

Kansas Medical Assistance Standards

A. Income 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

Medicaid Children and Pregnant Women - Updated 4/1/26							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	1503	0	1982	0	2275	1503.01	1769
2	0	2038	0	2687	0	3084	2038.01	2399
3	0	2573	0	3393	0	3894	2573.01	3028
4	0	3108	0	4098	0	4703	3108.01	3658
5	0	3643	0	4803	0	5512	3643.01	4288
6	0	4178	0	5509	0	6322	4178.01	4917
7	0	4713	0	6214	0	7131	4713.01	5547
8	0	5247	0	6919	0	7941	5247.01	6176
Extra Person		535		706		810		630

CHIP Children - Updated 4/1/26											
Household Size	134 - 166% Children ages 6–18 No premium		150 - 166% Children ages 1–5 No premium		167 - 191% Children ages 0–18 \$20 premium			192 - 218% Children 0–18 \$30 premium		219 - 255%* Children 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	1769.01	2208	1982.01	2208	2275.01	2208.01	2541	2541.01	2900	2900.01	3392
2	2399.01	2994	2687.01	2994	3084.01	2294.01	3445	3445.01	3932	3932.01	4599
3	3028.01	3780	3393.01	3708	3894.01	3780.01	4349	4349.01	4964	4964.01	5806
4	3658.01	4565	4098.01	4565	4703.01	4565.01	5253	5253.01	5995	5995.01	7013
5	4288.01	5351	4803.01	5351	5512.01	5351.01	6157	6157.01	7027	7027.01	8220
6	4917.01	6137	5509.01	6137	6322.01	6137.01	7061	7061.01	8059	8059.01	9427
7	5547.01	6923	6214.01	6923	7131.01	6923.01	7965	7965.01	9091	9091.01	10634
8	6176.01	7708	6919.01	7708	7941.01	7708.01	8869	8869.01	10123	10123.01	11841
Extra Person		786		786			905		1032		1207

*Includes additional 5% for upper program limit

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Caretaker Medical Income Standards Updated 4/1/26	
Household Size	38%* Caretakers and Children
1	506
2	686
3	866
4	1045
5	1225
6	1405
7	1585
8	1765
Extra Person	180

*Includes additional 5% for upper program limit

Medically Needy Income Standards – PW and Children - Updated 1/1/26	
Household Size	
1	994
2	1491
Extra Person	498

Annual MAGI Tax Filing Thresholds Updated 4/1/26	
Earned Income	15750
Unearned Income	1350

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2. Non-MAGI Programs

Income Standards for QMB, LMB, and QWD Programs - Updated 4/1/2026				
Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0 – 1330	1330.01 – 1596	1596.01 – 1796	0 – 2660
2	0 – 1804	1804.01 – 2164	2164.01 – 2435	0 – 3607
3	0 – 2277	2277.01 – 2732	2732.01 – 3074	0 – 4554
Extra Person	474	568	639	947

Income Standards for Independent Living – Updated 1/1/2026								
Number of Months	Number of Persons in Independent Living							
	1	2	3	4	5	6	7	8
1 mo.	994	1,491	1,989	2,487	2,985	3,483	3,981	4,479
2 mos.	1,988	2,982	3,978	4,974	5,970	6,966	7,962	8,958
3 mos.	2,982	4,473	5,967	7,461	8,955	10,449	11,943	13,437
4 mos.	3,976	5,964	7,956	9,948	11,940	13,932	15,924	17,916
5 mos.	4,970	7,455	9,945	12,435	14,925	17,415	19,905	22,395
6 mos.	5,964	8,946	11,934	14,922	17,910	20,898	23,886	26,874
Extra Person	For each additional person, add \$498							

Income Standards for Long Term Care/HCBS/PACE			
Program	1 person	2 people	Month of update
300% Special Income Standard	\$2,982		Jan 2026
Institutional/PACE (IC) PIL	\$62.00	\$124.00	
HCBS/PACE (HCBS) PIL	\$2,982		Jan 2026

Note: See Medical KEESM 8160, 8260, and 8320.1 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 Medical KEESM 8113. The HCBS standard is applicable beginning the month eligibility staff take action to approve coverage, or as per Medical KEESM 8270.

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Income Standards for Presumptive Medicaid Disability: SI-Related - Updated 1/1/26	
Program	1 person
Eligible individual In Own Home	\$994
Eligible Individual with eligible spouse in home	\$1,491
Eligible individual in household of another	\$662.67
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$994.00
<p>To be eligible, the total countable income must not exceed the applicable SSI federal benefit rate for the appropriate size household.</p>	

Income Standards for MediKan	
Number of Persons in Plan	Monthly 300% Poverty Level Index
1	\$250
2	\$325
<p>The MediKan program shall include either a single adult or a married couple living together as noted in Medical KEESM 4310 and 7430 (6).</p>	

