

# KS - Submission Package - KS2025MS0001O - (KS-25-0019) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

**Package ID** KS2025MS0001O  
**Program Name** N/A  
**SPA ID** KS-25-0019  
**Version Number** 6  
**Submitted By** Erin Kelley  
**Package Disposition**



**Submission Type** Official  
**State** KS  
**Region** Kansas City, KS  
**Package Status** Approved  
**Submission Date** 8/1/2025  
**Approval Date** 10/27/2025 4:13 PM EDT

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O  
**Submission Type** Official  
**Approval Date** 10/27/2025  
**Superseded SPA ID** N/A

**SPA ID** KS-25-0019  
**Initial Submission Date** 8/1/2025  
**Effective Date** N/A

### State Information

**State/Territory Name:** Kansas

**Medicaid Agency Name:** Kansas Department of Health and Environment, Division of Health Care Finance

### Submission Component

State Plan Amendment

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

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**Approval Date** 10/27/2025  
**Superseded SPA ID** N/A

**SPA ID** KS-25-0019  
**Initial Submission Date** 8/1/2025  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** KS-25-0019

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	7/1/2025	MS-97-08; MS-92-27
Handling of Excess Income (Spendeddown)	7/1/2025	MS-91-41
Medically Needy Resource Level	7/1/2025	MS-01-19
Optional Eligibility Groups	7/1/2025	KS-19-0018
Medically Needy Pregnant Women	7/1/2025	MS-01-16, MS-01-19
Medically Needy Children under Age 18	7/1/2025	MS-01-16, MS-01-19
Medically Needy Reasonable Classifications of Individuals under Age 21	7/1/2025	MS-01-16, MS-01-19
Medically Needy Populations Based on Age, Blindness or Disability	7/1/2025	MS-01-16, MS-01-19

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

- Attachment 2.6-A pages 14 and 14a
- Supplement 1 to Attachment 2.6-A pages 8 and 9
- Supplement 2 to Attachment 2.6-A page 7
- Supplement 8a to Attachment 2.6-A page 1
- Supplement 8b to Attachment 2.6-A page 1

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#### Executive Summary

**Summary Description Including Goals and Objectives** Per Kansas legislation passed into law, the Medically Needy Protected Income Level (PIL) is set at an amount equal to 100% of federal supplemental security income.

#### Federal Budget Impact and Statute/Regulation Citation

##### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$9599
Second	2026	\$28797

##### Federal Statute / Regulation Citation

1902(a)(10)(C), 1902(a)(17), 1903(f)  
 42 C.F.R. §435.811 and §436.811

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

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### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

CMS-10434 OMB 0938-1188

## The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Reviewable Unit Name	Included in Another Source Type Package
Medically Needy Income Level	APPROVED

Handling of Excess Income (Spenddown)

Reviewable Unit Name	Included in Another Source Type Package
Handling of Excess Income (Spenddown)	APPROVED

Medically Needy Resource Level

Reviewable Unit Name	Included in Another Source Type Package
Medically Needy Resource Level	APPROVED

Mandatory Eligibility Groups

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Optional Eligibility Groups	APPROVED

- Non-Financial Eligibility
- Eligibility and Enrollment Processes

Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

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**Indicate whether public comment was solicited with respect to this submission.**

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

**Indicate how public comment was solicited:**

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice
- Public Hearing or Meeting
- Other method

**Upload copies of public notices and other documents used**

Name	Date Created	
<a href="#">Vol-44-No-25-June-19-2025-Doc-No-053246</a>	7/23/2025 11:42 AM EDT	

**Upload with this application a written summary of public comments received (optional)**

Name	Date Created	
No items available		

**Indicate the key issues raised during the public comment period (optional)**

- Access
- Quality
- Cost

- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

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**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
6/19/2025	Email

All Urban Indian Organizations


Date of solicitation/consultation:	Method of solicitation/consultation:
6/19/2025	Email

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
6/19/2025	Email

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
<a href="#">Tribal Notice – EMAIL – Medically Needy Protected Income Level</a>	7/23/2025 11:47 AM EDT	

**Indicate the key issues raised (optional)**

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

#### Package Header

**Package ID** KS2025MS0001O

**Submission Type** Official

**Approval Date** 10/27/2025

**Superseded SPA ID** MS-97-08; MS-92-27

User-Entered

**SPA ID** KS-25-0019

**Initial Submission Date** 8/1/2025

**Effective Date** 7/1/2025

#### A. Income Level Used

- 1. The state employs a single income level for the medically needy.
- 2. The income level varies based on differences between shelter costs in urban and rural areas.

