

## 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 4/1/25							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	1474	0	1944	0	2231	1474.01	1735
2	0	1992	0	2627	0	3014	1992.01	2345
3	0	2510	0	3310	0	3798	2510.01	2954
4	0	3028	0	3992	0	4582	3028.01	3564
5	0	3546	0	4675	0	5366	3546.01	4173
6	0	4064	0	5358	0	6149	4064.01	4783
7	0	4582	0	6041	0	6933	4582.01	5393
8	0	5100	0	6724	0	7717	5100.01	6002
Extra Person		518		683		784		610

CHIP Children - Updated 4/1/25											
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	1735.01	2165	1944.01	2165	2231.01	2165.01	2491	2491.01	2844	2844.01	3326
2	2345.01	2926	2627.01	2926	3014.01	2926.01	3367	3367.01	3843	3843.01	4495
3	2954.01	3687	3310.01	3687	3798.01	3687.01	4242	4242.01	4842	4842.01	5664
4	3564.01	4448	3992.01	4448	4582.01	4448.01	5118	5118.01	5841	5841.01	6832
5	4173.01	5209	4675.01	5209	5366.01	5209.01	5993	5993.01	6840	6840.01	8001
6	4783.01	5970	5358.01	5970	6149.01	5970.01	6869	6869.01	7839	7839.01	9170
7	5393.01	6730	6041.01	6730	6933.01	6730.01	7744	7744.01	8839	8839.01	10339
8	6002.01	7491	6724.01	7491	7717.01	7491.01	8619	8619.01	9838	9838.01	11507
Extra Person		761		761			876		1000		1169

\*Includes additional 5% for upper program limit

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<b>Caretaker Medical Income Standards Updated 4/1/25</b>	
<b>Household Size</b>	38%* Caretakers and Children
1	496
2	670
3	844
4	1019
5	1193
6	1367
7	1541
8	1715
<b>Extra Person</b>	175

\*Includes additional 5% for upper program limit

<b>Medically Needy Income Standards – PW and Children - Updated 7/1/25</b>	
<b>Household Size</b>	
1	967
2	1450
<b>Extra Person</b>	484

<b>Annual MAGI Tax Filing Thresholds Updated 4/1/25</b>	
<b>Earned Income</b>	14600
<b>Unearned Income</b>	1300

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### 2. Non-MAGI Programs

Income Standards for QMB, LMB, and QWD Programs - Updated 4/1/2025				
Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0 – 1305	1305.01 – 1565	1565.01 – 1761	0 – 2609
2	0 – 1763	1763.01 – 2115	2115.01 – 2380	0 – 3525
3	0 – 2221	2221.01 – 2665	2665.01 – 2999	0 – 4442
Extra Person	459	538	619	917

Income Standards for Independent Living – Updated 7/1/2025								
Number of Months	Number of Persons in Independent Living							
	1	2	3	4	5	6	7	8
1 mo.	967	1,450	1,934	2,418	2,902	3,386	3,870	4,354
2 mos.	1,934	2,900	3,868	4,836	5,804	6,772	7,740	8,708
3 mos.	2,901	4,350	5,802	7,254	8,706	10,158	11,610	13,062
4 mos.	3,868	5,800	7,736	9,672	11,608	13,544	15,480	17,416
5 mos.	4,835	7,250	9,670	12,090	14,510	16,930	19,350	21,770
6 mos.	5,802	8,700	11,604	14,508	17,412	20,316	23,220	26,124
Extra Person	For each additional person, add \$484							

Income Standards for Long Term Care/HCBS/PACE			
Program	1 person	2 people	Month of update
300% Special Income Standard	\$2,901		Jan 2025
Institutional/PACE (IC) PIL	\$62.00	\$124.00	
HCBS/PACE (HCBS) PIL	\$2,901		Jan 2025
<p>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.</p>			

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<b>Income Standards for Presumptive Medicaid Disability: SI-Related - Updated 1/1/25</b>	
<b>Program</b>	<b>1 person</b>
Eligible individual In Own Home	\$967
Eligible Individual with eligible spouse in home	\$1,450
Eligible individual in household of another	\$644.67
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$966.67
To be eligible, the total countable income must not exceed the applicable SSI federal benefit rate for the appropriate size household.	

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

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<b>Working Healthy Premiums - Updated 4/1/2025</b>					
<b>1 person household</b>		<b>2 person household</b>		<b>3 person household</b>	
<b>Net Income</b>	<b>Monthly Premium</b>	<b>Net Income</b>	<b>Monthly Premium</b>	<b>Net Income</b>	<b>Monthly Premium</b>
0 - 2935	\$0	0 - 3966	\$0	0 - 3966	\$0
2935.01 to 3261	\$124	3966.01 to 4407	\$168	3966.01 to 4407	\$168
3261.01 to 3587	\$138	4407.01 to 4847	\$186	4407.01 to 4847	\$186
3587.01 to 3913	\$152	4847.01 to 5288	\$205	4847.01 to 5288	\$205
				5288.01 to 6663	\$205

<b>Income Standards for Working Healthy - Updated 4/1/2025</b>	
<b>Number of Persons in Plan</b>	<b>Monthly 300% Poverty Level Index</b>
1	\$3,913
2	\$5,288
3	\$6,663
Extra Person	\$1,375
<p>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.</p>	

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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.

<b>Federal Tax Deduction Limits - Updated 04/01/2025</b>	
<b>Federal Tax Deduction</b>	<b>Monthly Limit</b>
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	\$25.00
The Health Savings Account Deduction	\$712.50
IRA Deduction (Under Age 50)	\$583.33
IRA Deduction (Between Age 50 and 70.5)	\$666.67
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)	\$5833.33
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	\$51.73	Jan 2025

### 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	\$9,660	\$14,470	Jan 2025
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	\$730,000	Jan 2025

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<b>Spousal Impoverishment Limits</b>		
<b>Type</b>	<b>Amount</b>	<b>Month of update</b>
Resource Allowance Minimum	\$31,584	Jan 2025
Resource Allowance Maximum	\$157,920	Jan 2025
Minimum Monthly Needs Allowance (Min MNA)	\$2,643.75	July 2025
Maximum Monthly Needs Allowance (Max MNA)	\$3,948	Jan 2025
Dependent Family Member Allowance	\$882	July 2025
Excess Shelter Deduction	\$337.13	July 2025
Maximum Excess Shelter Allowance	\$1,304.25	July 2025