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Working Healthy Premiums - Updated 4/1/2026					
1 person household		2 person household		3 person household	
Net Income	Monthly Premium	Net Income	Monthly Premium	Net Income	Monthly Premium
0 – 2,993	\$0	0 - 4,058	\$0	0 – 4,058	\$0
2,993.01 to 3,325	\$124	4,058.01 to 4,509	\$168	4,058.01 to 4,509	\$168
3,325.01 to 3,658	\$138	4,509.01 to 4,960	\$186	4,509.01 to 4,960	\$186
3,658.01 to 3,990	\$152	4,960.01 to 5,410	\$205	4,960.01 to 5,410	\$205
				5,410.01 - \$6,830	\$205

Income Standards for Working Healthy - Updated 4/1/2026	
Number of Persons in Plan	Monthly 300% Poverty Level Index
1	\$3,990
2	\$5,410
3	\$6,830
Extra Person	\$1,420

Note: To be eligible, total countable income must not exceed the monthly 300% poverty level standard for the number of persons in the assistance program.

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B. Federal Income Tax Deduction Standards

Federal Tax Deductions are amounts excluded from the gross income for MAGI-budgeted determinations. This includes Elderly and Disabled determinations that use reasonable compatibility to verify income. It is not applicable to Long Term Care, Working Healthy, or MediKan. Deductions up to the maximum amount that tax law allows can be deducted. This yearly cap is converted to a monthly amount in the chart below.

Federal Tax Deduction Limits - Updated 04/01/2026	
Federal Tax Deduction	Monthly Limit
Alimony Paid	N/A* Only deductible for agreements executed prior to 1/1/2019
Business Expense	N/A*
Domestic Production Activity	N/A*
Educator Expenses	\$29.16
The Health Savings Account Deduction	\$729.17
IRA Deduction (Under Age 50)	\$625
IRA Deduction (Between Age 50 and 70.5)	\$716.67
IRA Deduction (Over Age 70.5)	N/A*
Moving Expenses	Not currently allowable except for some active military
Penalty on Early Withdrawal of Savings	N/A*
Self-Employed SEP, SIMPLE and Qualified plans (self-employed and clergy)	\$6000
Self-employed Health insurance	N/A*
Student Loan Interest	\$208.33
Tax Deduction Portion of the Self-Employment Tax	N/A*
Tuition and Fees	Not currently allowable
<p>Note: Federal tax deductions apply to both MAGI and Non-MAGI programs but do not apply to Long Term Care, Working Healthy, or MediKan. Federal Tax Deduction Limits are based on the tax law. Common Federal tax deductions are listed; however, this list is subject to change.</p> <p>*N/A indicates that there is not currently a cap for this type of deduction though it is still allowable.</p>	

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C. Benchmark Standard

Individuals with Medicare Part D may be eligible for CMS to pay part or all of their Part D premium. The amount covered by CMS is called the Medicare part D Benchmark and is updated annually. Any Medicare Part D premium above this amount is the responsibility of the consumer. [See Medical KEESM 2675.4]

Medicare Part D Benchmark		
Type	Amount	Month of Update
Medicare Part D Benchmark	\$55.20	Jan 2026

D. Transfer of Property – Average Daily NF Rate

The divisor amount used to calculate a transfer of property (TOP) penalty amount is effective with any newly determined inappropriate transfer penalty period commencing on or after the first day of the month of update. There is no need to adjust an existing transfer penalty period properly computed and established prior to this change.

Transfer of Property		
Type	Daily NF Rate	Month of Update
Average Daily Nursing Facility Rate	\$287.14	July 2025

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E. Resource Standards

A household's resources at the time the household applies, and any changes in resources reported prior to the processing of the application, shall be used to determine the household's eligibility. The chart below specifies the resource limits for each program. Additional items such as the Statutory Funeral Service Cap and Spousal Impoverishment Limits are also provided below.

Program Resource Limits			
Program	Resource Limit Individual	Resource Limit Couple	Month of Update
Medically Needy SSI Medical (Where trusts are applicable)	\$2,000	\$3,000	
Long Term Care (NF/HCBS/PACE)	\$2,000	Spousal Impoverishment Policies Apply	
Medicare Savings Program	\$9,950	\$14,910	Jan 2026
Working Healthy Program	\$15,000		

Specific Resource Limits		
Type	Resource Limit	Month of Update
Statutory Funeral Service Cap - Irrevocable Services	\$11,960	July 2025
Substantial Home Equity	\$752,000	Jan 2026

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Spousal Impoverishment Limits		
Type	Amount	Month of update
Resource Allowance Minimum	\$32,532	Jan 2026
Resource Allowance Maximum	\$162,660	Jan 2026
Minimum Monthly Needs Allowance (Min MNA)	\$2,643.75	July 2025
Maximum Monthly Needs Allowance (Max MNA)	\$4,066.50	Jan 2026
Dependent Family Member Allowance	\$882	July 2025
Excess Shelter Deduction	\$324.13	July 2026
Maximum Excess Shelter Allowance	\$1,304.25	July 2025