- Yes
- No

3. The level used is:

Household size	Standard
1	\$475.00
2	\$475.00
3	\$480.00
4	\$497.00

**The state uses an additional incremental amount for larger household sizes.**

- Yes
- No

**Incremental Amount:**

\$61.00

**The dollar amounts increase automatically each year**

- Yes
- No

## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

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<b>Superseded SPA ID</b>	MS-97-08; MS-92-27		
	User-Entered		

### B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

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### C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

#### Package Header

<b>Package ID</b>	KS2025MS0001O	<b>SPA ID</b>	KS-25-0019
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<b>Superseded SPA ID</b>	MS-91-41		
	User-Entered		

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

#### A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
- i. 6 months
  - ii. 5 months
  - iii. 4 months
  - iv. 3 months
  - v. 2 months
  - vi. 1 month

b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

- Yes
- No

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

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	User-Entered		

### B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

Yes

No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

## Handling of Excess Income (Spendedown)

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### C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
  - i. At any time prior to the budget period.
  - ii. Prior to the third month before the month of application, but no earlier than:
  - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

## Handling of Excess Income (Spendedown)

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### D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
  - a. Premiums, deductibles, coinsurance and co-payments.
  - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
  - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
  - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

## Handling of Excess Income (Spendedown)

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	User-Entered		

### E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

The state sets the following reasonable limits:

- 1. Medicare, Medicaid and other health insurance premiums and cost sharing.
- 2. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.

Description of reasonable limitations:

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

- 3. Expenses incurred earlier than the third month before the month of application as specified in section C.

## Handling of Excess Income (Spendedown)

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### F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

## Handling of Excess Income (Spendedown)

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### G. Additional Information (optional)



# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

#### Package Header

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<b>Approval Date</b>	10/27/2025	<b>Effective Date</b>	7/1/2025
<b>Superseded SPA ID</b>	MS-01-19		
	User-Entered		

#### A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

## Medically Needy Resource Level

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User-Entered

**SPA ID** KS-25-0019  
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### B. Resource Level Used

The level used is:

Household size	Standard
2	\$3000.00
1	\$2000.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

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### C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

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<b>Superseded SPA ID</b>	KS-19-0018		
	System-Derived		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No













The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

**Families and Adults**

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

**Aged, Blind and Disabled**

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

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## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW


### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

**Aged, Blind and Disabled**

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O  
**Submission Type** Official  
**Approval Date** 10/27/2025  
**Superseded SPA ID** KS-19-0018  
System-Derived

**SPA ID** KS-25-0019  
**Initial Submission Date** 8/1/2025  
**Effective Date** 7/1/2025

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

#### Package Header

<b>Package ID</b>	KS2025MS0001O	<b>SPA ID</b>	KS-25-0019
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/1/2025
<b>Approval Date</b>	10/27/2025	<b>Effective Date</b>	7/1/2025
<b>Superseded SPA ID</b>	MS-01-16, MS-01-19		
	User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

## Package Header

**Package ID** KS2025MS0001O

**Submission Type** Official

**Approval Date** 10/27/2025

**Superseded SPA ID** MS-01-16, MS-01-19

User-Entered

**SPA ID** KS-25-0019

**Initial Submission Date** 8/1/2025

**Effective Date** 7/1/2025

## B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
  - Between the following percentages of the FPL:
  - Between the medically needy income limit and a percentage of the FPL:
  - Between the SSI Federal Benefit Rate and:
  - Between other income standards:

**Between this standard:**

Medically Needy Income Level

**and this standard:**

SSI Federal Benefit Rate

- Census Bureau wages are disregarded.

**Description of disregard:**

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

- Interest is disregarded.

