562.01 – 1822	83	2114.01 – 2467	112	2114.01 - 2467	112
1822.01 – 2082	97	2467.01 – 2819	130	2467.01 - 2819	130
2082.01 – 2342	110	2819.01 – 3171	149	2819.01 - 3171	149
2342.01 – 2603	124	3171.01 – 3523	168	3171.01 - 3523	168
2603.01 – 2863	138	3523.01 – 3876	186	3523.01 - 3876	186
2863.01 – 3123	152	3876.01 – 4228	205	3876.01 - 4228	205
				4228.01 - 5333	205

Standards in the MediKan Program undefined update

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

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The current monthly standard for 2 people: $325.00

Spousal Impoverishment Limits **updated 1/1/19 or 7/1/19**

Type	Amount	Month of update
Minimum Resource Allowance	$25,284	Jan 2019
Maximum Resource Allowance	$126,420	Jan 2019
Minimum Income Allowance	$2,114	July 2019
Maximum Income Allowance	$3,160	Jan 2019
Dependent Family Member Allowance	$705	July 2019
Excess Shelter Deduction	$277.13	July 2019
Maximum Excess Shelter Allowance	$1,046	July 2019