

**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.

<b>Medicaid Children and Pregnant Women</b>						
<b>Household Size</b>	<b>113%</b>		<b>149%</b>		<b>171%</b>	
	<b>Children ages 6 – 18</b>		<b>Children ages 1-5</b>		<b>PW &amp; Infants under age 1</b>	
	<b>Lower Limit</b>	<b>Upper Limit</b>	<b>Lower Limit</b>	<b>Upper Limit</b>	<b>Lower Limit</b>	<b>Upper Limit</b>
<b>1</b>	0	1082	0	1427	0	1638
<b>2</b>	0	1461	0	1926	0	2211
<b>3</b>	0	1840	0	2425	0	2784
<b>4</b>	0	2218	0	2925	0	3356
<b>5</b>	0	2597	0	3424	0	3929
<b>6</b>	0	2975	0	3923	0	4502
<b>7</b>	0	3354	0	4422	0	5075
<b>8</b>	0	3732	0	4921	0	5648
<b>Extra Person</b>		379		500		573

<b>CHIP Children</b>											
<b>Household Size</b>	<b>114 - 166%</b>		<b>150 - 166%</b>		<b>167 - 191%</b>			<b>192 - 218%</b>		<b>219 - 250%</b>	
	<b>Children ages 6–18</b>		<b>Children ages 1–5</b>		<b>Children ages 0–18</b>			<b>Children ages 0–18</b>		<b>Children ages 0-18</b>	
	<b>No premium</b>		<b>No premiums</b>		<b>\$20 premium</b>			<b>\$30 premium</b>		<b>\$50 premium</b>	
	<b>Lower Limit</b>	<b>Upper Limit</b>	<b>Lower Limit</b>	<b>Upper Limit</b>	<b>Lower Limit</b>	<b>Upper Limit</b>	<b>Upper Limit</b>	<b>Lower Limit</b>	<b>Upper Limit</b>	<b>Lower Limit</b>	<b>Upper Limit</b>
<b>1</b>	1082.01	1590	1427.01	1590	1638.01	1590.01	1829	1829.01	2088	2088.01	2394
<b>2</b>	1461.01	2146	1926.01	2146	2211.01	2146.01	2469	2469.01	2818	2818.01	3232
<b>3</b>	1840.01	2702	2425.01	2702	2784.01	2702.01	3109	3109.01	3548	3548.01	4069
<b>4</b>	2218.01	3258	2925.01	3258	3356.01	3258.01	3749	3749.01	4279	4279.01	4907
<b>5</b>	2597.01	3814	3424.01	3814	3929.01	3814.01	4389	4389.01	5009	5009.01	5744
<b>6</b>	2975.01	4370	3923.01	4370	4502.01	4370.01	5029	5029.01	5739	5739.01	6582
<b>7</b>	3354.01	4927	4422.01	4927	5075.01	4927.01	5668	5668.01	6470	6470.01	7419
<b>8</b>	3732.01	5483	4921.01	5483	5648.01	5483.01	6308	6308.01	7200	7200.01	8257
<b>Extra Person</b>		557		557			640		731		838

**Kansas Medical Assistance Standards**

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

<b>Medically Needy – PW and Children</b>	
<b>Household Size</b>	
1	475
2	475
3	480
4	497
5	558
6	619
<b>Extra Person</b>	61