**Description of disregard:**

Interest income which does not exceed \$50.00 a month is exempt.

- A less restrictive methodology is used with respect to lump sum income:

- Disregarded as income in the month of receipt.

**Description of disregard:**

Lump sum payments are excluded as income but are countable resources if retained in the month following the month of receipt.

A specified type of income is disregarded:

Name of income type:	Description:
Child Under Age 18	The earnings of a child under the age of 18 are exempt.
Income In Kind	Income-in-kind is exempt in full.
IDA Account	All interest earned on an IDA account funded under the Assets for Independence Act is excluded.
Gift Income	The first \$50.00 per month of irregular, occasional or unpredictable gift income is exempt.

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:**

All funds in IDA accounts funded under the Assets for Independence Act are excluded.

## Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O  
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**SPA ID** KS-25-0019  
**Initial Submission Date** 8/1/2025  
**Effective Date** 7/1/2025

### C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O  
**Submission Type** Official  
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**SPA ID** KS-25-0019  
**Initial Submission Date** 8/1/2025  
**Effective Date** 7/1/2025

### F. Additional Information (optional)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

### Package Header

**Package ID** KS2025MS0001O  
**Submission Type** Official  
**Approval Date** 10/27/2025  
**Superseded SPA ID** MS-01-16, MS-01-19  
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**SPA ID** KS-25-0019  
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**Effective Date** 7/1/2025

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O  
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**SPA ID** KS-25-0019  
**Initial Submission Date** 8/1/2025  
**Effective Date** 7/1/2025

### B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

**Between this standard:**

Medically Needy Income Level

**and this standard:**

SSI Federal Benefit Rate

Census Bureau wages are disregarded.

**Description of disregard:**

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

Interest is disregarded.

**Description of disregard:**

Interest income which does not exceed \$50.00 a month is exempt.

A less restrictive methodology is used with respect to lump sum income:

Disregarded as income in the month of receipt.

**Description of disregard:**

Lump sum payments are excluded as income but are countable resources if retained in the month following the month of receipt.

A specified type of income is disregarded:

Name of income type:	Description:
Child Under Age 18	The earnings of a child under the age of 18 are exempt.
Income In Kind	Income-in-kind is exempt in full.
IDA Account	All interest earned on an IDA account funded under the Assets for Independence Act is excluded.
Gift Income	The first \$50.00 per month of irregular, occasional or unpredictable gift income is exempt.

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:**

All funds in IDA accounts funded under the Assets for Independence Act are excluded.

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O  
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User-Entered

**SPA ID** KS-25-0019  
**Initial Submission Date** 8/1/2025  
**Effective Date** 7/1/2025

### C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O  
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**SPA ID** KS-25-0019  
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### F. Additional Information (optional)

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O  
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**SPA ID** KS-25-0019  
**Initial Submission Date** 8/1/2025  
**Effective Date** 7/1/2025

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

### Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

### Package Header

**Package ID** KS2025MS0001O  
**Submission Type** Official  
**Approval Date** 10/27/2025  
**Superseded SPA ID** MS-01-16, MS-01-19  
 User-Entered

**SPA ID** KS-25-0019  
**Initial Submission Date** 8/1/2025  
**Effective Date** 7/1/2025

The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O

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**Initial Submission Date** 8/1/2025

**Effective Date** 7/1/2025

### B. Individuals Covered

The state covers the following populations:

1. All children under a specified age limit:

i. Under age 21

ii. Under age 20

iii. Under age 19

2. Reasonable classifications of children

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

<b>Package ID</b>	KS2025MS0001O	<b>SPA ID</b>	KS-25-0019
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<b>Superseded SPA ID</b>	MS-01-16, MS-01-19		
	User-Entered		

### C. Financial Methodologies

#### 1. The state uses the same financial methodology for all individuals covered.

- Yes  
 No

#### 2. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.  
 b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

#### 3. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
- Between the following percentages of the FPL:
  - Between the medically needy income limit and a percentage of the FPL:
  - Between the SSI Federal Benefit Rate and:
  - Between other income standards:
    - Between this standard:**  
Medically Needy Income Level
    - and this standard:**  
SSI Federal Benefit Rate

- Census Bureau wages are disregarded.
- Description of disregard:**  
All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

- Interest is disregarded.
- Description of disregard:**  
Interest income which does not exceed \$50.00 a month is exempt.

- A less restrictive methodology is used with respect to lump sum income:

Disregarded as income in the month of receipt.

**Description of disregard:**

Lump sum payments are excluded as income but are countable resources if retained in the month following the month of receipt.

A specified type of income is disregarded:

Name of income type:	Description:
Child Under Age 18	The earnings of a child under the age of 18 are exempt.
Income In Kind	Income-in-kind is exempt in full.
IDA Account	All interest earned on an IDA account funded under the Assets for Independence Act is excluded.
Gift Income	The first \$50.00 per month of irregular, occasional or unpredictable gift income is exempt.

4. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:**

All funds in IDA accounts funded under the Assets for Independence Act are excluded.

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

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<b>Superseded SPA ID</b>	MS-01-16, MS-01-19		
	User-Entered		

### D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

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<b>Superseded SPA ID</b>	MS-01-16, MS-01-19		
	User-Entered		

### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

#### Package Header

<b>Package ID</b>	KS2025MS0001O	<b>SPA ID</b>	KS-25-0019
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<b>Superseded SPA ID</b>	MS-01-16, MS-01-19		
	User-Entered		

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following:
  - a. Are age 65 or older;
  - b. Have blindness; or
  - c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O

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**SPA ID** KS-25-0019

**Initial Submission Date** 8/1/2025

**Effective Date** 7/1/2025

### B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

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<b>Superseded SPA ID</b>	MS-01-16, MS-01-19		
	User-Entered		

### C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

Yes

No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

Yes  No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

**Between this standard:**

Medically Needy Income Level

**and this standard:**

SSI Federal Benefit Rate

Census Bureau wages are disregarded.

**Description of disregard:**

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

Interest is disregarded.

**Description of disregard:**

Interest income which does not exceed \$50.00 a month is exempt.

A less restrictive methodology is used with respect to lump sum income:

Disregarded as income in the month of receipt.

**Description of disregard:**

Lump sum payments are excluded as income but are countable resources if retained in the month following the month of receipt.

A specified type of income is disregarded:

Name of income type:	Description:
Child Under Age 18	The earnings of a child under the age of 18 are exempt.
Income In Kind	Income-in-kind is exempt in full.
IDA Account	All interest earned on an IDA account funded under the Assets for Independence Act is excluded.
Gift Income	The first \$50.00 per month of irregular, occasional or unpredictable gift income is exempt.

c. Less restrictive methodologies are used in calculating countable resources.

Yes  No

The less restrictive resource methodologies are:

Real property not otherwise excluded is disregarded.

**Description of disregard:**

1. For the aged, blind and disabled, if a person enters an institutional living arrangement for long term care, the home shall retain its exempt status for 3 months (including the month of entrance) provided the person does not intend to return to the home and there is no spouse of other dependent family member who continues to live in the home. This provision is in addition to the home exemption policies of the SSI program.
2. For aged, blind and disabled individuals, if an individual owns excess nonexempt real or personal property ( other than liquid cash assets), assistance can be provided up to 9 months while the individual is making a bona fide effort to dispose of the property.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:**

For all eligibility groups all funds in IDA accounts funded under the Assets for Independence Act are excluded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Property, Real and Personal	For aged, blind and disabled individuals, property (both real and personal) which is essential for employment or self-employment or which produces income consistent with its fair market value.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Monthly Resource Value	For aged, blind and disabled individuals, resource value shall be viewed throughout the month and if the individual is resource eligible for 1 day in the month, he or she is eligible for the entire month .

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O

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**SPA ID** KS-25-0019

**Initial Submission Date** 8/1/2025

**Effective Date** 7/1/2025

### D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

**Package ID** KS2025MS0001O

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**SPA ID** KS-25-0019

**Initial Submission Date** 8/1/2025

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### E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

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<b>Superseded SPA ID</b>	MS-01-16, MS-01-19		
	User-Entered		

### F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KS2025MS0001O | KS-25-0019

### Package Header

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	User-Entered		

### G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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